The Role of Emotions on Stakeholders’ 
Perceptions during the COVID-19 Pandemic

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Abstract: Using Integrated Crisis Mapping (ICM) model, the researchers explored the role of emotions on respondents' perceptions of a university during the COVID-19 pandemic by examining the perceived level of engagement by the organization, the primary coping strategies of the stakeholders and the type of crisis and level of responsibility of the organization. This qualitative, phenomenological study explored how emotions experienced by faculty during the pandemic impacted their perception of the university. This study fills a gap in the crisis communication literature by focusing on stakeholder perspectives and proposes the addition of several emotions to the ICM model. It also details practical crisis response strategies that address stakeholders’ emotions during a health crisis.

Keywords — Crisis communication, COVID-19 pandemic, emotions, Integrated Crisis Mapping (ICM) model, stakeholders

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INTRODUCTION

On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic, leading to lockdowns throughout the United States to prevent the spread of the potentially fatal and highly contagious disease. This public health crisis presented many challenges for organizations, crisis communicators, and stakeholders as they navigated the pandemic. Lockdowns resulted in closure of many non-essential businesses and organizations including universities across the nation. As a result, faculty, who are key stakeholders for universities, had to quickly convert face-to-face classes to an online format, and learn new tools to deliver asynchronous or synchronous classrooms via web-conferencing platforms. After 18 months of online instruction, the 2021/2022 academic year saw faculty return to in-person, masked classrooms and a new set of challenges and safety concerns. This study explores key stakeholders’ perceptions of a university at the beginning of the COVID-9 lockdown in spring 2020 and the return to campus in fall 2021. The purpose of the study is to explore how the emotional reactions and crisis coping strategies employed by faculty respondents during the pandemic influenced their perceptions of the university during this crisis.

Most of the research conducted to test the ICM model involves qualitative content analysis of case studies, news stories, or social media [2], [3], [4], [5], and the influence of stakeholders’ emotions on perceptions and organizational evaluation during a crisis [6]. Jin et a [3] call for more diverse methodological approaches and testing ICM on real crises to impact crisis communication practice. Through a qualitative, phenomenological approach, this study fills these gaps in the literature and extends the crisis communication literature by emphasizing the importance of stakeholders’ emotions and coping strategies, which should be considered by organizations to develop more effective crisis dialogues and crisis communication strategies with stakeholders in future health crises. Using Integrated Crisis Mapping (ICM), the researchers explored the dominant emotions experienced during this crisis to discover how they influenced respondents’ coping strategies and perceptions of the university at both the beginning of the pandemic and later as they returned to in-person, masked classes on campus; it recommends expansion of the ICM model by adding positive, neutral and negative emotions and the re-evaluation of the continuum of coping strategies.

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LITERATURE REVIEW

Most of the research on crisis communication is organization-centric and focuses on image repair, restoring reputation and minimizing negative publicity. More crisis communication research is needed on stakeholder perspectives and public-driven research [1]. Jin & Pang [7] argue there is a lack of research on how stakeholders’ emotional experiences during a crisis influence their processing of crisis information and behavior and claim that exploration of emotions in crisis research is the “next frontier.” Organizations and crisis communicators who understand this information could implement communication strategies and practices that are successful.

Integrated Crisis Mapping (ICM) model

According to Jin et al. [3], the Integrated Crisis Mapping (ICM) model aims to understand the likely emotions key stakeholders experience in a crisis and the coping mechanisms they employ as a result to help organizations and crisis communicators develop more effective crisis management strategies. “In a crisis, emotions are one of the anchors of the publics’ interpretation of the unfolding and evolving events,” [3]. In fact, “emotions… dictate the actions the publics take in response to the crisis.” [4].

The ICM model divides crises into four quadrants based on the type of crisis and the following three criteria: 1) Internal-external; 2) Personal-public; and 3) Unnatural-natural [3]. The COVID-19 pandemic, a public health crisis, falls into Quadrant 2 of the ICM model, which contains external-public-natural crises such as nonpreventable natural disasters. The ICM model groups the types of crises along two axes: 1) the level of organizational engagement and 2) a continuum of stakeholders’ coping strategies. Crises in Quadrant 2 should have high organizational engagement as it is in the upper right quadrant, and the anticipated stakeholders’ dominant coping strategy was expected to be cognitive rather than conative coping [3]. Marsen [8] suggests that cognitive coping is “how affected stakeholders think about the crisis,” and conative coping as “the actions [stakeholders] take to change or improve the situation.” Previous researchers found the continuum of stakeholders’ coping strategies “problematic” [4] suggesting stakeholders might use multiple coping mechanism to manage their emotions [2], [4], [5].

The ICM model focuses on negative emotions [3]. Jin et al. [3] suggested that ‘anxiety’ was the dominant or default emotion experienced by stakeholders across quadrants, and stakeholders affected by crises in Quadrant 2 would likely experience ‘sadness’ as the primary level emotion and ‘fright’ as a secondary level emotion. Contradicting these findings, some researchers found that anxiety was not the dominant emotion [4]. Varma and Perkins [4] identified 11 different emotions expressed by stakeholders as well as neutral statements. Several researchers proposed expanding the ICM model to include stakeholders’ positive emotions [2], [4], [5]. A criticism of the ICM model is that it does not fully describe what constitutes organizational engagement [2].

METHODS

This IRB-approved phenomenological study described the lived experiences of six full-time faculty (3 males, 3 females) at a four-year public university in the Northeast. A qualitative research method with an exploratory design was chosen for this study following Van Manen’s [9] six research activities for phenomenological studies. Researchers conducted 45-minute in-depth interviews via Zoom, which were recorded (audio file only) and transcribed verbatim. Researchers reviewed the transcripts using inductive and deductive methods to search for major themes of convergence and divergence in and across cases.

RESULTS

The COVID-19 pandemic falls under Quadrant 2 of the ICM model where nonpreventable natural disasters are categorized as external-public-natural crises. Although the level of organizational responsibility for natural disasters is typically low, the significant loss of life the pandemic caused elevated its status to a high level of organizational responsibility as key university stakeholders expected the university to put their safety and well-being first.

EMOTIONS: POSITIVE, NEGATIVE, AND NEUTRAL

The researchers identified 23 distinct emotions expressed by participants. These emotions were positive, negative and neutral, grouped into five types of emotions: 1) Anger; 2) Fear; 3) Sadness; 4) Joy; and 5) Neutral emotions. The dominant emotion experienced by all stakeholders was anxiety. Showcasing the complexity of emotions, researchers noticed a shift in emotions from mostly negative emotions expressed at the beginning of the pandemic such as anger, fear and sadness to more neutral and eventually positive emotions exhibited by a cautious optimism later in the pandemic after vaccinations, boosters, and effective treatments were more widely available.

COPING MECHANISMS

All participants used both cognitive and conative coping mechanism to manage their emotions throughout the pandemic. The researchers found no difference between the initial coping mechanisms used by participants and those used later in the pandemic.
ORGANIZATIONAL LEVEL OF ENGAGEMENT

The participants expressed significant disappointment with the initial level of engagement by the university at the beginning of the pandemic. They felt it was insufficient, too cautious, and tentative. Later in the pandemic, they described the organizational engagement as a medium level (3 out of 5 for overall crisis communication). They felt it was stronger than their initial feelings but could have been better. Some participants felt the university’s singular focus on students left another key stakeholder group – faculty – forgotten.

DISCUSSION

Since most crisis communication research is organization-centric focusing on organizational crisis responses, this research answers the call for more public-driven research on stakeholders’ perspectives [1] filling a gap in the literature. Unlike prior research that tested the ICM model through qualitative content analysis [2], [3], [4], [5], this study fulfils the directive of prior research to use different methodological approaches, test the ICM model on real crises [3] by hearing from the stakeholders’ themselves; it also answers the call to explore how stakeholders’ emotions influence the way they process crisis information and their resulting behavior [7].

Emotions are complex. This study findings contradicted previous research that only focused on negative emotions [3]. Instead, researchers found that participants expressed 23 distinct emotions – positive, negative, and neutral emotions – which were grouped into five distinct emotions: 1) Anger; 2) Fear; 3) Sadness; 4) Joy; and 5) Neutral emotions, which confirmed previous research findings [4]. As with several prior studies [2], [4], [5], the researchers propose expanding the ICM model to include these emotions for Quadrant 2 crises. Future research should explore and confirm whether stakeholders’ positive (i.e., joy) and neutral emotions should be added to Quadrant 2 as well as to other quadrants in the ICM model. This study confirmed previous research that found ‘anxiety’ was stakeholders’ dominant emotion for a Quadrant 2 natural disaster, public health crisis [3], but it did not find sadness and fright as the primary and secondary level emotion, respectively [3]. Since a public health crisis can take place over a longer period of time than typical organizational crisis, the researchers suggest that a greater number of emotions are likely to be expressed by participants, which would more accurately reflect their complexity. Additionally, the longitudinal nature of this study showed that participants’ emotions shifted from more negative to neutral to somewhat positive with a cautious optimism as more information about the pandemic, vaccinations, boosters, and effective treatments became available. Thus, information is paramount and must be constantly and effectively communicated with stakeholder. Also, participants noted that the university became more effective at communicating with key stakeholders as the pandemic went along, which resulted in improved perceptions of the university by stakeholders.

This study confirmed that the continuum of coping strategies proposed in the ICM model [3] is “problematic [4] and contradicted previous research that posited that stakeholders experiencing a Quadrant 2 crisis would engage in cognitive coping as the primary coping strategy [3]. Instead, this study confirmed later research that found that stakeholders use multiple coping mechanism to manage their emotions [2], [4], [5]. Specifically, this study found that stakeholders use both cognitive and conative coping strategies throughout the pandemic. This study gave voice to the stakeholders themselves who were able to express their thought processes for understanding the pandemic (cognitive coping) which led to the actions they took to personally manage the crisis (conative coping). It is likely that the social media posts and news stories analyzed in previous studies did not cover the stakeholders’ thought processes employed to manage the emotions caused by the crisis, and a greater emphasis may have been placed on actions in those formats. Future qualitative, phenomenological research should test this finding to see if it can be duplicated in another natural disaster crisis as well as in Quadrants 1, 3, and 4 to determine if the ICM model should be adapted to include a new, more relevant continuum on its x-axis.

This study confirmed prior research [3] that found that organizations should exhibit high organizational engagement for crises in Quadrant 2, which includes natural disasters such as the COVID-19 pandemic. According to the participants, the organization in this study did not employ high organizational engagement and it negatively impacted participants perceptions of the university and their trust in the university. To alleviate anxiety, which was all participants’ dominant emotions, organizations and crisis communicators must share honest, transparent, and constant communication with its key stakeholders. It is not always advisable to wait to get all the facts or guidance from experts because this void in communication causes anxiety. Organizations and crisis communicators should acknowledge and address their stakeholders’ anticipated emotions in their crisis communication to validate and alleviate the emotions felt by stakeholders. Constant communication and validation of emotions will build trust and goodwill with stakeholders.

CONCLUSION

The COVID-19 pandemic changed everything. By exploring stakeholder’s perceptions throughout the pandemic, this study suggests that the ICM model should be expanded to include positive and neutral emotions as stakeholders’ emotions shift from mainly negative to neutral to somewhat positive over the course of a public health crisis. Confirming previous research, anxiety was the dominant emotion experienced by participants. This study suggests that the list of anticipated emotions for Quadrant 2 crises should be expanded to include anger, fear, sadness, neutral emotions and joy as well as anxiety. This would more accurately reflect the complex emotions stakeholders feel in a public health crisis, and allow organizations and crisis communicators to develop more effective strategies that move negative toward more positive emotions. This study also
questions the validity of the continuum of coping mechanism as a variable that should be considered when developing effective crisis communication strategies. This study showed that stakeholders engage in multiple coping strategies throughout the crisis.

**IMPLICATIONS FOR PRACTICE**

**Know Your Audiences and Communicate Often.** If a stakeholder group feels it is being ignored or not prioritized by the organization they will experience negative emotions, which may result in a more negative perception of the organization and its overall crisis management practices.

**Communicate. Communicate. Communicate.** A void of information causes anxiety and negative feelings toward the organization. Accurate, relevant, and timely communication must be shared with all stakeholders. Be honest and transparent. It is okay to say that you don’t have all the answers, tell them what you do know.

**High Level of Engagement is a must.** Key stakeholders expect to be informed of how an organization is managing a crisis. This can alleviate anxiety and negative emotions toward neutral and positive emotions, building trust and confidence.

**Acknowledge Emotions.** Organizations in crisis should anticipate and validate stakeholders’ emotions and desire for information. For example: “We recognize you might be feeling anxious because a formal decision has not been made about mask mandates, but we want you to know that we are letting the science and expert recommendations guide us to ensure we make the best decision to keep you safe. We promise to keep you updated as decisions are made.”

**Provide pathways or contingencies.** Even if the organization doesn’t have all the information they need, communicate the plan or contingency. This builds trust and confidence in the organization and its motives and actions.

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