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Effectively Managing Communication After a Crisis: A Phenomenographic Study on Public Health Crises in the Country of Jamaica

Jehan Donnique Wilson
Walden University

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Walden University

College of Health Sciences and Public Policy

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Jehan Donnique Wilson

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Review Committee

Dr. Julian Muhammad, Committee Chairperson,
Public Policy and Administration Faculty

Dr. James Frampton, Committee Member,
Public Policy and Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

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on Public Health Crises in the Country of Jamaica

by

Jehan Donnique Wilson

MPhil, Walden University, 2020

MS, St. John's University, 2017

BS, Florida A&M University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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Abstract

Effectively managing communication after a crisis is the starting point of successful public policy and administration when handling a public health crisis. Jamaica has dealt with several public health crises over the span of its existence; this study compared SARS-CoV-2 (COVID-19) and influenza, two major Jamaican public health crises during the period from 2019 to 2022. This study's research questions addressed (a) what specific communication strategies were used by Jamaica during the influenza outbreak as compared to the COVID-19 pandemic and (b) how the specific communications strategies used during the influenza outbreak and COVID-19 pandemic contributed to the development of best practices for public health crisis communications that have universal application. Governmental documents were used as the source of data collection. One outcome of this qualitative study was identification of the need for a country to use a universal crisis communication policy that assists public administrators in effectively communicating during and after a crisis. The theoretical framework used for this study was phenomenography, which assisted in defining the importance of crisis management protocols that are properly communicated for the country of Jamaica. There is currently no set standard for best practices when implementing a universal communication policy for crisis operations in Jamaica. This knowledge in the field of risk management will help Jamaica achieve positive social change.

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Dedication

This dissertation is dedicated to my beautiful, kind, smart, and fun-loving daughter, Baby J, my firstborn child, my heir, my legacy, my heart in human form who came into my life at the most unexpected moment but provided me with everything that I've longed for. My unconditional love for you cannot be described and will never change. To my mother, who is the strongest, most intelligent, strategic, and kindest person I've ever met who has guided me my entire life. To my father, who is the hardest working man I know and has consistently ensured that we have everything we can need and want. To my two older brothers, who have pushed me to always be the best version of myself and have consistently been in my corner since day one. And to my nieces and nephew and all my friends who have turned family who have always supported me—this is for you.

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Chapter 1: Introduction to the Study

The ability to effectively manage crisis communications during a serious crisis is critically important to the resilience of any state or country. Crisis strategies can be considered a proactive approach to prepare a country, state, business, or any tangible entity for an emergency or unprecedented event. Throughout the years, various crisis communication strategies have been implemented to properly align with the current state of each specific demographic group and geographic location as well as the current crisis (Mann, 2014). This qualitative study will inform readers about the key components that pinpoint various methods and best practices used when establishing an overall crisis communication policy for Jamaica.

Coombs (2010) defined crisis communication as “the collection, processing and dissemination of information required to address a crisis situation.” He also identified the different phases of crisis communication with relation to the different stages of the crisis, stating,

In pre-crisis, crisis communication revolves around collecting information about crisis risks, making decisions about how to manage potential crises, and training people who will be involved in the crisis management process. Crisis communication includes the collection and processing of information for crisis team decision making along with the creation and dissemination of crisis messages to people outside of the team. Post-crisis involves dissecting the crisis management effort, communicating necessary changes to individuals, and providing follow-up crisis messages as needed.

Using the description of *crisis* by Coombs (2010) and the information provided to describe a “crisis,” this research explored specific strategies used by current public administrators in Jamaica while also establishing an effective communications plan of action for public health crises. As of today, the current population in Jamaica is 2.948 million residents of various age groups. Though this population does not rival many areas in the United States, Jamaica holds as strong fourth rank among the top 10 most populated counties in the Caribbean (Chikweche & Fletcher, 2012).

An effective crisis communication plan accomplishes the following: (a) influences the way that communication policies have been implemented, (b) establishes specific crisis communication strategies that have proven to minimize or enhance the recovery time for Jamaica, and (c) discovers common trends and challenges that public officials face while constructing a crisis communication policy (Mann, 2014).

Document analysis for this study included evaluating electronic and printed documents that had already been produced to gain understanding of Jamaica’s crisis communications constructs and strategies and to obtain empirical knowledge of how specific communications strategies are developed and executed (Bowen 2019). This study also allows the reader to identify and distinguish imperative information through document reviews that form a universal communication policy. The documents reviewed are related to SARS-CoV-2 (COVID-19) and influenza in Jamaica and will be studied to examine crisis communication strategies that were implemented (Zahran et al., 2013). Following the examination of these documents ([a] Interim COVID-19 Vaccine Plan, [b] Interim Vaccination Logistics, [c] COVID-19 Vaccination Policy for Institutionalized

Mentally Ill Persons, [d] Government of Jamaica Communication Policy, [e] Government of Jamaica Disaster Management Risk Act, and [f] Government of Jamaica Influenza Pandemic Preparedness and Response Plan), the information will be analyzed to provide a response to the current gap in literature.

Background of the Study

Jamaica is currently located among the islands of the West Indies and is recognized as the third largest island in the Caribbean. According to the 2011 census, it is estimated that Jamaica has a population of 2.9 million people (Government of Jamaica, 2022). With Jamaica being listed as the third biggest county in the Caribbean, there is a clear need for a blueprint of crisis operations in relation to a public health crisis to be created. Currently, Jamaica has no set universal communication policy established that will assist with the response and recovery time when impacted by a public health crisis. This study examined the current governing documents produced by Jamaica regarding the influenza pandemic as well as the SARS-CoV-2 (COVID-19) pandemic. Communication strategies used to respond to influenza and SARS-CoV-2 (COVID-19) will be compared to the governmental communications plan documents.

A gap in the literature exposes the critical need for research on the implementation of crisis communication policies relating to public health crises in Jamaica. The research conducted on this subject matter included information gathered through document reviews of communications policy in Jamaica to determine if a universal communications policy can be created based on comparison of research that has already been conducted. Over the past several decades, Jamaica has faced multiple public

health crises that have resulted in various challenging outcomes. Through this study, strategies that had previously been used were examined to describe the importance of publishing a crisis communications policy in order to improve public health crises within Jamaica.

The articles selected for this study articulate the importance of communication following a crisis as well as strategies that have worked for various other countries and institutions that allow expedited response for public administrators. The current gap in literature exposes the need for research to be conducted on matters of crisis communication policies as they relate specifically to public health crises in Jamaica. There was a profound need for this study due to the lack of scholarly work to articulate, address, and research the current research problem.

The research questions for this study closed the gap in literature as it relates to streamlining strategies used for the development of best practices during public health crises. The current gap in literature suggests that there is no current set standard for best practices when creating a crisis communication policy for public health crises. This research identified similarities and differences between Jamaican communication policies to address public health crises and to better inform the creation of a universal crisis communication policy for public health crises. Throughout this study, readers will be able to distinguish between the communication strategies that have previously been used in Jamaica.

Problem Statement

The problem that public administrators often face during public health crises is ensuring that information is communicated in a way that it is interpreted correctly by the public. During public health crises, it is imperative that proactive and effective crisis management protocols are established to protect constituents. According to Roman (2015), public administrators are considered the stewards of public interest and have the sole responsibility to act quickly when faced with challenges that have a negative impact on the public they serve.

However, to understand the challenges and barriers that are faced by public administrators, it is also important to understand what is considered a “crisis” and “crisis communication management.” In a study entitled “How Social Media Is Changing Crisis Communication Strategies,” Cheng (2018) defined a *crisis* as “an unpredictable event that threatens important expectancies of stakeholders and can seriously impact an organization’s performance and generate negative outcomes” (p. 42). The major challenge that public administrators have with creating and implementing crisis communication policies is the lack of comparative policies that have been implemented throughout various regions of the world leading to universal successful outcomes.

The research problem addressed by this study was the need for Jamaica to implement universal standards based on best practices for its crisis communications policy.

It was imperative that this gap within the literature be filled due to the rapid response needed to handle public health crises that can disrupt a society at any moment.

During the COVID-19 pandemic, many countries were ill prepared to deal with a public health crisis of that magnitude. The creation of a universal crisis communication policy for Jamaica will help the country to address future pandemics more effectively (Coombs & Heath, 2005).

Purpose of the Study

The purpose of this study was to explore and define the “best practices” for crisis communication policies for implementation in Jamaica. This study will assist Jamaica with implementing universal standards based on best practices for its crisis communications policy. Using a phenomenography study allows a researcher to explore different ways that individuals experience, conceptualize, realize, and understand various aspects of phenomena. In this study, key documents that described how Jamaica handled communications during catastrophic crisis events were reviewed and analyzed to help interpret the experiences and viewpoints of the public administrators during these crises and how they used communication. This approach was instrumental in streamlining the aforementioned research problem. The findings of this research identified common practices used by public officials in Jamaica using governmental documentation that specializes in the development and implementation of crisis communication policies for the country. In addition, the findings showed comparisons and similarities between how Jamaica communicated the COVID-19 and influenza pandemics to its population to create strategies for universal application.

Research Questions

RQ1—Qualitative: What specific communication strategies were used by Jamaica during the influenza outbreak as compared to the COVID-19 pandemic?

RQ2—Qualitative: How do the specific communications strategies used during the influenza outbreak and COVID-19 pandemic contribute to the development of best practices for public health crisis communications that have universal application?

The two aforementioned research questions were essential to addressing the problem statement pertaining to universal standards based on best practices for a crisis communications policy. Therefore, examining previous crises and evaluating the effectiveness of communications helped to identify lessons learned and how these lessons measure against universal crisis communications standards in emergency management. In addition, addressing the current gap in literature helped to align crisis communications policies with best practices in emergency management.

Theoretical Framework

This qualitative research study was based on a theoretical foundation and a phenomenography framework that focuses on situational crisis communication theory. Phenomenography is a qualitative research methodology, within the interpretivist paradigm, that investigates the qualitatively different ways that people experience something or think about something (Åkerlind, 2018). Phenomenography related directly to this study by allowing research strategies to explore communications policies used in Jamaica. When used through the lens of situational crisis communication theory, phenomenography enables a focus on the way a public official experiences a crisis

situation. Additionally, the qualitative research approach phenomenography allows the space for crisis managers to align specific communication policies and responses to the level of the current or intended crisis.

The theoretical framework for this study assisted with guiding the research by focusing on the phenomenon of public health crisis (Lederman & Lederman, 2015). Using document reviews related to Jamaica's response to COVID-19 and influenza health crises, I was able to identify the specific communications strategies used and determine how effective they were in achieving the intended outcomes (Coombs & Heath, 2005). Additionally, using situational crisis communication theory allowed me to decipher which methods of crisis operations work best for Jamaica. The theoretical framework provided a foundation for comparative analysis gleaned from current literature in crisis communications, and these studies related to Jamaica's previous and current crisis communications practices (Zahran et al., 2013).

Nature of the Study

This study was a review of Jamaica's crisis communication policy. The qualitative research approach for data collection consisted of document analysis of crisis communications policies, plans, and procedures from Jamaica concerning crisis communications. Document analysis was appropriate for this study because the review of critical information such as after-action reports and other crisis communications documents helped to identify current practices and opportunities for improvement and informed my understanding of how crisis communication policies are managed during a public health crisis (Patton, 2015). Additionally, a qualitative research approach assisted

with discovering strategies for crisis communication management by obtaining the perceptions of public officials in Jamaica. With utilizing the aspect of a qualitative research for this study, the data analyzed were examined through a phenomenography methodology, which allowed me to interpret various strategies of the current crisis communication practices and determine which practices were most beneficial for effectively managing a public health crisis in Jamaica (Åkerlind, 2018).

Definitions

The definitions used for this research will allow the reader to thoroughly understand and interpret the information provided. Additionally, the definitions below provide a clearer understanding of factors impacting the research and the current gap in literature. Although conventional definitions of terms and words still apply, this section enhances and customizes the use of terms for this specific research:

Crisis: A period in time when a difficult or immediate decision needs to be analyzed and/or conducted to mitigate exposure or danger for a community, group, organization, company, society, or individual (Coombs, 2005).

Crisis communication: A subspecialty of the public relations profession that is designed to protect and defend an individual, company, or organization facing a public challenge to its reputation (Coombs, 2005).

Crisis management: The process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization or its stakeholders (Coombs, 2005).

Communications plan: A governmental or official document that holds the governing principles of how correspondence should be presented to the masses (Patton, 2015).

Communication policy: An effective way to disclose information on behalf of a company or organization to determine the mission, vision, core values, objective, goals, strategies, differentiators, and key messages (Coombs, 2005).

Epidemic: An occurrence of an infectious disease in a specific community at a specific time (Horne & Horgan, 2012).

Parish: In Jamaica, parishes are identified as the main unit of local government; *parish* serves as a synonym to the word *city* (Coombs, 2005).

Pandemic: An occurrence of an infectious disease happening globally at a specific time (Horne & Horgan, 2012).

Public health: A scientific standard that ensures the protection and improvement of the health and wellness of people in communities (Bloomberg & Volpe, 2012).

Public health crisis: A situation pertaining to health and wellness that impacts various people in multiple geographic locations (Bloomberg & Volpe, 2012).

Risk management: The identification, evaluation, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability or impact of unfortunate events or to maximize the realization of opportunities (Coombs, 2005).

Assumptions

Every public health crisis is different, depending on the state of the nation in which it occurs. With various individualized identities and cadences of public health crisis, it can be assumed that there is no possible way for a standardized and universal crisis communication policy to be successfully implemented. This research study critically evaluated this assumption based on best practices that had been gathered from effective crisis communication responses in the past. An assumption can be defined as an idea that is hypothesized by the researcher that can either be fully verified or not at all after research is conducted. In conducting research, it is imperative to avoid misrepresentation of facts and to conduct a full and complete identification of all potential assumptions (Bloomberg & Volpe, 2012).

Another assumption is that it is challenging to identify a standard and universal communication policy that successfully addresses every circumstance. For example, in Jamaica, there is a dynamic demographic and population size as well as a broad array of possible health crises (Zahran et al., 2013). Analyzing this study through the lenses of phenomenography shows that all assumptions can be objective, especially based upon the information that is being presented. Using public documentation within this study assisted with showing that learned experiences of public officials can be provided through documentation. Lastly, it can be assumed that although a universal communication policy will be beneficial for a country, the governing entity that oversees the countries may not agree. As such, this research provided the evidence needed to

support a public policy and administrative approach that includes universal crisis communication policies as the most efficient way to administer crisis relief.

Scope and Delimitations

Throughout this study, the area of concentration was Jamaica and its governmental documents and historical approaches to crisis communication. This study included research generated from previous implementations of communication policies through document reviews. According to Theofandis and Fountouki (2018), delimitations can be analyzed as the limitations consciously set by researchers or authors who are the governing agents over a specific body of work. Ultimately, it can be argued that delimitations are in the researcher's control. "Researchers decide to set as the boundaries or limits of their work so that the study aims and objectives do not become impossible to achieve" (Theofanidis & Fountouki, 2018, p. 82).

With the current delimitations for this study, there was no discussion of communication policies that may have been created by individualized parishes of the country of Jamaica, nor research conducted related to the citizens' viewpoint on the development of such documents. The data collection for this study only included federal-level communication documents and high-level strategic documents relating to Jamaica. Additionally, there was no research conducted where individuals were interviewed regarding the subject matter. In lieu of personal interviews to ensure that this study captured the variability of experiences, the data collection method consisted of governmental documents. The information collected for this research examined the aspect of federal-level document reviews.

Throughout this research study, there were multiple opportunities for transferability. Transferability can be described as occurring when two qualitative studies have multiple similarities and it can be inferred that the results for both studies based on the similarities will be the same (Theofanidis & Fountouki, 2018). With the idea of transferability, trustworthiness comes into play in terms of the researcher. The information gathered from this study is directly transferable to other countries across the Caribbean with similar demographics to Jamaica as well as governmental structure, such as the Bahamas and Trinidad and Tobago.

Additionally, this research proved to have transferability for other countries through confirmability. Any researcher who uses the same information provided within this study will be able to generate the same results. For a qualitative researcher, it is a duty to find new, innovative, and alluring ways to discover new facts, concepts, and approaches that are assumed. With all of these aspects in mind, to be trustworthy is to be a fact-checker and to be a creative, which allows each specific research study to have an individualized purpose of its own.

Limitations

Potential limitations for this study included the confidentiality surrounding crisis management and communication policy protocols within Jamaican government structures. This limitation was addressed by obtaining approval for access to specific governmental documents that would provide data for analysis (Bailey, 2014). Timeliness was another possible limitation to this research due to the comparison of when the data

were collected, the health crisis occurring, and intervening adjustments to public policies and administration. According to Theofandis and Fountouki (2018),

limitations of any particular study concern potential weaknesses that are usually out of the researcher's control, and are closely associated with the chosen research design, statistical model constraints, funding constraints, or other factors. In this respect, a limitation is an 'imposed' restriction which is therefore essentially out of the researcher's control. (p. 63)

Due to the communication policy that was created for Jamaica for the influenza outbreak in 2007, and another overall communications policy being created in 2015, a limitation was that over the past 5 years, there has not been an update (Bailey, 2014). Although this is a limitation, this was addressed through reviewing documentation that had previously been presented and aligning that with current progress reports. The aforementioned reports and document reviews pertained to Jamaica and were compared to the progress that had been made between those time periods (Theofanidis & Fountouki, 2018).

However, this limitation was addressed by tailoring the research findings to relate to other countries that have a similar population and will be able to benefit from the research (Bailey, 2014). Lastly, within this study, an additional limitation was regarding the success of the current communications plan due to the fact that Jamaica is still actively dealing with the COVID-19 pandemic and new and consistently emerging systems that outlast the initial virus (Zahran et al., 2013). Since 2020, there have been many cases of long COVID that relate to people who have contracted the virus who have

developed additional illnesses after the original exposure.

Significance of the Research Study

This research is significant because it contributes to both academia and practice in efforts to improve crisis communications at the national governmental level in Jamaica. The research enhances the reader's understanding of various elements that influence the way that crisis communication policies are created and implemented. The results of this study provide insight into the process of crisis communication management by public officials as well as identify possible solutions based on the qualitative data analysis (Zahran et al., 2013). The findings of this study add to the overall significance by assisting and identifying practices that are used by public officials in the country of Jamaica (Mann, 2014). Finally, the significance of this research resides in the exposure of new research literature that shows the steps taken to properly communicate with citizens of a country during a global pandemic, or health crisis, in the 21st century.

Significance to Public Policy

In addition, the findings gleaned from this study may serve as a resource for public communications officials by identifying best practices in developing and implementing new policies for crisis communication management, especially as it pertains to communicating with the public during a public health crisis. The significance demonstrated from this research study will enable Jamaica to expedite future implementations of communication policies as they pertain to public health issues. This research allows space to fill the current gap in literature where there is no current

research that has been conducted on Jamaica as it pertains to the implementation of crisis communication policies relating to public health crises (Wiederhold, 2013).

Significance to Theory

The significance of this study in relation to strategic communications theory directly aligns with the aspect of transferability discussed as a limitation and delimitation. This study serves as the groundwork for other Caribbean countries that have similar demographic factors to Jamaica (Mann, 2014). Using phenomenography theory, readers are introduced to documents reviewed in order to do the following: (a) influence the way that communication policies have been implemented, (b) establish specific strategic crisis communication strategies that have been proven to minimize or enhance the recovery time for the country of Jamaica, and (c) discover common trends and minimal challenges that public officials face while constructing a crisis communication policy.

Significance to Positive Social Change

The goal of positive social change for this study is imperative to the current communication policy in Jamaica. Being able to implement a universal communication policy that satisfies the need to expedite the response time to a public health crisis will save lives. Looking at the aspect of social change, the goal is to solidify ways to assist and educate people within a specific community or demographic (He & Harris, 2020). Within all research, it is vital that the information provided allows for a direct impact on society that allows room for future generations to grow and develop.

This study stands at the forefront of “new media” and exposes the need for an ironclad communications policy for every country. The implications of this study allow

positive social change and improvements in human and societal conditions in Jamaica. The results from this study will assist in removing crisis-induced fear and reduce the adverse impact of crises on the lives and livelihoods of individuals and communities. The research conducted for this study may have direct social change implications such as (a) increased safety for communities and residents during a crisis, (b) enhanced proactive measures for future public health crises, and (c) improved strategic communication throughout Jamaica.

Summary

Properly preparing for a crisis situation within any country is imperative for the livelihood of the government and the citizens. Effectively managing communication during a public health crisis enables public administrators to accomplish the following: (a) influence the way that communication policies have been implemented, (b) establish specific strategic crisis communication strategies that have been proven to minimize or enhance the recovery time for the country of Jamaica, and (c) discover common trends and minimal challenges that public officials face while constructing a crisis communication policy. Closing the current gap in literature allows public administrators to use current data generated by the country of Jamaica and create a new wave of information.

This chapter elaborated details regarding the overall blueprint of the current study such as the background of the study, problem statement, purpose, research questions, theoretical framework, nature of the study, definitions used within the study, assumptions, scope and delimitations, limitations, significance of the study, research

theory, and social change. All of the aforementioned information served as a detailed analysis of this particular study.

The upcoming chapters provide a full literature review on the research and the methodology that was used to fill the current gap in literature. Additionally, I outline the document reviews that addressed the overarching research question and provided solutions and suggestions for how this research can be continued.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative phenomenography case study was to explore and define the “best practices” for crisis communication policies for implementation in Jamaica. The gap in literature that this research closed was the void that links the current communication policy for the country of Jamaica and the existence of a protocol that is used for public health crises such as SARS-CoV-2 (COVID-19) and influenza. The high-level result of this research identified “best practices” for crisis communication policies in Jamaica as well as illustrated the imperative need for a universal public health communications policy that will assist with decreasing the response time for effectively communicating to the public during a crisis (Coombs & Heath, 2005).

Evaluating the need for crisis communication strategies can be accessed as a direct and proactive approach to safeguard a country or nation during a crisis (Wahlstrom, 2012). The literature on crisis communication continues to underscore its importance for successfully managing varying levels of crises. The literature identified for this study serves as the foundation that informs on the importance and value of a universal communications policy that benefits Jamaica (Zahran et al., 2013).

Throughout this chapter, the literature search strategy used to conduct this research is revealed. The importance of this strategy in the overall framework of the aforementioned research study shows that the current gap in literature is severe and that with this study being conducted, there is clear room for improvement in the communications policy of the country of Jamaica (Mann, 2014). Additionally, the

theoretical framework for this research used from a phenomenographic standpoint allows readers to understand the key components needed to successfully establish an effective crisis communication plan, such as (a) influencing the way that communication policies have been implemented, (b) establishing specific crisis communication strategies that have been proven to minimize or enhance the recovery time for the county of Jamaica, and (c) discovering common trends and minimal challenges that public officials face while constructing a crisis communication policy.

Lastly, a fine-tuned literature review was conducted that deeply examined not only the overall context of the literature used to expose the gaps in research, but also the overall methodology. Being able to analyze the methodology and the disciplined areas of study by unpacking the literature served as a form of SWOT analysis to indicate key strengths and weaknesses previously used while aiming to understand the overall phenomena.

Literature Search Strategy

The literature review for this research served as the core foundation for the topic of this study. The peer-reviewed literature used contained currently available research identified in research databases such as ProQuest Central, Walden University Library database, ResearchGate, United Public Administration Network, Public Administration Abstracts, and Google Scholar, including peer-reviewed documents. The keywords that were used to explore the literature for this research included *communication policy*, *crisis communication*, *crisis*, *crisis management*, *public administration*, *pandemic*, *global health*, *public health*, and *risk management*. The studies used and reviewed for the

research study relate to the influence of crisis communication, crisis communication strategies for public administrators, and managing effective communication after a crisis. Lastly, the literature reviewed is considered relevant to the intended topic of this research study, which included 128 peer-reviewed primary sources that entailed needed information that helped with the overall legitimacy of this study. Also, 98% of the peer-reviewed articles used for this research were created within the last 5 years.

Theoretical Foundation

The theoretical foundation for this study was the phenomenography framework, which focuses on situational crisis communication theory. This important theoretical framework is essential to understanding the experiences of public administrators engaged in crisis communications in Jamaica, and their conceptualization, realization, and understanding of various aspects of the crisis informed their communication strategies and practices (Zahran et al., 2013). For example, public administrators' understanding of the health impacts of the COVID-19 and influenza pandemics in Jamaica informed their strategies used to communicate these crises to the public, which are contained in various documents and artifacts that were analyzed during this research. The documents and artifacts were measured against the current literature and best practices in crisis communication (Khan et al., 2013).

Aligned with the theoretical foundation of this research, the phenomenography methodology within the interpretivist paradigm assists with the overall investigation on different ways people, in this case "public administrators," can experience or think about a specific phenomenon. Phenomenography, originally created in the 1970s, was

established as a use of educational research to assist with determining how students can learn and understand concepts. Leaning into the interpretivist view, this allowed the document reviews used for this study to unpack the interpretation of public administrators when handling public health crises (Zahran et al., 2013).

Ultimately, this research identified “best practices” for crisis communication policies as well as illustrated the imperative need for a universal public health policy to be created that assists with decreasing the response time for effectively communicating after a crisis. Throughout the current gap in literature, this research (a) influenced the way that communication policies have been implemented, (b) established specific crisis communication strategies that have been proven to minimize or enhance the recovery time for the county of Jamaica, and (c) discovered common trends and minimal challenges that public officials face while constructing a crisis communication policy.

Overall, this research serves as a literary resource to provide guidance related to universal crisis communication policies and shows that using the data gathered assists with administering crisis relief after a public health crisis (Mann, 2014). The theory used within this study has been applied in various elements related to crisis communication, but the gap in literature that was filled through this study focuses specifically on the country of Jamaica and expands to the response of two public health crises that will be compared: SARS-CoV-2 (COVID-19) and influenza. Using document reviews as the base of data for this study aligned with the theory selected and unpacked how the current research questions helped to build upon existing theories.

Literature Review

Communication tactics that have been used to manage crises and unforeseen events, such as disasters, have been in use by numerous countries over long periods of time. The evolution of crisis communications strategies from the influenza pandemic of 1918 to SARS-CoV-2 (COVID-19) of 2020 demonstrates dramatic shifts in how communications have evolved. For example, crisis communication allows public administrators across the globe to create, revolutionize, and partake in the modification of how crisis response makes an impact on people's lives. Communication serves as the "host server" that allots people from all age groups the opportunity to express their ideas to the masses, with little to no limitations. Over the past decade, crisis communication has emerged into what is now the leading form of communication postcrisis that continues to steadily improve as the time passes by.

Importance of Crisis Communication

Communication disseminated by public officials during a crisis is essential and an indispensable part of all crisis response efforts when establishing order, especially for public-health-related issues. To truly understand the importance of crisis communication for a nation, one must first understand and evaluate the importance of proper and clear communication. As many would assume, communication is simple and can become complex if not used in the correct manner. In the basic description, communication is simply the dissemination of information from one point to another. This can be related to a specific person or entities.

Being able to properly utilize forms of communication that serve as the main source of information for a country, such as Jamaica, is imperative to its stakeholders and constituents. When streamlining communication to inform the masses of a crisis, the research will analyze how public officials utilized the country's communication policy to streamline results. Understanding the basic means of the proper way to disseminate information to a country with a population of 2.2 million people is extremely important to mitigate risk for crisis. Often when a crisis occurs, citizen journalists play a vital, however unofficial role with being the carrier of news and information.

Communication is an extremely critical part of any nation or organization's response to a crisis or natural disaster. As it relates to a public health crisis, it is important to have effective and efficient communication and dissemination of information because it assists with expedited results. It is the job of the public official to ensure that when they are communicating on behalf of a country or a nation, the information that is given to the masses is clear, is concise, and reestablishes facts (Mann, 2014). This is imperative because often, when working with the masses, the communication strategy that is used sets the trend for how an entire crisis can be handled.

Crisis communication is the first line of defense as it pertains to ensuring that any issue that occurs is eradicated and properly handled. The purpose of crisis communication is to mitigate risks that are caused by premeditated and/or unexpected issues. Crisis communication is an action taken after an unforeseen line of events.

Using the SARS-CoV-2 (COVID-19) and influenza pandemics as the primary focus of this research will fill a gap in the literature on crisis communication and public health with implementing crisis communication strategies and universal communication policies within the country of Jamaica (Mann, 2014).

SARS-CoV-2 (COVID-19) and Influenza were two separate public health crises that plagued not only the country of Jamaica, but also the entire nation. Most recently, SARS-CoV-2 (COVID-19) took the world by storm in early 2020 when a Jamaican nationwide quarantine took place. In the case of the influenza pandemic in 1918, records indicate that the country of Jamaica was the first island in the Caribbean to be directly affected. Within both cases, this research proves how the current gap in research and literature allows for the importance of crisis communication in public health crises to be reevaluated based on importance (Sanders, 2014).

How Crisis Communication Mitigates Risk

For a nation or a country to understand the role of a crisis communicator or a public official who is skilled to manage a crisis, it is imperative to understand and pinpoint specific scenarios that ultimately need crisis management (Khan et al., 2013). Often, communication that is disseminated has a direct emotional impact on how teams, individuals, and constituents work together to accomplish tasks, share knowledge, and coordinate ways to create an end goal (Khan et al., 2013). Along with the skill of properly aligning crisis communication methods with a specific issue, this qualitative research study assists with identifying the need for a universal communication plan to

handle public health crisis to facilitate crisis communication strategies efficiently and effectively (Zahran et al., 2013).

Ultimately, it is the job and the area of expertise of public officials under governmental agencies to implement communication policies that assist with the dissemination of information to the masses. A public health crisis has the capacity and capability to impact multiple areas of society that include effectively communicating after a crisis (Mann, 2014). Depending on the public health crisis that is occurring, as it relates to crisis communication and proper dissemination of communication, this can cause a chain reaction that disrupts the overall morale of a nation (Coombs & Holladay, 1996, 2002; Khan et al., 2013). Proper crisis communication methods can minimize a major public health crisis with a proper and timely rate of response. The complete absence of crisis communication strategies during a public health crisis (a) impacts the amount of public control that organizational leadership has over the crisis, (b) affects the timeliness of the recovery process, (c) affects the public official and governmental ability to mitigate risk, and (d) may interfere with retention of key stakeholders (Coombs & Holladay, 1996, 2002; Khan et al., 2013). Within these studies, research shows that the contribution of crisis communication strategies to a communication policy uplifts governmental practices and improves not only the quality of a country, but also the development of understanding a crisis.

Understanding how to curate crisis communication plans and how to properly execute those plans assists in driving results when matriculating through a crisis. The importance of crisis communication as stated with the literature that drove the blueprint

for this study ensures that properly planning for a crisis, epidemic, or pandemic prior to it occurring is the first line of defense (Wiederhold, 2013). Using crisis communication tactics as a public official is what allows for constituents of a country that can be directly impacted by a crisis to lessen the overall risk. When discussing the aspect of crisis communication, there are two general uses. Crisis communication can be used as a direct source of information on an entity or geographic locality to properly prepare for devastation or ultimately used as a tool of strategy (Coombs & Heath, 2005).

Within this study, the current gap in literature makes it clear that to help to mitigate the risk of public health crisis in Jamaica, crisis communication efforts must be used for information as well as strategy (Coombs & Heath, 2005).

Crisis Communication and Response Efforts

Proper and well-researched crisis communication tactics have proven to be the driving force of reducing risk and impact before a disaster occurs. Tactics such as proper planning, coordination, and managing resources stand as the unparalleled cornerstones of success for any public official who is tasked with acting as a crisis manager for their demographic region. One element about crisis communication that allows trained public officials the opportunity to be prepared for a crisis is studying prior incidents and learning how to properly mitigate risks from the past (Wiederhold, 2013). Research shows that history often repeats itself, and with doing so, it can be looked at as a reference and prequel to what is to come. However, the research used within this study indicates that in many cases as it pertains to smaller geographical areas such as the country of Jamaica,

which usually have less resources than larger countries, which limits the eligibility of response to unforeseen crises.

As it pertains to effectively managing communication after a crisis, research has proven that there are certain steps that can be taken to ensure that crisis communication efforts will mitigate risks. When dealing with a crisis, there are many factors that come into play, such as precrisis, midcrisis, and postcrisis stages. All three of the aforementioned steps help to break down a crisis situation into various components that enable response time to be lessened and the well-being of a nation to be pushed to the forefront (Wiederhold, 2013).

In many instances, when dealing with a crisis, especially in larger countries, there are taskforces that are already in place, essentially waiting for a problematic situation to arise so that action can be taken (Wiederhold, 2013). As it comes to smaller countries, often there is not a current taskforce in place, which, with a proper and outlined communication plan, could be used as a starting point to act. For the country of Jamaica, having a universal communication policy that outlines the need for crisis communication efforts proves effective because it will yet again streamline response time (Mann, 2014).

When managing a crisis situation, response time is vital. Lessening response time is imperative because it allows public officials to keep constituents and stakeholders in the loop as to what is occurring. In 2020, when the global news of SARS-CoV-2 (COVID-19) took over the airways, misinformation spread quickly. Misinformation during crisis can cause mass hysteria as it pertains to communication. Crisis communication is deeply rooted in fact, and misinformation that is provided to the

masses must be debunked by public officials to ensure that communication is being properly managed after a crisis. During the influenza pandemic, communication spread completely differently because the world wasn't as advanced as it is today.

Public officials are tasked with accuracy and rapid response of communication as it pertains to crisis response efforts. For Jamaica, research has proven that the current governmental officials have utilized many forms of communication in order to keep citizens well informed of everything occurring (Mann, 2014).

During the ongoing SARS-CoV-2 (COVID-19) pandemic, one major difference that public officials had to deal with versus the Influenza pandemic was an increase in citizen journalists. Citizen journalists are individuals who are not represented by any official government entity or news source who ultimately provide information to the masses, often times without proper fact checking protocols. The SARS-CoV-2 (COVID-19) pandemic proved that the effective and efficient response time is needed in all crisis situations to eliminate and lessen misinformation, citizen journalism and all forms of information that are not being presented by public officials who represent a specific country (Sanders, 2014).

The Breakdown of Crisis Communication

Crisis communication efforts can be broken down into three segments: pre-crisis, mid-crisis, and post-crisis. All three of these segments are imperative to ensuring that crisis efforts work efficiently, effectively and ensure that the best interests of citizens, stakeholders and constituents are at the forefront of all crisis operations. Within each

segment that breaks down crisis operations there are subsections that that go into further detail about what each step entails.

Research has proven that pre-crisis efforts are usually looked at as the “calm before the storm” for public officials who deal with crisis communication (Wiederhold, 2013). Being able to properly pre-plan based on the current knowledge of a geographical area and information that has been analyzed from prior crisis situations allows public officials to remain one step ahead. Research shows that the pre-crisis stage is the best time for public administrators to gather as taskforce to begin creating a crisis communication plan that aligns with the needs of a specific country/region, identify stakeholders, predict possible communication needs and draft messaging that will go out to the masses (Wiederhold, 2013).

In the pre-crisis stage ultimately occurs before the onset of a crisis, there are four steps that allow all public administrators to successfully plan. These steps include identifying risks, prevention, mitigation and preparedness. Identifying risk for public officials is extremely imperative. Within the country of Jamaica, for a public administrator to properly identify risks, an analysis must take place of the current status of the country to identify what the strengths, weaknesses, areas of opportunities and threats could possibly be. As it pertains to identifying risks this also relates to the current governmental structure and determining if plans are currently in place to execute crisis communication efforts in the case of an unexpected public health crisis. Being able to identify specific risks that could include ethics scandals or even a data breach is the first step to beginning to properly prepare for a crisis situation. Once a public official who is

tasked with the duty of crisis operations has successfully identified potential risks that have the possibility of negatively affecting a specific organization or country, this is when mapping a crisis communication strategic plan can begin.

Once risks are identified the next step will be prevention. In laymen's terms prevention is essentially ensuring that specific methods are put in place to delay or proactively prevent a negative outcome from occurring (Mann, 2014). Setting preventative methods in place reduces the risk of an incident from occurring by ultimately introducing the act of deterrence. Being able to reduce risk is extremely vital for public officials who assist within the role of a crisis communicator because it will delay and imminent danger or uproar. Within the aspect of public health crisis, although not all aspects detailing with disease or illness can be prevented, measures can be put into place that reduce reaction time due to preventative methods.

Another aspect of the breakdown of crisis communication that works in tandem with prevention is mitigation. Similar to prevention, mitigation is the act of reducing severity or seriousness of an unexpected or planned situation. Being able to effectively mitigate potential risks includes ensuring that current protocols are completely updated to ensure that if a crisis occurs there are protocols ready to go (Coombs & Heath, 2005). Mitigating risk for public health crisis in the Country of Jamaica can be to ensure that there is a taskforce in place that specializes in pandemics and ensuring that the taskforce is currently aligned with the country protocols on how to respond to a crisis.

The final step in pre-crisis operations is preparedness. Preparedness is an extremely broad-spectrum step that allows public officials to compile all the resources

gathered to ensure that a specific country, organization or entity is in the best situation possible in case a crisis occurs. In the specific case of public health crisis in the Country of Jamaica, preparedness measures allow public officials the opportunity to enact training protocol not only for government officials but also potentially for concerned citizens who want to be involved with crisis operations. The aforementioned training often times can include disaster and crisis training exercises that help to practice the immediate steps to take at the beginning of a crisis and testing the capabilities of those around you (Dobó, 2014).

Directly after pre-crisis preparation, there are steps that all public officials must take as it relates to mid-crisis. Mid-crisis directly relates to actions that are taken by public officials during a crisis occurring. When a crisis is currently occurring often time information that is disseminated to the public moves quickly and time is one of the biggest factors as it relates to effectiveness.

At the beginning of any crisis, especially as it pertains to public health crisis the initial response of a governmental official is the most imperative way to use governmental influence to take control of an unexpected situation (Crawford et al., 2013). The response is imperative due to this being the first line of communication that takes places between the public officials and the citizens, constituents or stakeholders. For a public official to curate a response to crisis situation the first step is always to engage the audience or stakeholders who will be directly impacted.

In many cases as it related to all crisis operations there are always stakeholders involved that a crisis can ultimately impact. The initial step to ensure accurate measures

will be taken to engage your stakeholders in a specific scenario is to first identify who the specific stakeholders are. Being able to identify your target audience in a crisis is imperative for all communication plans because this allows you to ultimately determine what will work more efficiently and effectively (Samson, 2013). Knowing who the stakeholders are and ultimately who will be most impacted by an adverse event ensure that the target audience can have trust in the information that they are receiving especially, like in this research study as it relates to the population and wellbeing of an entire country.

For the country of Jamaica during a public health crisis, one of the largest group of stakeholders are the current residents of the country. Those of whom reside and make a common living in the country of Jamaica will be directly impacted in the order of their socioeconomic status. In all situations when you take a wide view glance at a country there are various groups of inhabitants that add to the value and create the overall population. As a public official that is tasked with handling crisis situations, the aforementioned must be accessed when implementing strategies and determining the next course of action that will ultimately impact all who are involved. Stakeholders and the correct audience are one of the largest determining factors in how a universal communications policy will impact those who will directly be affected by a crisis (Taneja et al., 2014).

While in the midst of a crisis operations situation the next step after a specific target audience is identified it is to curate a response that resonates the best with your constituents. Often time in a crisis situation a response is used fully as a verb and an

actionable step that can be used to push forward as a crisis is occurring. In all steps of crisis communication actions are often carried out directly before, during and after a crisis at a faster response rate than a traditional event to ensure that all of those who are involved are not left at bay. In many situations, especially as it relates to public health crisis in a country such as Jamaica, response actions that some public officials may immediately take include activating a plan that is currently in place (Hallegatte, 2014). However, as we look upon the public health documents of both the SARS-CoV-2 (COVID-19) and Influenza pandemics it is shown that the lack of a prepared response resulted in adverse effects for governmental officials. The steps to response can often time include making a first initial statement to the public that reassures stakeholders that they government and public officials who are entrusted to lead a nation are aware of the current crisis and actions moving forward will be diligent as well as they will keep all stakeholders involved of further developments as it relates to their wellbeing.

When compiling a response one of the most important factors relates to timeliness. Often time the biggest caveat in governmental response are news outlets that report on a story or a crisis situation without a trained crisis communication public official making a statement. When this occurs for make stakeholders it not only creates confusion but also it mitigates trust of a target audience and a specific public official or country. As it relates to public crisis scenarios immediate response actions that can be carried out may include making a formal statement and begin to delegate tasks within each region of a country to ensure that economic loss can be reduced (Crawford et al., 2013). Often response actions may include activating a certain emergency operations

sector of a government who can work diligently to get to the root of a crisis who will coordinate to answer questions from the public and create the talking points for public officials. For all public officials dealing with crisis situation and currently in the response stage it is imperative to be timely, accurate, upfront, transparent and ensure that all information disseminated is credible and can be trusted.

When curating the ideal response for a crisis scenario the best action to take is to ensure that all the key points of what those who are impacted who want to know are addressed. These key points can include (1) the basic overview on what is currently occurring (2) what caused a specific scenario to occur (3) how entrusted public officials are currently responding and what is the next step of action (4) the intimate details of a crisis such as where and when it occurred (5) is this crisis something that could have been prevented (6) if this crisis could have been prevented why was it not prevented (7) what is the likelihood that it will happen again (Waller et al., 2014).

Ensuring that the aforementioned addressed in an initial response are the first steps in knowing that a crisis situation is in the beginning stages of being handled effectively. Throughout the remainder of a crisis, responses and information that have been previously disseminated can change as new and more relevant information becomes apparent (Carey & Perry, 2014). Even during mid-crisis, the role of a public official who is tasked with handling crisis must know that change is inevitable and when a crisis is one of the most oftentimes unpredictable situations to encounter. Although it is unpredictable within every situation, there will always be steps to take to ensure that proper preparation can be taken to gain the best outcome possible (Morrison, 2013).

The final stage in any crisis can be looked at as the post-crisis stage. Post crisis for many public officials is the time allotted for reflection of what previously occurred. As the post-crisis stage begins to be administered the first step is recovery. Recovery is extremely imperative because this is when public officials can begin to restore the status quo or near normal conditions of a specific society. Within the recovery stage of post-crisis this directly related to restoration if any is needed, and social and economic concerns that may have change due to or during a crisis (Ruggiero & Vos, 2013). Stepping into the recovery stage ensures to stakeholders and constituents that the community or geographic location that they once knew can be redeemed, even after an unexpected series of unfortunate events that may have altered a specific situation for a period of time.

Directly after recovery protocols begin, it must be conducted with consistency and a post-crisis analysis that details how a situation was handled or how it could've been handled better (Ruggiero & Vos, 2013). This is when it is imperative to go through a deep dive analysis of the crisis and the overall effectiveness, not only for governmental use for also for all the stakeholders who are involved to ensure that what occurred is easy to understand and interrupt so that trust remains established (Ruggiero & Vos, 2013).

During the post-crisis analysis this is time geared directly towards public officials that are tasked with handling crisis operations to be able to analyze all aspects from beginning to end and document: (1) what was done correctly and effectively (2) what steps can be improved (3) and what steps can be taken to ensure that a universal communications policy is set in place if another crisis was to occur.

Public Health Crisis in Jamaica

Within every country public health serves as an incubator to ensure the health and wellness of all people within a specific demographic region remains are the highest standard possible. Public health efforts are also organized to ensure that the common lifespan of an individual can be prolonged through organized protocols and informed choices. Across the nation, SARS-CoV-2 (COVID-19) and Influenza pandemics have both acted as a plague that impacted people globally. Within the instances of both pandemics, although decades apart the number of total deaths and hospitalized individuals had potential to be lessened by proper implementation of crisis communication tactics geared towards public health crisis.

SARS-CoV-2 (COVID-19) and Influenza pandemics are deemed as two of the largest public health crises that have impacted millions of lives during the same time period in multiple geographic locations.

The country of Jamaica currently has around 30-40 working hospitals which would be the core source to deal with any kind of public health issues that are to arise. On a large scale this is a minute number of facilities that is currently spread across an estimated 4,411 square miles that encompasses the entirety of the country. According to the Pan American Health Organization, the country of Jamaica has faced a distinct rise in non-communicable diseases and 70% of the deaths with take up most of the current available hospitals are due to illnesses such as multiple forms of cancers, diabetes, heart disease and lung diseases. With these statistics in mind, when a public health crisis occurs on the magnitude level of SARS-CoV-2 (COVID-19) or Influenza, the country of

Jamaica must rework and reallocate not only medical personnel but funding in order to assist those in need (Government of Jamaica, 2022)

Utilizing the efforts of a crisis communication policy that is specifically geared toward the country of Jamaica and public health issues will assist: (1) influence the way that communication policies have been implemented, (2) establish specific crisis communication strategies that have been proven to minimize or enhance the recovery time for the county of Jamaica, and (3) discover common trends and minimal challenges that public officials face while constructing a crisis communication policy (Mann, 2014).

Summary and Conclusions

Mitigating risk and having an effective plan during a crisis is imperative to the progress of a nation, state of country. The literature review presented examines and highlights the current and ongoing severe gap in literature as it pertains to public health crisis specifically related to the country of Jamaica. Keeping in mind that SARS-CoV-2 (COVID-19) and Influenza pandemics are the public health crisis used in this study further proves why a universal communication policy would be needed to handle and activate crisis protocol procedures (Samson, 2013). It is evident through the literature research that social change will be directly impacted by the outcome of this study, as well as the stakeholders who could be impacted by an unprecedented crisis occurring. In chapter three, I will discuss the methods used in order to conduct the study including data collection, analysis, and presentation. The upcoming chapter analyzes the methodology used to complete this study as well as how document reviews justify the current gap in literature.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenographic study was to discover and illustrate “best practices” for crisis communication policies for the country of Jamaica as they relate to a public health crisis. Over the last several decades, the country of Jamaica has endured public health challenges while undergoing both the SARS-CoV-2 (COVID-19) and influenza pandemics during two different periods of time (Dailey & Browning, 2014). The current gap in the literature exposes that little research has been conducted as it relates to the country of Jamaica and creating a universal public health policy that will ultimately create effective standards to communicate after a crisis. Using a phenomenographic research approach shows the comparison of the document reviews to interpret the experiences and viewpoints of public administrators (Åkerlind, 2018).

The findings of this research identify common practices used by public officials in Jamaica during the developmental and implementation stage of crisis communication policies. Additionally, the findings for this study uncover how Jamaica will move forward in the process of communicating with citizens to create strategies for a universal application (Zahran et al., 2013). Within this chapter there is a detailed overview of the research and design rationale, role of the researcher, methodology, and issues of trustworthiness within research.

Research Design and Rationale

The research questions for this study address the existing void in literature by examining methods that can be employed to streamline strategies, ultimately leading to

the establishment of effective protocols during public health emergencies. The absence of an established benchmark for optimal practices in formulating crisis communication policies for public health crises highlights the current gap in literature. This study identifies both commonalities and disparities among communication policies in Jamaica concerning public health crises, with the goal of providing valuable insights for the development of a comprehensive crisis communication policy applicable globally. Consequently, readers will gain the ability to discern the communication tactics previously employed in Jamaica throughout the course of this investigation.

RQ1—Qualitative: What specific crisis communications challenges and barriers were experienced by public officials in Jamaica during the influenza outbreak and COVID-19 pandemic?

RQ2—Qualitative: How do the specific communications strategies experienced during the influenza outbreak and COVID-19 pandemic contribute to the development of best practices for public health crisis communications that have universal application?

The phenomena of this study directly generate interests in understanding and determining the vast differences between communicating after a crisis with and without a universal communications policy intact. This qualitative research identifies variables that are key factors in understanding Jamaica's current crisis communication practices and how they compare to best practices in universal crisis communication (Dailey & Browning, 2014). Using qualitative research design is fundamental to discovering "best practices" for crisis communication policies that benefit and improve the response time

for crisis operations in Jamaica, specifically those that relate to public health issues and initiatives.

The research design was document analysis. The data collected for the study were extrapolated for emergency management and crisis communications artifacts from previous health emergencies, specifically the COVID-19 and influenza public emergencies in Jamaica. The study helps provide an understanding of how crisis communication policies were formulated during these health emergencies (Dailey & Browning, 2014). While using document analysis as a qualitative research method, the information gathered helped to inform responses to my research questions. The research questions for this study targeted the ongoing communication policies within Jamaica by focusing on a theoretical framework using phenomenography that focuses on situational crisis communication theory.

The underlying methodological approach, which is used within the phenomenography framework for this study, aligns with the interpretivist paradigm as well as the theoretical foundation of situational crisis communication theory (Bailey, 2014). This approach investigates the various strategies in the past that have been used for crisis operations and compares how these strategies assisted with the overall outcome of the public health crises that took place. Furthermore, using the theoretical framework guided the focus area of this study by focusing directly on the impact of public health (Zahran et al., 2013).

By utilizing documentation that has already been established, this research relied heavily on the use of public document reviews. Using publications that had already

thoroughly been researched and examined served as the cornerstone to the final research analysis (Mann, 2014). The importance of the aforementioned research methodology assisted with the identification of specific information that can only be accessed through these documentations that provide a wide-scope view of current communication protocols within Jamaica. Ultimately, using the selected approach for this research study proved to be pivotal in creating the rhetoric that ultimately proved to answer the intended research question (Khan et al., 2013).

Role of the Researcher

Being able to clearly identify the role as a key researcher within a specific research study is vital. Researchers serve as the gatekeepers for information that is disbursed to all public-facing entities as well as the key stakeholders for success and accuracy among various subject matters. A researcher's key duty is to identify the methodology, design, and framework that best enable a particular study to be conducted in an accurate and credible way (Mann, 2014). One of the most important aspects of being a researcher is determining the specific research topic and research question that one is seeking to fill a gap in literature in relation to (Chikweche & Fletcher, 2012). Being able to identify the methodology of a research study as well as the data collection method are also key indicators of establishing a research study that will generate social change. The role of a researcher is directly tied to the overall aspect of social change as well as being able to determine the target demographic that will be impacted. Identifying the community of impact that will be changed and altered for the better due to the impact of a study assists with validating the purpose of particular research (Khan et al., 2013).

As a communications professional for the last 10 years, I recognized that my role within this research study was to act as key facilitator to collect, analyze, and synthesize the documents used to address the current gap in the literature. Additionally, I had direct knowledge regarding the governmental structure for Jamaica after working with the Permanent Mission of Jamaica to the United Nations within crisis management and governmental review. My current background directly aligned with what was needed to carry out this study as the researcher. As the researcher I ensured that I remained unbiased by focusing on data for this research that had been collected from the Jamaican government and only applying opinion once all the research had been conducted. To ensure that I remained unbiased, I used the literature as the leading source of information for this study, and in addition, I created a reflective journal through the data analysis process to ensure that I minimized researcher bias.

Within every research study, there must be an identifiable area of impact and an innate need for social change. When determining the aspect of social change, some key aspects that must be considered are participants who will be used within the study, relationships between the research study and the current climate of the world, as well as the target demographic that will be thoroughly impacted by the results of the research (Zahran et al., 2013).

For the specific research study that was conducted on Jamaica related to a public health crisis, there were no intended participants who would be surveyed. The focal point of this research leaned towards information collected through document analysis. As the researcher, I thoroughly analyzed the official documents that had been collected to apply

the literature to the research (Mann, 2014). Lastly, within this research study, researcher bias was an ethical challenge, and there were no data collection issues that occurred due to the nature of the study. With a focus on document reviews, any possible ethical issues were addressed by ensuring that the information that was used for this research was public knowledge or obtained through all the proper protocols (Cronin, 2014).

Research Methodology

Throughout this section, there will be a detailed examination of the methodology that was used to conduct this research. The data collection process was used to address the current gap in literature and respond to the current research questions.

Document Selection Logic

There were no participants used for this study. The sample size for this study included six documents related to the health emergencies: (a) Interim COVID-19 Vaccine Plan, (b) Interim Vaccination Logistics, (c) COVID-19 Vaccination Policy for Institutionalized Mentally Ill Persons, (d) Government of Jamaica Communication Policy, (e) Government of Jamaica Disaster Management Risk Act, and (f) Government of Jamaica Influenza Pandemic Preparedness and Response Plan. The sampling strategy selected for this research study was purposeful sampling because the document review was carefully selected as the best strategy that allowed a high-level view of how Jamaica operates within its crisis communication/policy protocols.

Instrumentation

For the instrumentation of this research study, the most accurate and comprehensive route was to review official governmental documents. Eliminating the

idea of using interviews, focus groups, and any other formats of instrumentation that involved coordinating with citizens of Jamaica and governmental officials avoided biases based on their learned experience (Tomkins & Eatough, 2013). By only allowing information that was collected and analyzed to be from published and documentation that was currently in use in some format, I created a transparent line for information to be processed.

The documentation that was reviewed for this study was provided by the Jamaican government. These documents represent the “official” communication policy under which the government actively operates for all forms of communication protocol and crisis communication operations as well as documentation pertaining directly to COVID-19 and influenza. These documents represent the best source of data because they are currently the official working documentation of the country. Within using these documents, because they have been directly provided by Jamaica, the validity of the information is concrete, and it has been established under the ideals of ensuring that the information that is disbursed is used to represent the population to its entirety (Stuckey, 2014). The sufficient findings from the documentation that were used to answer the overarching research question assisted with creating the reliability and validity needed in order to properly perform this qualitative research. This was done by ensuring that information used within this study was detailed and documented.

Procedures for Selection of the Documents

For this qualitative study, data were collected and analyzed from official documentation released from Jamaica as it relates to the country’s communication policy.

The information that was analyzed from this documentation allowed an examination into the inner workings of Jamaica, and the data were dissected and analyzed, not collected directly from government officials, because the information had already been developed (Stuckey, 2014). Due to no participants being involved within this study, there was no recruitment process for participants, follow-up procedures conducted for debriefing, or requirements to return for follow-up interviews.

Data Analysis Plan

The data that were used helped to establish the answers for the aforementioned research questions. The major connection between the research question and data that were collected from the governing communication documents for Jamaica related directly to communication policies that had been implemented within the country. The current research questions for this study lean into the understanding of identifying communication strategies that were used during the influenza outbreak and the COVID-19 pandemic that would contribute to the development of best practices for public health crises (Fetterman, 2010). To properly analyze these data, because the information was collected via document reviews, the information gathered was manually coded. There was no additional software used to analyze these data, and with this information currently being public knowledge, there needs to be no specified treatment of discrepant cases.

The approach to analyzing the data for this study was situational crisis communication theory (SCCT). This communication theory can be directly applied to this qualitative research study to analyze the communication strategies used during crises such as the influenza outbreak and the COVID-19 pandemic in Jamaica. The theory

provides a framework for understanding how organizations can effectively communicate during crises to minimize damage and maintain reputation. In the context of the research study, SCCT can be used to analyze the communication strategies employed by the Jamaican government and health organizations during the crises. The theory can be applied to identify the different crisis types and corresponding communication strategies used, such as denying responsibility, reducing uncertainty, and expressing concern.

This approach has proved that comparing and contrasting the official governmental documents helped to identify the similarities and differences in communication strategies used during the two crises. This approach provided insights into the effectiveness of the communication strategies used and highlighted best practices that can be used in future public health crises (Street & Ward, 2012). Overall, using SCCT in a qualitative research study helped to provide a valuable framework for understanding crisis communication and identifying effective strategies for managing crises. The comparison and contrast of documents can provide a deeper understanding of the context in which the communication strategies were used and the impact they had on public perception and response.

Issues of Trustworthiness

Trustworthiness throughout all research studies serves as the cornerstone of data collection for a researcher. To establish trustworthiness, a researcher must establish the rhetoric of ensuring credibility, transferability, dependability and confirmability.

Credibility

With the current qualitative research, being able to ensure that the research study was credible involved ensuring that the information that was being used came from direct sources that had viable data. Credibility is imperative within all research studies because research data becomes published to the masses and published data that encompass information that is not credible have a severe impact on the aspect of social change. To further ensure credibility within this research, the sole data collected were from document reviews specifically curated by Jamaica and case studies from media publications that expressed interest in the current topic. Lastly, all information presented within this study was cross verified from multiple sources to ensure that the research findings are cogent, reliable, and credible.

Transferability

Transferability in this study relates to how the demonstration of findings collected in a research study can be applicable in other contexts. Within every study, there is the possibility to impact social change outside of the intended target demographic. The findings of this qualitative research study can be applied to all countries in the Caribbean that experience similar hazards such as pandemics and epidemics. One of the focal points of conducting this research was establishing the rhetoric for a universal communication policy that can be implemented throughout multiple countries. In a high-level overview, the public health crisis of COVID-19 and influenza impacted not only Jamaica, but the entire world (Street & Ward, 2012). Though many countries experienced various levels of impact to their respective populations, the information provided in this study can be

used as a refresher or starting point for many other countries to establish a universal communications policy. The data collection and sampling method employed by this study was purposive sampling, which ensured that the findings of this research will be highly transferable.

Dependability

In all aspects of research, dependability is one of the key aspects in trustworthiness because it is the extent of which findings that are documented in a specific research study can be replicated by another researcher (Horne & Horgan, 2012). Using the same data and identical methods it is expected that the dependability of study resulted in similar findings. Within this study other researchers can replicate the method that was used and determine that the findings that ultimately produced the data and information to answer the overall research question will be the same.

Confirmability

Confirmability relates directly to the context of the research and findings that can ultimately be corroborated and confirmed by other researchers within the field. One strategy that can be used to ensure that confirmability is properly executed is by ensuring that the accepted practices for document analysis are observed throughout the data collection process. In addition, this study observed accepted evidence-based practices for data analysis and synthesis. Using the aspect of reflexivity within research allowed me to double check the re-verify data. It is imperative to ensure that data that is being collected and manually coded is thoroughly analyzed. With using document reviews as the primary source of data for this specific study allowed a padded form of confirmability that other

forms of data collection may not. As a qualitative researcher, it is our duty to find new, innovative, and alluring ways to improve upon research that has already been created as establish new research that has yet to be studied (Street & Ward, 2012).

Validity

Using validity within research is imperative to ensure that the data collected can be proven and is accurate (Street & Ward, 2012). Ensuring that the information used to conduct the research sets every study apart which continues to fill a unique gap in literature.

Reliability

As it relates to reliability in reference to this current study, the use of document reviews that are provided by the Jamaican government proves that the information that this study focuses on has been thoroughly vetted (Horne & Horgan, 2012). As an additional measure to ensure reliability with this study I took a three-step approach that includes: (1) refutational analysis (2) use of comprehensive governmental data (3) compare and contrast of public health case studies.

Ethical Procedures

Ethical procedures exist in all areas of research throughout every study. The Institutional Review Board (IRB) was created on the foundational principle to assure that the potential benefits and implications of social change ultimately outweigh the risks. In addition, the IRB serves as a safety net for all researchers to ensure that they remain in compliance with laws and regulations, dependent on the research study as well as ensuring that stakeholders, as it relates to a specific topic are informed and have

consented to any form of data collection (Horne & Horgan, 2012). Within this specific research, since there were no participants and the documentation utilized for data collection needs are those of a public form directly from Jamaica, there is no additional clearance needed in order for using this information. With this specific research all avenues of ethical considerations need to be proactively viewed since the data will be ultimately used for crisis management situations within Jamaica (Horne & Horgan, 2012).

Summary

In this chapter I justified and elaborated on the: research question, rationale of study, research design, role of the researcher, instrumentation, participation selection, procedures of recruitment, participation, data collection, data analysis, ethical procedures and overall trustworthiness of the study relates to credibility, dependability, confirmability and transferability (Street & Ward, 2012). Having thoroughly exhausted the focal points of the aforementioned chapter this provides an imperative segue to chapter 4 which exposes the overall results and data analysis and subsequently chapter 5 which includes the conclusion of and implications of social change with recommendations for future research based on current findings.

Chapter 4: Results

Introduction

This chapter provides an overview and a deep dive into the research setting, participants' demographics, data collection, data analysis, trustworthiness, and research findings, concluding with a transition to Chapter 5 (Theofanidis & Fountouki, 2018). A key issue addressed in this qualitative phenomenographic study was the lack of resources demonstrating the "best practices" necessary for a successful crisis communication policy in Jamaica. As a result of the SARS-CoV-2 (COVID-19) and influenza outbreaks that plagued Jamaica, the research compared two public health crises that afflicted the country (Dailey & Browning, 2014).

The research closes a gap in the current literature regarding the creation of a universal public health policy that will ultimately determine how to communicate after a crisis. An interpretive approach based on phenomenographic research makes it possible to compare document reviews and interpret public administrators' experiences and viewpoints (Åkerlind, 2018).

Using the findings of this research, public officials in Jamaica will be able to identify common practices used during the development, implementation, and evaluation of crisis communication policies. In addition to highlighting how government officials in Jamaica can streamline effective communication to citizens, this study will highlight ways for a universal crisis communication plan to be developed (Zahran et al., 2013).

The data collected within this study uncovered the answer to the below research questions:

RQ1—Qualitative: What specific communication strategies were used by Jamaica during the influenza outbreak as compared to the COVID-19 pandemic?

RQ2—Qualitative: How do the specific communications strategies used during the influenza outbreak and COVID-19 pandemic contribute to the development of best practices for public health crisis communications that have universal application?

Setting

During that data collection stage for this study, there were no participants used; instead, the sample consisted of governmental documents. Using governmental documents as the only source of data collection for this study assisted with answering the research questions. All the documents used were related to SARS-CoV-2 (COVID-19) and influenza in Jamaica and were analyzed to examine crisis communication strategies that were implemented (Zahran et al., 2013).

Because there were no participants used within this study, there were no additional personal or organization conditions that influenced the document review process. Using this method helped in gathering background information on the public health systems in Jamaica and determining if a universal crisis communications plan focused on public health would benefit the population (Theofanidis & Fountouki, 2018). The data collection in this study was standard, and there were no unusual circumstances encountered when obtaining the public documents used for the literature review, data collection phase, as well as subsequent analysis. Detailed information about the governmental documents used for this study can be found in Table 1.

Table 1. Documents Used in Study

Name of document used in this study	Number of pages document contains	Website document was sourced	Used in data collection	Date of publication
Interim COVID-19 Vaccine Plan	36	Government of Jamaica: Ministry of Health & Wellness https://www.moh.gov.jm	Y	December 2020
Interim Vaccination Logistics	29	Government of Jamaica: Ministry of Health & Wellness https://www.moh.gov.jm	Y	January 2021
COVID-19 Vaccination Policy for Institutionalized Mentally Ill Persons	6	Government of Jamaica: Ministry of Health & Wellness https://www.moh.gov.jm	Y	September 2021
Government of Jamaica Communication Policy	104	Government of Jamaica: Jamaica Information Service https://jis.gov.jm	Y	November 2015
Government of Jamaica Disaster Management Risk Act	255	Government of Jamaica: Office of the Prime Minister https://opm.gov.jm	Y	February 2022
Government of Jamaica Influenza Pandemic Preparedness and Response Plan	55	Pan American Health Organization (World Health Organization) https://www.paho.org/en	Y	July 2006 (revised November 2007)

Note. Y = Yes, N = No.

Demographics

The sample size for this study included public documents that were accessed on the Country of Jamaica's governmental website related to the health emergency responses regarding SARS-CoV-2 (COVID-19) and influenza. The data were used to compare, contrast, and ultimately determine if a universal communicant plan can be effective in Jamaica (Street & Ward, 2012). The documents used for this study included the following: (a) Interim COVID-19 Vaccine Plan, (b) Interim Vaccination Logistics, (c) COVID-19 Vaccination Policy for Institutionalized Mentally Ill Persons, (d) Government of Jamaica Communication Policy, (e) Government of Jamaica Disaster Management Risk Act, and (f) Government of Jamaica Influenza Pandemic Preparedness and Response Plan. Utilizing public documents and the aspect of document review and analysis provided the most promising results to assist with closing the gap in the literature (Theofanidis & Fountouki, 2018).

Data Collection

The data collection for this study started on September 18, 2024, following Walden University's IRB approval (Approval Number 09-12-23-0996024). The data collection for this study ended on January 18, 2024, upon thoroughly reviewing all the public documents that were used within this study. All of the data collection performed for this study was completed virtually because all public-facing documents can be found on Jamaica's governmental open-source websites (Stuckey, 2014). A document analysis/review of the data sources to answer the research questions was then conducted.

During the 4-month span of data collection and analysis, the review of all six public health documents was completed.

The data for this study were recorded manually by writing down the key components that were found within each document as it directly related to the study and useful information for comparing the information, leading to addressing the overall research questions (Fetterman, 2010). Lastly, throughout the data collection process, there were no variations that occurred with the preexisting documents; further, there were no unusual circumstances that were encountered during my 4-month duration of data collection (Theofanidis & Fountouki, 2018).

Within each document, I looked for 10 components relating to public health and their crisis communication protocols during SARS-CoV-2 (COVID-19) and influenza. The list of items was as follows: (a) preparation date of document, (b) governmental entities involved such as specialized task forces or subcommittees, (c) initial response recommendation, (d) precrisis communication protocol (if there was any currently in place), (e) midcrisis communication protocol, (f) postcrisis communication protocol, (g) strategies regarding how communication would be disseminated, (h) messaging relating to at-risk individuals who might need additional assistance during SARS-CoV-2 (COVID-19) and influenza, (i) vaccine recommendations for SARS-CoV-2 (COVID-19) and influenza (if available during the time of the document being produced), (j) a list of best possible outcomes for SARS-CoV-2 (COVID-19) and influenza, and lastly, (k) estimated response times.

Data Analysis

Data collected during this study were extrapolated for six public health documents that focused on Jamaica's emergency responses to the SARS-CoV-2 (COVID-19) and influenza pandemics in Jamaica, which were then analyzed (Zahran et al., 2013). After reviewing the first public document used within this study, the experience helped in creating a template for manually coding the information that was placed on the remaining five documents (Street & Ward, 2012). With manual coding, I was able to thoroughly read through information and create a system for assigning data to codes and themes (Theofanidis & Fountouki, 2018). Using inductive manual coding, the data were reviewed by the following elements: (a) reading through all the public-facing documents to obtain and determine a potential set of codes, (b) analyzing the information within the documents line-by-line, and (c) categorizing codes and aligning those codes with common themes that had been found within each document (Zahran et al., 2013). The sampling strategy selected for this research study was purposeful sampling because the document reviews were selected based on the research questions for this study and all documents provided a high-level view of crisis communication/policy protocols in Jamaica.

Through reading the six public health documents, I captured common words and sets of phrases that were repeated throughout these documents. Each document used was beneficial to the study and used to determine the answers to the aforementioned research questions.

The Interim COVID-19 Vaccine Plan was published in December 2020 by the Ministry of Health & Wellness through the Jamaican government, and the document outlines the strategy and approach for the COVID-19 vaccination campaign in Jamaica. The plan provides a framework for the efficient and effective rollout of the COVID-19 vaccine to the population and emphasizes the importance of prioritizing key groups for vaccination, such as healthcare workers, essential workers, and vulnerable populations such as the elderly and those with underlying medical conditions. It provides guidance on vaccine distribution, storage, and administration, as well as the monitoring and evaluation of the vaccination campaign.

The Interim Vaccination Logistics document was published in January 2021 by the Ministry of Health & Wellness through the Jamaican government. This document serves as a guide that outlines the strategy and approach for vaccination logistics for the country of Jamaica. The details of this document address distributions of the COVID-19 vaccine to residents of Jamaica as well as who receive the vaccine first. Additionally, this document gives details regarding how vaccination centers should run and how vaccines should be ultimately distributed by healthcare workers.

The COVID-19 Vaccination Policy for Institutionalized Mentally Ill Persons was published in September of 2021 by the Ministry of Health & Wellness through the Jamaican government, and this document provides guidance for the vaccination of mentally ill persons who are institutionalized in Jamaica during the COVID-19 pandemic. The guide is designed to protect this vulnerable population and to prevent the spread of COVID-19 within institutional settings. The guide outlines the importance of vaccination

for mentally ill persons, who are at high risk of contracting and experiencing severe illness from COVID-19. It provides guidance on the vaccination process, including consent procedures, vaccination schedules, and postvaccination monitoring. The guide also emphasizes the need for education and outreach to ensure that mentally ill persons and their caregivers have accurate information about the COVID-19 vaccine and its benefits.

The Government of Jamaica Communication Policy was published in November 2015 by the Jamaican government, and this document outlines the communication strategy and guidelines for the government of Jamaica and provides guidance on the use of various communication channels, such as print, broadcast, and digital media, and emphasizes the importance of using plain language to ensure that information is easily understandable by the public. The policy aims to ensure that communication from the government is clear, consistent, and effective in promoting transparency, accountability, and public participation.

The Government of Jamaica Disaster Management Risk Act was published in February 2022. This is a legal order issued by the Government of Jamaica under the Disaster Risk Management Act. The order aims to prevent the spread of COVID-19 and to protect the health and safety of Jamaican citizens. The order outlines several restrictions and measures that individuals and businesses must follow. These include restrictions on public gatherings, mandatory mask-wearing in public places, and capacity limits for businesses such as restaurants, bars, and places of worship. The order also sets

out rules for social distancing, hygiene practices, and other measures aimed at reducing the spread of COVID-19.

The Government of Jamaica Influenza Pandemic Preparedness and Response Plan was published in July 2006 and later revised in November 2007. This document was created by the Ministry of Health & Wellness through the Jamaican government and outlines the national plan for preparing and responding to an influenza pandemic in Jamaica. The plan is designed to guide the government's response to a potential pandemic and to minimize the impact of the virus on the population. The plan outlines the roles and responsibilities of various government agencies, including the Ministry of Health, the National Emergency Management Organization, and Jamaica's Defense Force. It also sets out strategies for communication, surveillance, and containment, as well as guidelines for clinical management, infection prevention and control, and vaccine distribution.

Using sets of common words and phrases to create a flow chart that indicates how many times they were used (Street & Ward, 2012) provided a tool for identifying trending ideas. Streamlining the common words and phrases that were used helped to remain on track with the overarching theme of the research. At the end of the coding process, the categories were connected back to the research questions (Theofanidis & Fountouki, 2018). It was then possible to determine the words and phrases that were frequently used within the six documents and how often they aligned with SCCT. The overall analysis of this study did not include any discrepant cases.

Evidence of Trustworthiness

Trustworthiness played a crucial role throughout this research study to ensure the accuracy and integrity of the data collected. A study's trustworthiness depends on the researcher's ability to establish credibility, transferability, dependability, and confirmability. These important factors will be discussed, in kind:

Credibility

Credibility was crucial to the data collection process in this study. In order to ensure the credibility of the research study, data were sourced directly from reliable entities. In this study, only document reviews were used for data collection (Street & Ward, 2012). All the documents used in this study were public-facing and were downloaded from the official Government of Jamaica website. To ensure accuracy and currency of the documents displayed on this website, they were cross-referenced with Jamaica's government offices (Theofanidis & Fountouki, 2018).

Transferability

The importance of transferability within all studies is to ensure that findings can be applied to other appropriate contexts. It is the researcher's responsibility to ensure that all research studies have a positive impact on social change outside of the intended target demographic (Horne & Horgan, 2012). I found that all Caribbean countries, where pandemics and epidemics are common, can apply the findings of this study. Earlier research found that a universal communication policy could be implemented across a number of Caribbean countries (Street & Ward, 2012); however, Jamaica was one of the overarching goals of this study. Among the factors that contributed to this study's

transferability was that the two key public health crises that were the focus of the study, SARS-CoV-2 (COVID-19) and influenza, had an impact on the entire world. Data collected through purposive sampling, which was used for this study, can be used by other Caribbean countries to establish a universal communication system as a refresher, or starting point, for other Caribbean country policies.

Dependability

It is important to ensure that any findings that are documented from data collection can be reproduced by another researcher (Horne & Horgan, 2012). By using the same data and methods as conducted in this study, the results will likely be similar. As this study only used public-facing documents that anyone can access for data, another researcher could pull all the same documents used in this study, replicate the methodology used, and determine that the findings that ultimately produced the information and data that answered the research questions will be identical (Theofanidis & Fountouki, 2018).

Confirmability

As part of trustworthiness, confirmability involves the feasibility of corroboration and confirmation of findings by other researchers in the same field. Accepted evidence-based practices when analyzing and synthesizing data for this study were used exclusively. Furthermore, re-verification of the data collected was possible through reflexivity within the research (Theofanidis & Fountouki, 2018). Through manual coding, I ensured that everything that was collected was also thoroughly analyzed. Using document reviews as the primary method of data collection for this study, and using

public-facing documents, allowed for an additional security check to ensure confirmability throughout this study (Street & Ward, 2012).

Results

In this study, two research questions were thoroughly answered through data collection and analysis (Theofanidis & Fountouki, 2018). The research questions contributed to the overall research aimed at determining "best practices" for crisis communication policies in Jamaica. This was the pre-determined linkage between the stated research problem and the research questions. Ultimately, this study is designed to assist Jamaica with implementing universal standards based on best practices for public health crisis communications.

Research Question 1

RQ1—Qualitative: What specific communication strategies were used by Jamaica during the influenza outbreak as compared to the COVID-19 pandemic?

During the COVID-19 pandemic and throughout the Influenza outbreak, there were multiple types of communication strategies that were used by the Jamaican government. The communication protocols that were used for each public health crisis had an overall impact on the response time as well as how information was disseminated from the Jamaican government to people who were currently living in the country. The specific strategies that were used by Jamaica during the Influenza outbreak focused on creating a committee for governmental officials who could handle a public health crisis. During COVID-19, there was already a committee in place who were ready to plan and

organize if a public health crisis occurred. This is a critical factor when conducting a comparative analysis of the influenza versus COVID-19 Jamaican communications plans.

SARS-CoV-2 (COVID-19) Communication Strategies

When solid and confirmed news about the COVID-19 pandemic reached international airways during the first quarter of 2020, this was the first time in decades that an illness not only impacted Jamaica, but the entire nation. According to Jamaica's governmental website, their borders closed on March 24, 2020, after the first confirmed case of COVID-19 was reported on March 10, 2020, at the University Hospital of the West Indies (Coombs & Heath, 2005). Through the review of key documents, the ability to identify that it took Jamaica six months to develop a response plan to the COVID-19 pandemic (Theofanidis & Fountouki, 2018) is important. The six-month period between the borders of the Jamaica closing to the time of the implementation of a crisis communication plan to properly disseminate information could have been minimized based on a universal communication policy being previously developed.

Once a crisis communication plan was developed, there was an overall goal to target frontline workers, elderly people, caregivers, influencers, general public and the media. In essence, the Jamaican plan was comprised to touch bases with all people living in the country of Jamaica during the COVID-19 pandemic (Theofanidis & Fountouki, 2018). Detailed information about the six-step approach crisis communication approach that was used during the SARS-CoV-2 (COVID-19) can be found in Table 2.

Table 2. Communication Methods Used During SARS-CoV-2 (COVID-19)

Name of document that communication method was displayed	Communication method used	Used during SARS-CoV-2 (COVID-19)
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Utilizing an evidence-based approach to identify the prevailing attitudes toward and perceptions of taking the COVID-19 vaccine(s).	Y
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Developing a public education campaign on the COVID-19 vaccine that factors in the prevailing attitudes and perceptions.	Y
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Empowering influencers of healthcare workers and the elderly to be spokespersons on taking the COVID-19 vaccine.	Y
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Garnering support from the media as an integral partner in promoting key messages on the introduction process of the COVID-19 vaccine.	Y
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Keeping the public informed about the preintroduction and introduction phase of the COVID-19 vaccine(s).	Y
Interim COVID-19 Vaccine Plan & Government of Jamaica Communication Policy	Tracking and monitor public receptiveness to COVID-19 vaccination messaging.	Y

Note. Y = Yes, N = No.

Using data collected from document reviews, it was found that Jamaica developed a communication plan that used “influencers” to convince people not to believe misinformation and emphasize the importance of a COVID-19 vaccine, pending at that time. In further analysis of the data using Situational Crisis Communication Theory (SCCT), it was determined that the Jamaican government developed a response plan by utilizing several steps, including: (1) identifying the type of crisis and what immediate needs the country currently has, (2) selecting the best internal crisis communication strategy that allows for the most effective results, (3) identifying goals and best case scenarios after the crisis comes to an end, and (4) determining who is the most appropriate person, even if it’s not the Prime Minister of the country, to address the public (Theofanidis & Fountouki, 2018).

Throughout the data collection process, it was clear that the Jamaican government's communication plan had been developed to build public confidence and ensure that information was disseminated by individuals deemed to be influential by the public (Coombs & Heath, 2005). Accurate and factual information needed to be disseminated using this technique. In addition, the need to ensure that the Jamaican healthcare system was protected and remained trusted by the public was present in the data as well. Through data collection, the Jamaican government believed that by ensuring that the public trusted the healthcare system severe morbidity, mortality, and the general transmission of the disease could be reduced.

Lastly, one main aspect discovered during the data collection and analysis was that during the COVID-19 pandemic, the Jamaican government had a National

Coordinating Committee that was already in place and ready in case a pandemic occurred. Once the pandemic began, during the fourth quarter of 2020, the committee worked together to plan and coordinate efforts and additionally built out a subcommittee with a primary focus on different parishes in Jamaica (Theofanidis & Fountouki, 2018). The National Coordinating Committee developed the communication plan, trained healthcare workers, and sensitized stakeholders to facilitate acceptance of the COVID-19 vaccine once it was ready. Other key activities included ensuring Jamaican residents could receive the COVID-19 vaccine once it was ready.

Influenza Communication Strategies

During the influenza pandemic of 1918, data collection proved that crisis communication protocol during that time was vastly underdeveloped. During the span of the influenza pandemic between October 1918 – March 1919, Jamaica was one of the first known Caribbean countries to be affected. Over the span of the influenza pandemic, it was reported from the World Health Organization that throughout the Caribbean there was upwards of 100,000 deaths. However, globally there was an estimated 50 million people who succumbed to the influenza virus. Crisis communication protocol during the influenza pandemic can be described as “reactive” opposed to “proactive” during this period and specific pandemic (Coombs & Heath, 2005).

Throughout the communication plan that was built around influenza, through data collection, the first step for the Jamaican government during that time was to develop, organize, and maintain a national influenza contingency plan based on the strategies that were occurring internationally (Coombs & Heath, 2005). Therefore, Jamaica did not have

a crisis communication committee during the influenza pandemic to plan its response and specifically to disseminate information. Additional steps about the crisis communication plan for Jamaica during Influenza can be found in Table 3.

Table 3. Communication Methods Used During Influenza

Name of document that communication method was displayed	Communication method used	Used during influenza
Government of Jamaica Influenza Pandemic Preparedness and Response Plan	Promoting national capacity to respond to early reports of new influenza virus strains.	Y
Government of Jamaica Influenza Pandemic Preparedness and Response Plan	Developing effective mechanisms for mobilization and rapid deployment of resources to areas of need.	Y
Government of Jamaica Influenza Pandemic Preparedness and Response Plan	Developing effective mechanisms for decision-making and necessary actions for the national responses.	Y

Note. Y = Yes, N = No.

Through data collection, from a Situational Crisis Communication Theory (SCCT) lens based on the information that is available to the public, Jamaica was not completely equipped to handle the influenza pandemic when it occurred. However, their approach to align with the crisis communication methods that was being done internationally opposed to a plan curated specifically for the country. A universal communication policy for the country of Jamaica likely would have assisted with mitigating risk while the public health crisis was occurring.

Research Question 2

RQ2—Qualitative: How do the specific communications strategies used during the influenza outbreak and COVID-19 pandemic contribute to the development of best practices for public health crisis communications that have universal application?

The influenza pandemic of 1918 to the SARS-CoV-2 (COVID-19) of 2020, demonstrates dramatic shifts in how communications have evolved throughout the decades. The crisis communication methods used during both public health crises can be used to shape the structure of a universal communication plan that can help not only Jamaica, but other countries in the Caribbean with similar demographic and social economical standards as Jamaica (Theofanidis & Fountouki, 2018). Communication strategies that were used throughout the influenza outbreak and COVID-19 pandemic that can develop best practices consist of eight categories. Category (1) relates to the response time from public officials after a crisis. Response time is imperative within a crisis because during the initial response phase this can either build or destroy trust with constituents. Category (2) relates to effective ways to mitigate risk after a crisis has occurred. The post-crisis stage of a pandemic is extremely important because it determines how a country or a nation decides to move forward, rebuild, or repair. Category (3) relates to proper ways to disseminate information that will appeal to the masses. Being able to effectively communicate during the pre-crisis, mid-crisis, and post-crisis are critical. Effectively and accurately disseminating information is an important step in eliminating misinformation. Category (4) relates to looking at how a particular crisis is being handled internationally. Being able to replicate successful strategies that

are curated internationally and then localize can assist with crisis operations. Category (5) relates how to regain and rebuild public trust after a public health crisis. Being able to remain a trusted source of information is vital to ensuring that the public will adhere to regulations and follow any safety protocols put in place. Category (6) relates to the government being adaptable to flexible during public health crisis. Being able to be nimble when curating important decisions is important because within every crisis situation there is a possibility of evolving circumstances and new challenges. Category (7) relates to diversity, equity and inclusion. This is vital because as a governmental structure it is important to weigh in on the options of all people, even the minorities, including addressing the needs of vulnerable populations such as the elderly, low-income individuals, and marginalized communities. Lastly, category (8) relates to capacity building. During any crisis situation it is vital to expand capacity of a task force as needed to help facilitate additional needs.

It has been proven that any crisis communication method that is used can be universally applicable when it follows the eight-step method that I have listed above. If the eight category methods are used throughout any major public health issue, through data collection, I believe that it will help to reduce the total amount of people who were impacted by the pandemic, increase the response time to be able to assist people who are immunocompromised, and disseminate accurate information in a timely manner to inform people about the current state of the country during a public health crisis.

Summary

Overall, the data collection and six public health documents provided by the Jamaican government demonstrate the need for a universal crisis communication policy for Jamaica (Coombs & Heath, 2005). There were several types of communication strategies used during the influenza pandemic and the SARS-CoV-2 (COVID-19) outbreak throughout the chapter, but most importantly, data collection and document review enabled me to identify multiple types of communication strategies that were used. In Chapter 5, a discussion on the interpretation of findings obtained through data collection, limitations of the study, recommendations, and implications of social change, will be presented.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this chapter, the final interpretations of the findings from the research are provided, along with an explanation of the limitations of the study, recommendations for researchers who wish to follow-on this research, and a discussion of potential positive social change implications. The purpose of this qualitative research study was to explore and determine the “best practices” for crisis communication polices for implementation in Jamaica (Zahran et al., 2013). The purpose of this study was to determine if implementing universal standards for crisis communication, specifically for public health crises, would benefit the Jamaican government (Coombs & Heath, 2005). In this study, phenomenology was used to analyze various strategies of the current crisis communication practices and identify which are most effective in managing a public health crisis, specifically for the country of Jamaica (Åkerlind, 2018).

Based on a theoretical framework aligned with SCCT, I analyzed six key public-facing documents provided by the Jamaican government that detailed how public administration handled SARS-CoV-2 (COVID-19) and influenza in Jamaica using a comparing and contrasting method (Theofanidis & Fountouki, 2018). After data collection and analysis were complete, findings of this study confirmed that common practices used by public officials in Jamaica involved the use of governmental documents that specialize in crisis communication, and their applicability to other Caribbean nations was appropriate.

Interpretation of the Findings

As a result of completing the data collection of this study, the existing body of knowledge in the fields of crisis communication, communication policies, and public health in Jamaica was confirmed and expanded, with a particular focus on influenza and SARS-CoV-2 (COVID-19; Coombs & Heath, 2005). Using a theoretical framework and aligning the findings with the peer-reviewed articles presented in Chapter 2, I found that the data revealed profound information that can be used by the Jamaican government when the next pandemic, or like crisis, occurs.

To guide the data collection process, two overarching research questions were formulated:

RQ1—Qualitative: What specific communication strategies were used by Jamaica during the influenza outbreak as compared to the COVID-19 pandemic?

RQ2—Qualitative: How do the specific communications strategies used during the influenza outbreak and COVID-19 pandemic contribute to the development of best practices for public health crisis communications that have universal application?

Research Question 1

The results for RQ1 were consistent with primary needs for the Jamaican government during the period of SARS-CoV-2 (COVID-19) and influenza. Although multiple types of communication strategies were used during each public health crisis, there was a significant impact on the response time during each crisis and how information was disseminated to the masses. One of the most significant differences in

communication strategies used during SARS-CoV-2 (COVID-19) and influenza was the initial response. During influenza, the Jamaican government focused on making sure that the crisis communication protocol used for Jamaica aligned exactly with what was being executed internationally (Theofanidis & Fountouki, 2018). The Ministry of Health Influenza Pandemic Prepared and Response Plan document specifically states that the first step in their crisis communication plan helped to develop and maintain national influenza pandemic contingency plans, which are consistent with international plans. One of the main reasons that Jamaica took this approach for influenza was because there was no prior communication plan in place and there was no governmental committee or sector to handle a public health crisis of the magnitude of influenza (Coombs & Heath, 2005). Decades later, during SARS-CoV-2 (COVID-19), communication protocols vastly advanced, and during the beginning of the pandemic, there was already a committee in place within the government that was on standby for a pandemic. With a committee already established for pandemics such as SARS-CoV-2 (COVID-19), the crisis communication response was different than for influenza because the focus became planning and executing after the pandemic occurred. However, through data collection and analysis, I learned that during SARS-CoV-2 (COVID-19), it took the Jamaican government 6 months after the start of the pandemic to create a crisis response protocol on how to address individuals living within the country.

Research Question 2

Overall, the RQ2 results revealed the practices used by Jamaican officials when dealing with SARS-CoV-2 (COVID-19) and influenza. Through data collection from a

SCCT standpoint, the ability to identify that the practices used during both public health crises can be combined to create a streamlined crisis communication ledger of best practices that can also have universal application (Zahran et al., 2013). It was found that having a universal crisis communication policy specifically for Jamaica could improve response times in case another public health crisis occurs (i.e., SARS-CoV-2 [COVID-19] or influenza). Furthermore, a universal crisis communication plan enables the Jamaican government to keep track of practices used during public health crises by conducting data collection, analysis, and additional communications as needed.

This qualitative research study was conducted with a theoretical foundation and phenomenography framework that guided the focus on the phenomenon of public health crises (Lederman & Lederman, 2015). The document reviews used as the main source of data collection for this study directly identified the specific communications strategies used by the Jamaican government during SARS-CoV-2 (COVID-19) and influenza. Additionally, using situational crisis communication theory allowed the identification of the best practices used that ultimately would indicate that a universal crisis communication policy would be beneficial for Jamaica (Zahran et al., 2013).

Table 4. Best Practices for Public Health Crisis Communication

Best practice category	Best practice description
Category 1: Response time from public officials after a crisis.	Response time is imperative within a crisis because during the initial response phase this can either build or destroy trust with constituents.
Category 2: Effective ways to mitigate risk after a crisis has occurred.	The postcrisis stage of a pandemic is extremely important because it determines how a country or a nation decides to move forward, rebuild, or repair.
Category 3: Proper ways to disseminate information that will appeal to the masses.	Being able to effectively communicate during the precrisis, midcrisis, and postcrisis is critical. Effectively and accurately disseminating information is an important step in eliminating misinformation.
Category 4: International crisis analysis	Being able to replicate successful strategies that are curated internationally and then localize can assist with crisis operations.
Category 5: Rebuilding public trust after a public health crisis.	Being able to remain a trusted source of information is vital to ensuring that the public will adhere to regulations and follow any safety protocols put in place.
Category 6: Being adaptable to flexible during a public health crisis.	Being able to be nimble when curating important decisions is important because within every crisis situation there is a possibility of evolving circumstances and new challenges.
Category 7: Diversity, equity, & inclusion during a crisis.	This is vital because as a governmental structure, it is important to weigh in on the options of all people, even the minorities, including addressing the needs of vulnerable populations such as the elderly, low-income individuals, and marginalized communities.
Category 8: Building governmental capacity.	During any crisis situation, it is vital to expand capacity of a task force as needed to help facilitate additional needs.

Limitations of the Study

As discussed in Chapter 1, the ability to successfully address potential limitations to trustworthiness within this research study is important. A major concern raised in Chapter 1 was the confidentiality of crisis management and communication protocols within Jamaican government structures. In Chapter 1, I discussed a solution to address this limitation by gaining approval to access specific government documents that would provide data for analysis (Bailey, 2014). In this study, however, all of the crisis communication documents were publicly available on the Jamaican government's website. The documents were public, so no additional permissions from Jamaican officials were required. Another potential limitation that was addressed in Chapter 1 was timeliness, regarding when the documents were produced by the Jamaican government regarding their crisis communication protocols (Theofanidis & Fountouki, 2018). With the completion of data collection, timeliness did not become an issue because the abundance of documents used in the study contained vital information that assisted with answering the research questions. In fact, it proved the need for an overall universal communication policy that would be curated based on the best practices (which can be found in Table 4) after comparing and contrasting the crisis communication protocols used when handling SARS-CoV-2 (COVID-19) and influenza.

Lastly, the final potential limitation of this study was the success rate of the Jamaican government's current crisis communication protocol for SARS-CoV-2 (COVID-19) because Jamaica was still undergoing a pandemic at the time of publication (Theofanidis & Fountouki, 2018). This limitation became beneficial because using the

current government documents from the Jamaican government showcased the development and changes of its protocols as new SARS-CoV-2 (COVID-19) variants emerged and as vaccines became readily available for distribution.

Recommendations

This research presents the possibility of future studies that are similar but can also progress the evolution and development of additional “best practices.” After the Jamaican government declares that all cases of SARS-CoV-2 (COVID-19) have been halted, further research should be conducted regarding the final crisis communication policies used by the Jamaican government, or other Caribbean countries, as appropriate (Theofanidis & Fountouki, 2018). Ideally, a follow-up study should be conducted regarding how crisis operations were implemented during SARS-CoV-2 (COVID-19) and how they were terminated once the pandemic was no longer considered a public health emergency. Furthermore, this study would be beneficial if it focused on other Caribbean countries that have similar populations, demographic breakdowns, and social and economic structures as Jamaica, such as Trinidad & Tobago and Guyana. A final recommendation is to expand the research already provided within this study by looking at how the Jamaican government debriefs after crisis operations, and to determine whether there is a postcrisis plan-in-place to prepare for a pandemic similar to SARS-CoV-2 (COVID-19) and influenza (He & Harris, 2020).

Implications

This study illustrates that communication, especially crisis communication, is always evolving, which enables positive social change. As the world rapidly changes,

some of the best methods of communication are curated (He & Harris, 2020). This was proven by the drastic change in communication protocols between the time of the influenza pandemic of 1918 and SARS-CoV-2 (COVID-19) of 2020 (Theofanidis & Fountouki, 2018). One of the biggest aspects of this study that could contribute to social change in Jamaica is the implementation of a universal communication policy for public health crises (He & Harris, 2020). This research revealed that implementing a universal communication policy can (a) expedite the response time of a public health crisis, which will save lives; (b) remove crisis-induced fear and also reduce the adverse impact of crises on the lives and livelihoods of individuals and communities; (c) increase safety for communities and residents during a crisis; (d) enhance proactive measures for future public health crises; and (e) improve strategic communication throughout Jamaica. With all the information gathered from the qualitative research study, all of the aforementioned items will, in fact, improve the governmental structure of Jamaica if another public health crisis occurs (He & Harris, 2020).

Conclusion

Crisis communication is critical, and it can save the lives of many people when done effectively, especially during a public health crisis. This research has shown that proper crisis communication protocols can make an impact on the government of a specific country—in this case, Jamaica—and can also have an impact on the people who have trust in the government (He & Harris, 2020). Being properly prepared when a crisis occurs and making decisions based on best practices are ideal to ensure that every crisis is meticulously handled.

Through data assessment and collection, there is a strong need for a universal communication policy for the Jamaican government that will assist with crisis operations. Being able to compare SARS-CoV-2 (COVID-19) and influenza has shown that communication protocols that were used during these pandemics were vastly different. However, specific practices can be pulled from each crisis to curate a universal plan that can be highly effective if another pandemic occurs.

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Appendix: Official Jamaican Documentation

1. Interim COVID-19 Vaccine Plan (Published December 2020)

This document outlines the strategy and approach for the COVID-19 vaccination campaign in Jamaica. The plan provides a framework for the efficient and effective rollout of the COVID-19 vaccine to the population.

The plan emphasizes the importance of prioritizing key groups for vaccination, such as healthcare workers, essential workers, and vulnerable populations such as the elderly and those with underlying medical conditions. It provides guidance on vaccine distribution, storage, and administration, as well as the monitoring and evaluation of the vaccination campaign.

The plan also highlights the importance of community engagement and education to ensure that the public has accurate information about the COVID-19 vaccine and its benefits. It emphasizes the role of communication and outreach in building trust and confidence in the vaccination campaign. Overall, the "Interim COVID-19 Vaccine Plan" provides a comprehensive framework for the efficient and effective rollout of the COVID-19 vaccine in Jamaica. The plan prioritizes key groups for vaccination and provides guidance on distribution, storage, and administration, as well as the importance of community engagement and education. It serves as a roadmap for the government and stakeholders in implementing a successful vaccination campaign to combat the COVID-19 pandemic.

2. Interim Vaccination Logistics (Published January 2021)

This document serves as a guide that outlines the strategy and approach vaccination logistics for the country of Jamaica. The details of this document discuss distributions of the COVID-19 vaccine to residents of Jamaica as well as who receive the vaccine first. Additionally, this document gives details regarding how vaccination centers should run and how vaccines should be ultimately distributed by healthcare workers.

3. COVID-19 Vaccination Policy for Institutionalized Mentally Ill Persons
(Published September 2021)

This document provides guidance for the vaccination of mentally ill persons who are institutionalized in Jamaica during the COVID-19 pandemic. The guide is designed to protect this vulnerable population and to prevent the spread of COVID-19 within institutional settings. The guide outlines the importance of vaccination for mentally ill persons, who are at high risk of contracting and experiencing severe illness from COVID-19. It provides guidance on the vaccination process, including consent procedures, vaccination schedules, and post-vaccination monitoring.

The guide also emphasizes the need for education and outreach to ensure that mentally ill persons and their caregivers have accurate information about the COVID-19 vaccine and its benefits. Overall, the "COVID-19 Vaccination Policy

for Institutionalized Mentally Ill Persons Guide" provides a framework for the safe and effective vaccination of mentally ill persons who are institutionalized in Jamaica during the COVID-19 pandemic. The guide emphasizes the importance of vaccination and education to protect this vulnerable population and to prevent the spread of COVID-19 within institutional settings.

4. Government of Jamaica Communication Policy (Published November 2015)

This document outlines the communication strategy and guidelines for the government of Jamaica. The policy aims to ensure that communication from the government is clear, consistent, and effective in promoting transparency, accountability, and public participation. The policy outlines the principles of government communication, which include openness, accessibility, responsiveness, and credibility. It also provides guidance on the use of various communication channels, such as print, broadcast, and digital media, and emphasizes the importance of using plain language to ensure that information is easily understandable by the public. The policy also sets out guidelines for crisis communication and stakeholder engagement, emphasizing the importance of timely and accurate communication in response to emergencies or other critical situations.

Overall, the "Communication Policy of the Government of Jamaica" is a comprehensive document that provides guidance and strategies for effective

communication by the government of Jamaica. It emphasizes the importance of transparency, accountability, and public participation, and provides guidelines for using various communication channels and responding to crisis situations.

5. Government of Jamaica Disaster Management Risk Act (Published February 2022)

This is a legal order issued by the Government of Jamaica under the Disaster Risk Management Act. The order aims to prevent the spread of COVID-19 and to protect the health and safety of Jamaican citizens. The order outlines several restrictions and measures that individuals and businesses must follow. These include restrictions on public gatherings, mandatory mask-wearing in public places, and capacity limits for businesses such as restaurants, bars, and places of worship. The order also sets out rules for social distancing, hygiene practices, and other measures aimed at reducing the spread of COVID-19.

The order also includes provisions for enforcement, with penalties for individuals and businesses found to be in violation of the rules. These penalties include fines and potential imprisonment. Overall, the "Disaster Risk Management (Enforcement Measures) (No. 3) Order, 2022" is a comprehensive set of measures aimed at mitigating the impact of COVID-19 on Jamaican society and ensuring that citizens and businesses take the necessary steps to protect themselves and others from the virus.

6. Government of Jamaica Influenza Pandemic Preparedness and Response Plan
(Published July 2006 & Revised November 2007)

This document outlines the national plan for preparing and responding to an influenza pandemic in Jamaica. The plan is designed to guide the government's response to a potential pandemic and to minimize the impact of the virus on the population. The plan outlines the roles and responsibilities of various government agencies, including the Ministry of Health, the National Emergency Management Organization, and Jamaica's Defense Force. It also sets out strategies for communication, surveillance, and containment, as well as guidelines for clinical management, infection prevention and control, and vaccine distribution. The plan highlights the importance of collaboration and coordination among government agencies, healthcare providers, and the general public to effectively respond to a pandemic. It also emphasizes the need for ongoing monitoring and evaluation of the plan to ensure that it remains up-to-date and effective. Overall, the "Jamaica Ministry of Health Influenza Pandemic Preparedness and Response Plan" is a comprehensive document that provides guidance and strategies for the government of Jamaica to respond to an influenza pandemic. It highlights the importance of collaboration, communication, and ongoing evaluation to ensure an effective and coordinated response