

REVIEW ARTICLE

PUBLIC LEADERSHIP'S MESSAGING DURING PUBLIC HEALTH CRISES – CHALLENGES AND OPPORTUNITIES FROM MASK-WEARING MESSAGING DURING THE COVID-19 PANDEMIC

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Received 23rd September 2021.

Accepted 13th November 2021.

Published 2nd September 2022.

Summary

Given their primacy in discussions over public health measures throughout the COVID-19 pandemic, this paper focuses on leadership's messages around masks and mask-wearing, aiming to emphasise the responsibility of leadership in the formation of norms during public health crises. It argues for the importance of robust messaging as a key factor in confidence building and public abidance to health measures, using the shortcomings in mask-wearing communication as a case study. For this purpose, the paper first discusses securitization theory and places it in the context of health to build on risk communication framework. Secondly, it examines the role of leadership and meaning-making in that process by discussing the WHO's early mask guidance and consequent challenges at the state-level by political and health leadership. Lastly, the paper confirms the importance of citizenry's successful reception of health guidance and outlines potential tactics to do so. Having discussed that, the paper addresses other hindrances to public health messaging and confidence-building that rest outside official communication, namely disinformation and misinformation but also negative non-discursive messaging. This, with the aim of building on available literature on the development of epidemiological response and management from a security lens.

Key words: epidemiological response; public health; securitization theory; meaning-making; mask guidance

Introduction

As per the World Health Organization (WHO), the coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus (1). The disease has been responsible for the COVID-19 health crisis worldwide, prompting numerous anti-epidemic measures with varied degrees of acceptance since its inception. While discussions on how to combat the spread of the disease have become part of daily life globally, it must not be forgotten that initially this was not the case, with the disease being seen as a Wuhan-centred concern. By the 11th of March 2020,

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when the WHO declared the health crisis a pandemic, the disease had already spread to more than 114 countries, with serious concerns over alarming levels of inaction by governments (2). Opinions on how to best combat the spread were quick to dominate public discourse from then on – with mixed reception. The lack of cohesion of approaches and measures early into the pandemic between various political levels and public health leaders spurred confusion in the population – with stances on masks and mask-wearing making for a sizable part of said discussions. Such was the extent that unclear mask guidance and its communication to the population has been considered a setback to public health response (3). Consequently, there is room to ponder on its role in the spread of the virus, particularly considering that not only has the pandemic continued into 2021, but so has confusion over ever-shifting mask guidance: on wearing, and the type to be worn (4).

This essay argues that early mask guidance by public leadership made establishing maskwearing as a norm later into the pandemic more difficult. This, due to poor messaging causing low confidence citizenry-leadership and accompanying reactions such as nonabidance to public health measures and the pursuit of alternative narratives that questioned efforts. Hence, this paper focuses on the role of leadership's messaging in public health crises, analyzing the elements behind communication shortcomings around mask-wearing and the leaders enacting them during the COVID-19 pandemic, utilizing a security lens. Firstly, the paper discusses securitization theory and places it in the context of public health to build on risk communication framework. It then examines the role of leadership in messaging and meaning-making in that process, exemplifying it in the WHO's early mask guidance and the consequent challenges at the state-level by political and health leadership. Identifying successful reception of health guidance by citizens as an area for improvement, it proceeds to outline potential tactics to do so. Additionally, it acknowledges that messaging challenges do not solely lie on official communication to the citizenry but can be found elsewhere, as is the case of disinformation and misinformation channels. Lastly, it discusses non-discursive messaging and the role of all these factors in confidence-building, hoping to present them as factors in the development of epidemiological response and management.

Securitization and communication

Broadly speaking, securitization refers to the act of framing and shifting an issue from the political realm into that of security (5). This process follows the logic that security threats are socially constructed and therefore, considering the primacy of the state in claiming security, something is a security problem when the elites declare it to be one (6). Success of it is dependent on “speech acts” – a specific rhetorical structure that can, via an official declaration, dramatize an issue and present it as something of utmost priority which can then be dealt with by extraordinary means (7). Scholarship has outlined conditions for the success of speech acts in various categories: the external, contextual, and social, from which it is possible to posit that particular individuals must be appropriate for the invocation of the desired procedure (6 p514) and therefore, the likelihood of its successful reception.

This aligns with Balzacq's argument for the application of securitization to numerous problems perceived as security problems that go beyond the traditional state-centric concerns and his expanded framework (9), in which the power of discourse and its agents are acknowledged but more dimensions are taken into account (10). He concurs that the enunciation of security in itself can create a new social order (8), and recognizes the importance of the linguistic competence of the actors involved. But he also claims that securitization need go beyond speech acts to be truly successful. He proposes that more attention be given to universal strategic pragmatism, concerned not just with surface-level language but also fundamental principles underlying communicative action to “induce or increase the public's adherence” (8) to something newly-introduced. Thus, he advocates for considering the audience's disposition amidst context/circumstance rather than limiting it to the power and position of the speaker enacting the speech act (11).

In the mask-wearing context, the thesis holds. Following speech act logic, the mere enunciation of mask-wearing as essential for the prevention of the spread of SARS-CoV-2 at any given time, despite earlier messaging, should have, in theory, led to the conception of mass mask-wearing as a social norm. However, this was not the case, due to leadership's belief in citizens' acceptance of leaders' messages no matter the context or circumstance. In retrospect, Balzacq's securitization contribution hints at the principal-agent problem in public health guidance during the pandemic: unclear and unreliable messaging by leadership due to disregard of the receiving audience's circumstance-sensitiveness, at the cost of adherence to, in this case, the attempts to introduce a mask-wearing norm.

This is confirmed by the WHO's risk communication definition as the purposeful exchange of information between interested parties in the significance of health risks as well as decisions, actions, or policies aimed at managing or controlling health or environmental risk, accounting for the public's opinion via informed 'expert' and 'lay' perspectives (12). This proposition could arguably benefit from incorporating securitization principles for the successful creation of threat, which could help bolster the public's understanding of how imperative certain public health issues can be. This, given that risk communication typologies in early warning systems tend to focus more on the dissemination of information rather than its communication and notification, meaning the process in which the information will be spread out to the public rather than ensuring that the risk is understood by the public and assessing how the public could perceive the information (13). The latter is key, considering the effect of the principal-agent relationship on the perception of how pressing something is, in any given circumstance.

Thus, while securitization is traditionally the shift of concerns from the political to the security realm, accounting for that shift into the health one due to circumstance—in this case the pandemic—calls for the successful execution of communication and notification rather than only dissemination, by relevant health actors. Based on that assumption, health leadership and its conduct need be accounted for when examining the roles of political leadership in health crises. Taking that into consideration, the study of public leadership during public crises is worth discussing.

Meaning-making and public leadership

Hart and Rhodes consider that leadership is about injecting ideas into the public arena, grasping existing realities, and recognizing that they can affect transformations while producing collective meaning and harnessing collective energy for a common cause (14). Thus, leaders are conceived as key figures in public decision-making processes formulating common action, which is vital for crisis response, and are entrusted with the task of making meaning.

Wouters defines meaning-making as a tool in crisis management in which the citizenry expects public leaders to appear on a public platform and effectively communicate (15). He considers that this is challenging as effectiveness is dependent on abilities to handle politically-charged issues of causation, responsibility, and accountability (13), which translates to public expectations playing an overarching role in the process. This is problematic, given that it can lead to behavioral changes in leadership with repercussions in the form of varying degrees of citizen responsibility and collective impact (13). In the mask-wearing context, this can be seen in public leadership's early reluctance to establish the norm, if not a strict mandate, given citizen's appraisals – which led to its difficult implementation later.

For this reason, meaning-making by leadership in crisis management framework need be reframed to address that weakness. Arguably, meaning-making actors need to assume high levels of collective impact and responsibility in the specific context rather than the general political responsibility understood as attracting support and enhancing reputation for the sake of electoral prospects (15). In the pandemic's context, this would entail political leadership ensuring collaboration with health leadership to promote discourse that can be collectively impactful with the purpose of collective safety.

As such, identifying legitimate enacting agents of such processes and requiring their commitment to their roles in securitization, communication, and meaning-making serves to safeguard their role as leaders and the production of consistent public health advisory. This explains why the WHO's shortcomings were crucial in driving issues in mask-guidance developments. As will be explained in the following sections, its initial guidance can be seen as responsible for discursive challenges in certain locales, namely Europe and the US. This, given that the WHO's early communications played a role in shaping discussions in such locales on whether mask-wearing was necessary, both before and after COVID-19 had onset there. The organization's role is further confirmed by the fact that despite its earlier onset in East Asia, the impact of the WHO's messaging there on mask-wearing is less likely to be prominent, as the practice was a societal norm before the pandemic and mask-wearing has been definite, if not mandatory in practice since, upon individual government's discretion (16). Thus, the initial advisory is worth considering to outline its repercussions on state-level discourses, with leadership at that level diffusing problematic advisory at the cost of citizenry's reception and therefore, shaping reluctance to mask-wearing practice.

Leadership's mask-wearing messaging

The WHO's early official messaging on mask-wearing is exemplary of poor securitization and meaning-making, given that it presented information that could be perceived as contradictory to the receiving audience, not only failing to convey the benefits of maskwearing but also using language that could discourage it. Although masks were presented as instruments to reduce contact with respiratory droplets and the advice was that mask-wearing should be performed in conjunction with other measures for an adequate level of protection – the message was then followed by the potential negatives of it. The earliest official release on the matter affirmed that masks could bring about “unnecessary costs, procurement burden, and create a false sense of security that can lead to neglecting other essential measures such as hand hygiene practices” and recommended that only individuals with respiratory symptoms wear them, communicating that individuals without symptoms did not require to wear them since there was no evidence on their efficiency in protecting non-sick persons (17). However unintended, this message would prove problematic to the build-up of maskwearing norms later as many referred back to this original message when the issue started to become securitized. This message is consistent with the idea that health leadership placed too much emphasis on the diffusion of information—that is providing the facts—rather than taking into consideration the potential impact this could have on people's appraisals of masks and the practice of mask-wearing.

As for state-level health and political leadership, the issue with a narrow understanding of political responsibility outlined by Wouters was pervasive. Many states' reluctance to impose mask-wearing mandates or even broadcast recommendations, can be attributed to the conflicting opinions on whether masks could prevent the transmission of the virus and how making a decision on it could be perceived by the public and affect political outcomes (18). Especially as the issue became increasingly politicized and wearing a mask or not became a political statement in itself, namely in the US, and could define people's political alignment (19) – thus playing a role in expectations of political election outcomes. With that factored in, room for fragmentation in terms of views on mask-wearing ensued elsewhere, giving priority to people's negative feelings against mask-wearing even in states where common policy had been agreed on, such as Germany, resulting in state leaders having to accommodate to the developments – at the cost of cohesive, common measures, negatively impacting the fight against the virus (20).

Other factors hindering mask-wearing practice

Despite the relevance of public leadership's messaging in understanding why maskwearing was perceived poorly by citizens, other explanations available also need to be acknowledged as problematic to improve the reception of public health guidance.

Non-official leadership

Worth examining is the distribution of unofficial narratives by pseudo-leadership, as is the case of disinformation and misinformation by figures that can shape themselves as leaders via public perception, despite not being official public leaders. This, given the extensive impact their messaging has had in the context of the pandemic.

An example of this is Dr. Judy Mikovits, the figure behind claims that masks could be serving to make individuals sick with SARS-Cov-2, among other prerogatives challenging official accounts. In her documentary *Plandemic*, Mikovits claimed that masks activated the virus and caused people to exhale and inhale “expressions” of it, which resulted in illness (21). The propagation of that message was very successful, with her claims being taken as gospel by anti-maskers, anti-vaccinators, the conspiracy group QAnon and activists from various Reopening movements – overlapping with far-right groups extensively (22). Arguably, this was the result of Mikovits' successful meaning-making and imageconstruction. Her use of the doctor title, together with the legend-building of her fight against a corrupt science community and Big Pharma turned her into a scientific leader to skeptics and was a discrediting force against official health leadership, such as Dr. Fauci in the US, whom she directly vilified (23).

Additionally, the role of other influencing figures is cause for concern, as celebrities in Western media have shown interest in conspiracies and are often responsible for their diffusion – a phenomenon exemplified in celebrity-turned-politician Donald Trump, whose presidency prompted a new era of conspiratorial thinking not just

in the US but other influence areas (24). Not to mention the extensive list of celebrities that have openly come out as anti-mask, or reluctant to follow public health measures throughout the pandemic (25).

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Non-verbal messaging by public leadership

It is important to note that other forms of representation such as images or material practices can also impact security construction, even if not speech (26), and as such make for a form of messaging. Thus, leadership's non-verbal messaging on mask-wearing in the Western context is worth discussing. Public leaders wearing masks conveyed the need for it against a rising threat, whereas them not engaging in mask-wearing had the power to discredit its effectiveness as a measure, effectively sending out that message to the public non-verbally. While many engaged in the practice to encourage the citizenry, the opposite was also true (27). For instance, Donald Trump's mask-wearing attitudes, aside from his remarks, made many follow after his example – with epidemiologist Robert Hahn estimating COVID-related deaths linked to Trump's mask-wearing attitudes being anywhere from 8,356 to 12,202 (28).

Another case worth discussing is the evolution of mask-wearing in Czech Republic and Slovakia. Both instated its use early into the pandemic, unlike most of Europe. Their pandemic management, to which popularization of mask-wearing by leadership trickling down to the citizenry (29) and widespread encouragement to not just wear them, but make them, was considered pivotal, was praised – but this changed into the second wave (30). Non-verbal messaging by leadership became inconsistent in official statements, compared to past example, and led to the countries' epidemiological situations and citizens' opinion on masks changing for worse. Exemplary of this was the scandal of the Czech ex-health minister, Roman Prymula, who was photographed leaving a dining establishment without wearing a mask, despite measures that mandated against restaurants opening for dine-in and that citizens wore a mask outdoors due to the country having the worst infection rates in Europe at the time (31). The country's president asserted that Prymula could not “preach water and drink wine”, and that he should “lead by example”, prompting a call for Prymula to resign – which he refused, triggering backlash and distrust (32). Lack of confidence in government in the Czech Republic is not limited to the handling of the pandemic and can be attributed to various historical, cultural, and institutional factors (33). However, it is worrisome in this context since it is considered a factor behind, for instance, vaccine skepticism (34), with ¼ of Czechs not planning to get vaccinated as of April 2021 (35). This distrust has only been exacerbated by other forms of non-verbal messaging by health leadership: the country has seen four changes to the health minister office since March 2020, each with its own controversies and political in-fighting, despite concerns that such dismissals and appointments could be sending a message of instability to the population (36) and causing approaches to be perceived as “chaotic” (37). This confirms the role of leadership's image, if not speech-messaging, in the propagation of non-robust messaging that could exacerbate conditions for anxiety and thus jeopardize efforts during public health crises.

Room for improvement: confidence-building

Although medical conspiracies are no new phenomenon, the overarching factor behind their enhanced spread and popularity during the COVID-19 pandemic has been the abundance of misinformation and disinformation and its extensive, easy diffusion by willing actors, resulting in an enhanced need to re-solidify trustworthiness to the public as well as reliable guidance by public leadership (38). As such, it is indispensable that the official message routes that are available offer consistency that inspires reliability and fosters trust with the public – thus bringing forward the argument for confidence in official leadership and its significance in public health crises.

With confidence-building as a goal, public leadership's strategies must focus on semantics and their consistency to inspire support in the citizenry, solidifying the nexus between health, security, and the political realms. Therefore, there is merit in tying securitization theory, political strategic thinking, and the ample cognitive science research available on the topic of what causes people to lose confidence in official narratives and pursue, if not develop,



Figure 1. Infographic on the primary strengths, weaknesses, opportunities, and threats identified on mask-wearing messaging.

alternative belief systems. Indeed, an explanation is found in the attribution of anxiety as an essential factor in the exacerbation of insecurity conditions. Conspiracy theories appear more frequently in contexts wherein fear of the unknown and feelings of powerlessness lead individuals to follow “illusions of control” founded on the human brain’s “threat management system” in which a degree of prediction is necessary for us to feel less endangered (24) – explaining conspiratorial thinking. And by default, also explaining reluctance to follow messaging that inspires a condition of anxiety to begin with, as is the case of ambiguous, contradictory advisory. Thus, making diminishing of societal anxiety a priority in official messaging, political or otherwise, if the appeal and reach of conspiracy theories is to be addressed by public health policy.

Final remarks

Taking all the above into consideration, it is necessary that all relevant public leadership work in close collaboration to draft robust messaging of preventative measures from the onset of a public health concern and continue to do so throughout its promotion as the situation develops, ideally in conjunction with communication and securitization experts that are aware of the elements behind successful audience’s reception. This, with the purpose of inspiring trust and confidence in the citizenry that will lessen the likelihood of exacerbating confusion and conditions for anxiety later on and decisions against practicing newly-established norms.

Having examined the case for the discursive shortcomings behind the institution of mask-wearing, this paper concludes that accounting for citizen reception of official messaging by public leadership could improve messaging on other objects in the future and help produce more robust public health advisory. Doing so will increase the likelihood of the population being compelled to adhere to measures rather than be skeptical about them and produce the alternative messaging that has shown to hinder the success of public health efforts. On that note, leadership should aim to go beyond informing the public and actively provide information to counter-attack alternative narratives – with an emphasis on clarity and cohesion in statements. Moreover, and essential to that aim, non-verbal messaging needs to be taken more into consideration, given the potential societal harm of negative messaging upon reception at the citizenry level – confirming that successful messaging comes from leadership leading by example. This enhanced awareness of the citizenry’s receptive role of discourse is productive not just in the context of the COVID-19 pandemic, but ahead of other potential future health crises.

Ultimately, successful pandemic management is the result of comprehensive methods beyond mask-wearing. However, studying discursive challenges in the mask-wearing context offers insight into how leadership’s messaging can determine the success of public health measures and its effect at the citizenry level – a logic that can be applied to more aspects of pandemic management, be it contact-tracing or vaccination.

Funding

Not applicable.

Conflict of interests

The authors state that there are no conflicts of interest regarding the publication of this article.

Adherence to Ethical Standards

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

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