



ORIGINAL ARTICLE

Perception of spokespersons' performance and characteristics in crisis communication: Experience of the 2003 severe acute respiratory syndrome outbreak in Taiwan



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Background/Purpose: To explore perception of spokespersons' performance and characteristics in response to the 2003 severe acute respiratory syndrome (SARS) outbreak.

Methods: This study was conducted from March to July, 2005, using semi-structured in-depth interviews to collect data. All interviews were audio-recorded and transcribed verbatim. A qualitative content analysis was employed to analyze the transcribed data. Interviewees included media reporters, media supervisors, health and medical institution executives or spokespersons, and social observers.

Results: Altogether, 35 interviewees were recruited for in-depth interviews, and the duration of the interview ranged from 1 hour to 2 hours. Results revealed that the most important characteristics of health/medical institutions spokespersons are professional competence and good interaction with the media. In contrast, the most important behaviors they should avoid are concealing the truth and misreporting the truth. Three major flaws of spokespersons' performance were identified: they included poor understanding of media needs and landscape; blaming the media to cover up a mistake they made in an announcement; and lack of sufficient participation in decision-making or of authorization from the head of organization.

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Conclusion: Spokespersons of health and medical institutions play an important role in media relations during the crisis of a newly emerging infectious disease.

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Introduction

Crisis and emergency risk communication has become an important issue in the public health sector in recent years, due to a series of health risks ranging from bioterrorist threats (e.g., anthrax attacks),¹ to newly emerging infectious disease outbreaks (e.g., Influenza A pandemic).² The challenge of providing timely and accurate health information dissemination is highlighted,^{3–5} especially for public information officers/spokespersons in shaping the public response to health crises.^{6,7}

The well-known Crisis Emergency and Risk Communication training module, which was developed by the Centers for Disease Control and Prevention (CDC) in 2002, is recognized as a communication model of public health in emergency situations and provides a theoretical framework for research and practice.^{8–10} According to Crisis Emergency and Risk Communication, a spokesperson in an emergency is "to communicate information the public wants or needs to know to reduce the incidence of illness and death."¹¹ The trustworthiness and credibility of the spokesperson were also emphasized during a crisis.¹¹

Given the evidence that people will search for information and take self-protective action when facing a health threat,¹² the importance of spokespersons in facilitating effective risk and health emergency communication is salient.^{6,13–15}

As indicated by Covello,¹⁶ the six components of best practice in public health risk and crisis communication plan include having stakeholders as partners, listening to people's voices, being honest and open, collaborating with credible sources, meeting the media's needs, and communicating clearly. The selection of a credible spokesperson facilitates effective information dissemination as the public receive information from diverse sources during the uncertain and chaotic situation of a health crisis. A study of public perceptions of information sources concerning bioterrorism, before and after anthrax attacks, indicated the importance of national and regional health officials as spokespersons in this event.¹⁷ In response to the anthrax attacks of 2001, selecting credible spokespersons was found to be one of the challenges for the CDC,¹⁸ and the use of multiple spokespersons and poor message control were found to result in the loss of CDC credibility.¹⁹ A recent study regarding public health officials as potential spokespersons revealed that news stories containing interviews with public health officials were 15.2 times more likely to report quality information, after controlling for station affiliate or geographic location.²⁰ The characteristics and performance of official spokespersons would influence the public's actions and their perception and trust during crisis communication.^{7,13}

In 2003, the first serious newly emerging infectious disease of the 21st century, severe acute respiratory syndrome

(SARS), struck Taiwan and spread through the health care system.^{21,22} Taiwan was added to the travel alert list by the World Health Organization from May 21 to July 5 of that year. Taiwan's number of SARS cases was the third highest in the world, after China and Hong Kong.²³

An increase of international media coverage due to the uncertain nature and rapid spread of the SARS pandemic was observed.²⁴ The SARS pandemic had a major impact on Taiwan, with the Taipei Municipal Heping Hospital shutting down due to the occurrence of a mass infection, and large-scale community quarantine.^{21,25,26} The demand for news from the government was huge and the media scrutiny was strict. Influenced by media reporting, there was widespread fear and panic among the public.²⁶

The spokespersons' performance in front of a television camera and with reporters would have great impacts on delivering needed and correct information for disease prevention and control.¹⁵ It is noted that, as a newly emerging infectious disease, the public understanding of the SARS pandemic was shaped in large part by the performance of public health officials as spokespersons for the national and local health departments as well as by the medical institutions through the daily press conference during the crisis period.

The challenge of risk communication of emerging infectious disease was one of the lessons learned from the SARS pandemic.²⁷ Research on effective crisis communication merits further discussion of the performance of public health officials as spokespersons in response to a newly emerging infectious disease, e.g., the influence of the public's compliance on self-protection action and quarantine practice. The purpose of this study was to explore the performance and characteristics of spokespersons from health agencies and medical institutions in response to the 2003 SARS outbreak, in terms of what they should not do during such a health emergency, or what they must do to make their presentation more effective.

Methods

Study design and sampling strategy

This study employed qualitative research methods by using semi-structured in-depth interviews. A purposive sampling strategy was used to recruit potential participants from various backgrounds to reflect a diversity of viewpoints, rather than population-based statistically representative samples. Potential interviewees were chosen by the research team and at expert consultation meetings, and were drawn from five professions: (1) media reporters from print newspapers, television, radio, and magazines; (2) media supervisors from print and electronic media; (3) scholars and social observers from different disciplines; (4)

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