HADMÉRNÖK
VÉDELEMINFORMATIKA
18. évfolyam (2023) 1. szám 93–108.
DOI: 10.32567/hm.2023.1.7

Péter Bányász[1]

Crisis Communication during Covid–19[2]

Early in 2020, the Covid–19 epidemic started, posing many challenges for civilisation. The pandemic caused a paradigm change in many ways, unavoidably increasing people's uncertainty and worry about a new global order. Along with stopping the virus, governments aiming to contain the pandemic had to deal appropriately with the infodemic scenario, which supported several pseudo-scientific opinions among substantial numbers of people. The spread of more and more nonsense fake news has eroded the trust in the institutions, which has led to a prolonged phase of the epidemic's end. It is yet unknown how long the coronavirus epidemic will have an impact on daily life as of the time of writing, in the summer of 2022, more outbreaks have been brought on by mask use and vaccination refusal. Because of this, controlling the crisis and reducing the harm the infodemic creates depends on effective government crisis communication. This essay attempts to illustrate effective crisis communication strategies based on international literature.

Keywords: Covid-19, strategy, social media, crisis communication

Introduction

The term "crisis" typically evokes negative connotations in the context of our everyday lives. The constant thrill of crises in the media and politics breeds anxiety, concern, uncertainty and a sense of impotence. Handling the uncertainty brought on by these crises is a significant responsibility for all parties involved since citizens ultimately want protection from their government. Designing crisis response scenarios with universally applicable instructions for action requires credibility on the part of decision-makers. Sociologist Zygmunt Bauman describes the characteristics of crises by highlighting the aforementioned components of uncertainty. He asserts that the emergence of terror is significantly influenced by uncertainty.[3]

Uncertainty has accompanied decisions regarding how to manage the Covid-19 problem significantly since it first emerged in 2020. What sickness the SARS-CoV-2 virus

[1] Senior Lecturer, University of Public Service, Faculty of Public Governance and International Studies, e-mail: banyasz.peter@uni-nke.hu
[2] Supported by the ÚNKP-21-2-II-NKE-142 New National Excellence Program of the Ministry of Innovation and Technology financed from the National Research, Development and Innovation Fund.
[3] Bauman 2006.

will cause was previously unclear. Because successful treatments have not yet been recognised, early medical interventions relied on trial and error and, occasionally, misunderstandings.

Researchers from many parts of the world have collaborated over time to understand the virus's origins, its components, and how it spreads and mutates. The first vaccines, which were used for the first time in the U.K. in the fall of 2020, have developed more quickly because of the agreement.[4] The rapid development of the vaccine, though not without controversy, has contributed to a rising mistrust of science among the public, which has led many to believe that vaccination is not the best way to contain the virus.

During the first wave of the pandemic, the media covered intensive care unit deaths in the spring of 2020. The stories symbolised the overcrowding in Bergamo and other northern Italian cities in critical care units. The majority of media consumers were led to believe by their visuals that they would die by torture. The residents' support and compliance with the government's restrictive measures, such as mandatory mask-wearing, social withdrawal, quarantine, and curfew, while an unidentified killer was mass murdering people, were greatly influenced by these portrayals. The public began to question the gravity of the virus as depicted in the media and its presence, and as a result, support for the closures gradually decreased. This phenomenon is referred to as "quarantine fatigue". The main theme of populist political parties' speeches became the opposition to mandatory vaccinations to end the restrictive restrictions of Covid-19 as they early identified the discontent of some social classes. The coronavirus paradoxically resurfaced and did more severe harm when people started to break away and resume their old mass interaction as virus worries subsided.

My research aims to examine how to improve the effectiveness of government crisis communication in emergency situations. Within this, part of my research objective is to examine the crisis communication strategies used during Covid-19 and to build on the experience of these strategies to suggest ways to improve the effectiveness of prevention and crisis management in similar crises in the future.

Based on the above, I formulated the following hypotheses in my research:

H1: The foundation for successful crisis communication is the society's trust in its institutions.

H2: The adequate use of social media helps to achieve the objectives of crisis communication.

Social media and crisis communication

The spreading of news uncontrollably and frequently on purpose through social media campaigns meant to undermine faith in democratic institutions and science has made it even harder to contain the virus as news consumption patterns change.

Despite the fact that social media has long been recognised as a valuable tool for disaster response, Hurricane Sandy's 2012 damage was particularly helped by

[4] Diaz 2020.

crisis communication on these platforms.[5] The experience of Covid-19 suggests that during major crises, social media are more likely to amplify negative effects over time.

Social media was essential in the early stages of the outbreak for disseminating information and government communication.[6] For example, the World Health Organization (WHO) used Twitter and Facebook to verify news reports and debunk the widespread pseudo-news. It was also noted that different official agencies in the cases of SARS-CoV-2 and Covid-19 did not coordinate their communications or disseminated them inconsistently.[7]

However, conflicting messages from various organisations, such as the WHO's early communication on mask use, frequently damaged credibility. The WHO stated that mask wear was unnecessary because there were not enough masks on hand throughout the outbreak. This was probably done to prevent panic buying and give access to the masks that were already on hand to the medical personnel who were on the front lines of the epidemic response until mass production of masks could begin, and everyone had easy access to masks. The WHO then stressed the value of wearing masks as if it had never before said the opposite. One of the primary defences used by people who still oppose wearing masks is this inconsistency.

According to research, Twitter users had trouble combining and interpreting various pieces of information from various sources.[8] Since people's perceptions of threats are based on the information they get from communicators, consistency and congruence are essential components of effective communication concerning Covid-19. Consistency in this context means "the similarity between the message's tone and the information it conveys".[9] The consistency metric focuses on sustaining consistent messages and behaviours throughout time. Congruence describes the shared understanding of danger and crisis among communicators.[10] By addressing the consistency of communications amongst communicative actors in a similar temporal frame, we employ congruence to discriminate with consistency. Furthermore, clear signals can influence people's perceptions of risk and prompt more suitable responses, whereas generic or ambiguous messages can influence their behaviour.

Studies on risk and crisis communication on social media have primarily centred on creating messages or compiling social reactions. However, few have thoroughly investigated message kinds, timing, appropriateness, congruence of information dissemination and actor coordination through time. In the early stages of Covid-19, a community inter- and multi-disciplinary approach was required to comprehend the risk and crisis communication behaviour of institutions and stakeholders, as it required the collaboration of people with expertise in public health, crisis communication, disaster management and information technology.

5 Bányász 2013: 281–292.
6 Just think of Hungary, where Prime Minister Viktor Orbán has often used his Facebook page to announce restrictive actions during live announcements.
7 Wang et al. 2021.
8 Ippolito et al. 2020: 230–231.
9 Glik 2007: 33–54.
10 Sellnow et al. 2008.

According to research on crisis communication, people use social media in different ways while facing a crisis, and little is known about the types of engagement behaviour that might develop or the factors that might influence different types of engagement behaviour among social media users. Azer and co-authors examined the behavioural expressions of social media users at the start of the Covid-19 crisis using netnography and in-depth interviews.[11] Their research suggests a typology of nine types of social media user involvement behaviour related to the global crisis and categorises them into positive and negative contributions.

Risk tolerance is influenced by two important factors, danger and outrage, according to experts working on risk communication at an early stage. The quantity of those who are exposed, infected and harmed is what constitutes a danger. How the general public and patients react to messages promoting risk reduction is related to outrage. Risk messages are perceived and reacted to differently depending on a variety of social and cultural factors, immediacy, uncertainty, familiarity, personal control, scientific ambiguity, and trust in institutions and the media. These reasons for outrage play a role in the public's shifting perception of Covid-19 risk.[12] Together, danger and indignation, as well as the cultural and economic backdrop, affect adherence to and widespread acceptance of personal risk reduction tactics among the general public, like donning a face mask and socially isolating oneself. For physicians, the dissemination of false information on social media offers both a difficulty and an opportunity. Social media allows specialists to share accurate information about the risks swiftly, but it also allows others to refute this knowledge with false information and incite more outrage.

For decades, these discoveries have moulded the fundamentals of risk communication. Risk communication, which focuses on informing groups that could be at risk about dangers, was developed primarily in the context of reacting to environmental and public health emergencies. The field of risk communication has recently broadened to encompass crisis communication, often known as communication techniques to address current public health issues like pandemics better. In response to Covid-19, Malecki et al. presented solutions for infectious disease doctors to utilise risk communication frameworks and principles to enhance patient care.[13]

Peter Sandman, Vincent Covello and Paul Slovic were among the first to describe the significance of risk perception, which combines a technical perception of danger and outrage with psychological insights. These individuals were among the many early significant players in risk communication. Their investigations focused on in-depth psychometric analyses of risk perception and the variables influencing how scientists and the general public interact. They discovered that actual health risks were just one element of risk perception. Additionally, audiences, messages and circumstances that changed the acceptability of risk impacted risk perception. For instance, even though wearing a mask can clearly prevent the transmission of Covid-19, there are very different levels of acceptance and commitment to mask use. The use of masks

[11] Azer et al. 2021: 99–111.
[12] Ináncsi–Farkas 2022: 42–53.
[13] Malecki et al. 2021: 697–702.

varies significantly among ethnic groups in the United States because mask-wearing has turned into more of a political problem than an evidence-based solution. Mask wearers are regarded as the populace frequently employing a sensible technique and masks in different communities and nations.

The global reach and severity of the Covid-19 pandemic underscored the importance of public cooperation for successful risk reduction, mitigation and ultimate containment. Based on early threat and outbreak frameworks and new insights from the cultural and social media context that shaped the pace and mode of information sharing, Figure 1 illustrates a framework and guidelines that can support clinicians in their response to Covid-19. These guidelines build on previous crisis and risk communication strategies.

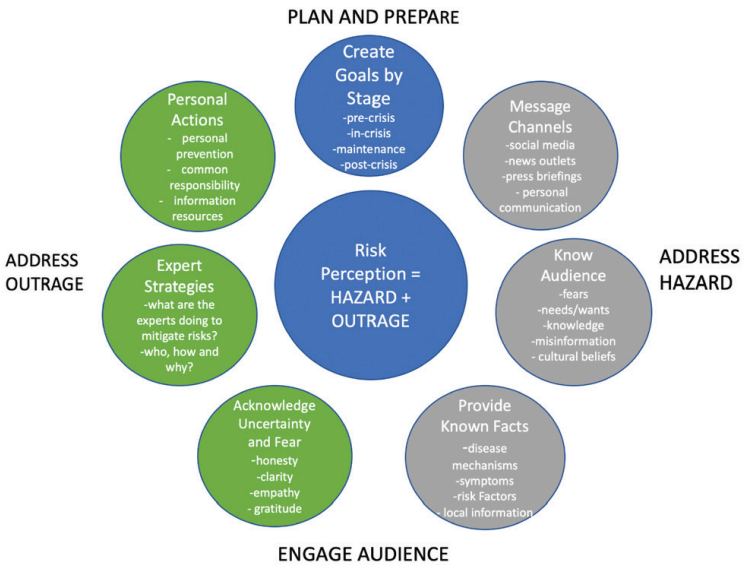

Figure 1: Crisis communication: addressing danger and outrage during the Covid-19 pandemic
Source: Malecki et al. 2021.

The professionals' risk communication contains data and information on the causes, severity and spread of the disease in the context of the sentiments and feelings that influence public indignation. Outrage plays a crucial role in influencing how the general public views Covid-19 as an unknown and developing threat. The likelihood of disaster, familiarity, understanding, scientific uncertainty, individual control, voluntarism, trust in institutions and media attention are the primary elements influencing outrage toward Covid-19 (Table 1).

Table 1: Outrage factors influencing public perceptions of risk and acceptability of risk mitigation strategies over time

Factors influencing public perceptions of risks	**Directionality of increased risk perception (increased outrage, lower acceptability of risk)**	**Changing public risk perception over time in the U.S. regarding the Covid-19 pandemic (December 2019 – April 2020)**		
		Prevention	**Precrisis**	**Crisis**
High catastrophic potential	Fatalities and injuries grouped in time and space rather than random and scattered	Low	Low/Med	High
Familiarity	Unfamiliar	High	Med	Low
Understanding	Difficult to understand	High	High	High
Scientific uncertainty	High scientific uncertainty	High	High	High
Controllable	Lack of personal control and agency	High	High	High/Low
Voluntariness	Involuntary vs. voluntary	Low	High	Low
Trust in institutions	Lack of trust	Low	High/Low	High/Low
Media attention	High vs. low media attention	Low	High	High

Note: The perception of risk can vary by context and cultural beliefs of the public audience.
Source: Malecki et al. 2021.

The degree to which individuals and communities perceive the risks as unsafe, unacceptable, or frightening affects how they react to and adhere to critical public health messages about risk reduction. Outrage is an emotional reaction influenced by a number of factors, including the nature and characteristics of the hazards and the extent to which people and communities perceive the risks as frightening. Covid-19 also affects whether risk reduction techniques like social isolation and mask use are acceptable and followed. Public perceptions of the Covid-19 risk were minimal when the disease only caused a small number of cases in different parts of the country. More than 25% of Americans believed that the likelihood of infection was less than 1% despite early cautions from experts about the catastrophic potential of Covid-19. Certain government officials corroborated this impression. Although people disputed the true nature of the danger, the risk of exposure and the negative effects of Covid-19, early study in California also revealed that acceptance and adherence to social distance rose as more knowledge about the threat's nature became available. As a result, early initiatives by public health authorities and specialists to lower the danger by promoting social seclusion and mask use were viewed as intrusive, alarmist, requiring excessive government intervention and impeding economic growth.

The fact that Covid-19 is still relatively unknown has also impacted how the public perceives and responds to it. While some people have become tremendously frightened, others have downplayed the risks by equating it with something more

well-known, like influenza. Fortunately, some people were willing to downplay the societal hazards because they had little personal experience with illness or death.

The difficulty in comprehending the intricate and dynamic scientific uncertainties underlying Covid-19 exacerbates the issue. The public was prepared to accept ambiguity in the early phases of the outbreak, but as time passed, the pandemic presented difficulties that made it challenging to create specific, doable deadlines and risk-reduction methods. The public may become more fearful, anxious and stressed as a result of this uncertainty, rejecting risk altogether or becoming indignant at risk-reduction tactics. By giving people more confidence in their abilities to take action and feel in charge, communicating concrete measures to the public can aid in reducing their worry and fear.

Initially, social distance produced worry, stress and public outrage among many due to its involuntary nature brought on by forced isolation and loss of personal freedom. This was especially true for people who believed they had a low risk of infection and severe Covid-19; for them, the advantages of social isolation were outweighed by the costs of keeping a low profile. However, due to the forced nature of Covid-19 exposure and the rapid growth of the pandemic, public opinion has shifted in favour of accepting social isolation as a new and necessary norm.

Before the nature of the hazards, in particular, the processes of virus transmission and the high infection rates were established entirely, experts opposed the general public's use of face masks as an unneeded and ineffectual intervention. Mask-wearing was once seen by some as needless and frightful, as has already been described. Some people are relieved by the changes in the authorities' recommendations for mask use since it can give them a sense of control over the unintended danger of exposure, but others are perplexed, anxious, or angry by this scientific ambiguity.

Conflicting facts and shifting statements from experts that alter public perception provide particular challenges for Covid-19. For instance, a large number of policymakers, medical professionals and epidemiologists are actively analysing the variables impacting protection and advising when and how to moderate social isolation measures. Experts are analysing regional trends and data to establish plans for the present (and potential future) infection waves, considering the enormous scientific uncertainty regarding Covid-19 immunity and asymptomatic infection rates and transmission. The public has also been made aware via social media that while some states have significantly loosened their social distance laws, others have stuck to their tight policies. However, some groups of people and employees – such as those who work in the meat industry – face insurmountable risks. Additionally, a significant portion of the populace is currently suffering from "quarantine weariness", in which many individuals keep a social distance while being adversely affected economically and having little to no understanding of the risks. The public's inclination or unwillingness to maintain social distance can be influenced by the lack of awareness and voluntarism surrounding public engagement in social distancing measures, which can lead to a decline in trust in institutions.

Building public trust in official entities that disseminate credible information is crucial in crisis and risk communication. The relative variation in media coverage of the Covid-19 risk has affected how the public views the risk and the necessary mitigation

measures to contain Covid-19 effectively. Early claims that the Covid-19 pandemic was "under control" diminished the credibility of expert messages about the true severity of the risk. Similar to this, shifting public official signals regarding social distance and mask wear are likely to erode public confidence in governmental institutions.

The media and news organisations worldwide have only partially addressed the infodemic state associated with Covid-19 due to poor crisis communication techniques.[14]

Conspiracies by QAnon, the fabrication of a "Chinese virus", the idea that 5G causes Covid, fake news, and the application of sanitizers to "treat" Covid-19 are all standard. Accepting misinformation can be especially risky due to the potential for mental health harm. Sadly, there are few studies available on enhancing crisis communication via media and news outlets.

Fears and apprehensions about the virus and the stress and anxiety brought on by lockdowns and social isolation have to differing degrees, made mental health issues worse in communities. The Covid-19 pandemic not only worsened people's mental health and well-being but also restricted the services available to them. As a result of the lack of medical resources during the pandemic, mental health services had to be reorganised and redeployed to combat the disease. Lockdowns and social seclusion were well-intended practices that further hampered access to mental health assistance. People have little to no access to emergency services due to the forced closure of numerous providers.

Crisis communication is crucial during worldwide epidemics like Covid-19 to allay citizens' fears and uncertainties and bring about a community-wide fight against the disease. Being employed as an emergency communication method when there are at least three crises is a core characteristic of crisis communication:

1. a vital crisis or unusual event (such as the Covid-19 pandemic) with broad ramifications for people's lives and the economy
2. a communications crisis that may prevent key stakeholders from cooperating to resolve it (such as the Covid-19 infodemic)
3. a potential crisis of confidence that is developing partly because of the first two crises (e.g. a crisis of public confidence)

In order to deal with this triple crisis, society must take several steps, including: 1. quickly developing a disaster management plan that is evidence-based, tailored and capable of containing the pandemic; 2. carefully, swiftly and accurately putting this plan into practice; and 3. effectively communicating this plan and the necessary procedures to the general public in a manner that is timely, practical, transparent and truth-oriented (i.e. effective crisis communication). Overall, it is crucial to effectively, sensibly and honestly share current public health information with society.

To guarantee that Covid-19 news is properly disseminated to the public, media professionals, health specialists and government officials must take proactive measures in addition to providing the public with accurate information (e.g. to avoid unintended effects on mental health). In other words, crisis communications during Covid-19 should have three objectives: 1. to communicate credible and reliable Covid-19 information

[14] Su et al. 2021.

to the public in a timely, transparent, and truth-focused manner; 2. to eradicate misinformation and disinformation and related infodemics; and 3. to make sure that the communication of Covid-19 information to the public does not have unintended consequences (e.g. mental health problems).

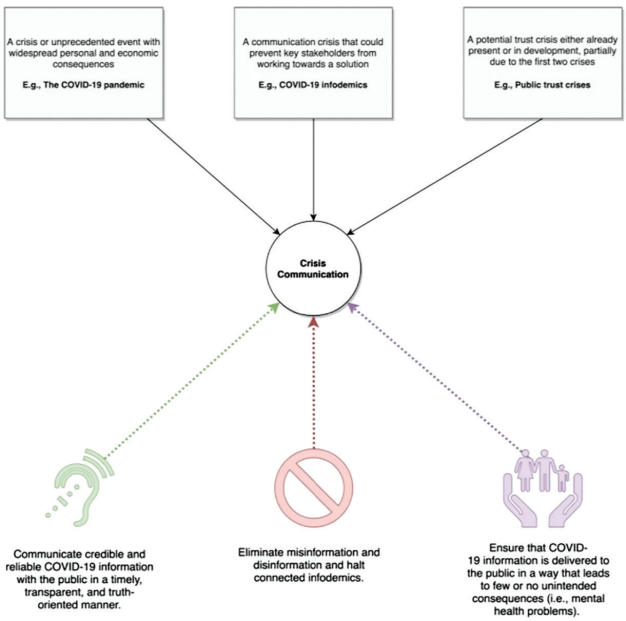

Figure 2: The causes of crisis communication and possible solutions
Source: Su et al. 2021.

Crisis communication strategies during a pandemic

Infection rates with Covid-19 have successfully decreased in several nations, while other nations have attacked the issue early. Although the causes of the disparities are complicated, the efficacy of the reaction was somewhat influenced by the speed and scope of government intervention as well as how communities assimilated, interpreted and responded to the information provided by governments and other institutions. While there is not a single, effective communication plan for a lengthy crisis, Hyland-Wood and her colleagues' research identifies some key traits of successful government crisis communication.[15] They offered ten suggestions in their study for efficient communication techniques to increase support and participation:

- communicate consistently and clearly
- strive for maximum credibility
- communicate with empathy

[15] Hyland-Wood et al. 2021: 1–11.

- communicate with openness, honesty and integrity
- acknowledge that uncertainty is inevitable
- respect people's levels of health literacy and numeracy
- encourage people to take action
- make use of social norms
- take into account the various needs of communities
- take the initiative in the fight against misinformation

According to the authors, a successful communication strategy involves a two-way exchange of ideas, delivering concise messages via appropriate channels, audience segmentation and sharing information by trustworthy individuals. The foundation and maintenance of public trust are essential for long-term success. Their research supports the necessity to include a variety of community groups in engagement initiatives.

For communicators, it is vital to recognise that crises occur in stages. Every emergency changes with time, and this must be understood. Understanding the phases of a crisis can help communicators foresee issues and respond accordingly. The Communication Life Cycle (CERC), developed by the U.S. Centers for Disease Control and Prevention, outlines the kinds of information that must be shared at various stages of an emergency.[16]

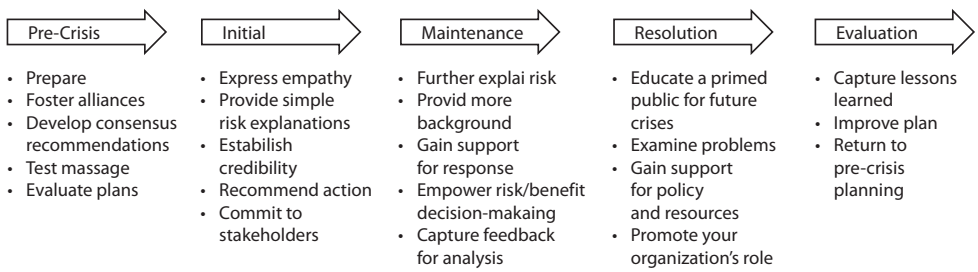

Figure 3: Phases of a crisis
Source: CDC.

The optimum time for a communicator to get ready is during the pre-crisis phase, which takes place before an emergency, by creating a crisis communication plan, developing messages, determining possible audiences and foreseeing communication needs. These tools can aid communicators in acting swiftly when a new tragedy strikes. Using CERC principles to communicate forcefully is essential in the early phases of the reaction when confusion is at its peak and information is scarce. It is critical to remember that as the emergency response develops, so will the information available and the public's needs. Resources and tactics for communication must change to meet these evolving needs.[17]

[16] CERC Corner 2018.
[17] Farkas–Hronyecz 2016: 153–156.

Although the length of each phase varies from crisis scenario to crisis situation and even amongst the stakeholders involved, all crises go through all five phases. The challenge for coronavirus response groups is to simultaneously communicate with various audiences that are experiencing an epidemic at different stages. For instance, some people may continue to respond to outbreaks while the coronavirus disease hits new places. Others are preparing for the potential that they will soon have to cope with an epidemic of a modified coronavirus while in the pre-crisis stage. Even at the precise location, locals could feel more early apprehension as the greater population swiftly enters the maintenance phase.

According to the aforementioned, crisis communication specialists should:

- understand that although people might move through the CERC communication lifecycle at various speeds, all target groups will likely go through all five phases
- address target audiences individually at various phases
- constantly seek feedback from stakeholders to inform their messaging and better meet the always-shifting needs of communication
- be aware that when the crisis worsens, it may advance one level back; new information can occasionally cause the response to shifting from the maintenance phase to the chaos of the first phase, just like there are aftershocks to an earthquake

Not all crises are the same; they can vary in length and severity. Depending on the emergency, each phase is progressed through differently, and things can evolve unexpectedly. Effective response communications depend on a CERC that is well thought out, professionally implemented and thoroughly integrated into the activities of all phases.

A set of parameters that help determine the efficacy of crisis communication activities during pandemics has been developed by Wouter Jong after reviewing the crisis communication literature.[18] Based on the goals of communication, each facet was divided into five groups:

- sense-making in times of crisis
- public leadership in times of crisis
- public health professionals and expert voices
- interaction with stakeholders
- instructions to the public

Based on this, it created a 30-item Assessment tool for Crisis Communication During Pandemics (ACCP) checklist (see Table 2). The categories can be applied as a valuable framework for a structured evaluation of the various facets of pandemic crisis communication.

These components serve as the foundation for the assessment questions that aid in assessing the effectiveness of crisis communication by communication specialists. A question on storytelling as a different method of evaluating crises and examining

[18] Jong 2020: 962–970.

the experiences of individuals involved in crisis communication management concludes the list. This question aims to highlight the experiences of those who actively participate in crisis communication teams.

Table 2: ACCP (Assessment tool for Crisis Communication during Pandemics) checklist

#	Questions for assessment	Examples of subtopics
	Sense-making in times of crisis	
1.	Did communication professionals practice (social) media monitoring, and if yes, how was it set up?	Ongoing monitoring, timeframe, what platforms (Twitter, Facebook, Instagram, TikTok, etc.), methods of online and/or offline monitoring.
2.	To what extent was (social) media monitoring effective in assessing public needs, emotions, rumours and the spokespersons' authority?	*Keywords:* content retrieved, discourse analysis, sharing input within the communication team.
3.	To what extent was (social) media monitoring used to define or change communication goals?	Integration of communication efforts, crafting instructions to the public, debunking rumours.
4.	To what extent did (social) media monitoring successfully contribute to effectively getting in touch with stakeholders?	Message design, interaction with public leaders, healthcare professionals, media and other stakeholders.
5.	Overall, what can be learned when communication professionals reflect on their sense-making during the pandemic?	Overall ability to observe the communication needs of stakeholders.
	Public leadership in times of crisis	
6.	Did public leaders interact and take note of the advice of their communication professionals, and what can be learned from this interaction?	Support in preparation, response and recovery.
7.	Did communication professionals enable public leaders to communicate the broader impacts of a crisis and the urgency of the situation at hand, considering cultural aspects and expectations?	Use of media monitoring, convincing storyline and political setting.
8.	Did communication professionals enable public leaders to convince the public and other stakeholders to comply with public health recommendations, protective measures and vaccination?	Trustworthiness of messages and taking care of public emotions and responses.
9.	Did communication professionals support public leaders to get in touch with providers of care, professionals, and the affected to express gratitude and support them in their (psychosocial) needs?	Get in touch with those directly affected and healthcare workers involved in crisis management.
10.	Did communication professionals support public leaders in transparency, anticipating "blame games" and the political aftermath of a pandemic?	Anticipating the political aftermath, before the "hot phase" comes to an end.

#	Questions for assessment	Examples of subtopics
11.	Overall, what can be learned when communication professionals reflect on their communicative advice on public leadership during the pandemic?	Position of crisis communication within the broader context of crisis management.
	Public health professionals and expert voices	
12.	Did public health professionals prepare for crisis communication during pandemics, and how did it differ from their preparations?	Available preparation plans, exercises in advance of a pandemic and learning cycle within the organisation.
13.	Did public health professionals manage to convince the public on current policies, and if not, how can this be explained?	Position of scientists in public discourse, adoption of public health measures.
14.	Did public health professionals manage to address uncertainty without their authority being questioned?	Coping with uncertainty.
15.	Did public health professionals make an effort to engage with public health professionals and experts, and how was this executed?	Providing information or communicating with and listening to external stakeholders from the health sector.
16.	Did public health organisations and hospitals make an effort to update their employees through internal communication?	Experience with internal communication to all involved in crisis management and whether or not this was satisfying.
17.	Overall, what can be learned when communication professionals reflect on their influence on and collaboration with healthcare professionals and experts?	Overall ability to assist professionals and experts in their communication efforts during a pandemic.
	Interaction with stakeholders	
18.	Did communication professionals get a relatively quick and thorough overview of stakeholders and their (communicative) needs?	Governmental partners, general practitioners, small and medium-sized businesses, laboratories, hospitals, healthcare workers, unions, trade organisations, etc.
19.	How did communication professionals align their communication efforts with stakeholders?	Alignment of communication with domestic and international policymakers, financial markets and the travel industry.
20.	How did communication professionals align their communication with stakeholders they did not know in the pre-crisis phase?	The ability of crisis communication professionals to get in touch with new, upcoming influencers.
21.	How did communication professionals cope with individual stakeholders with a strong, credible and vocal presence in the public arena?	Crisis communication strategy toward influencers who were involved in public debates on measures.
22.	Overall, what can be learned when communication professionals reflect on the coordination of communication with important stakeholders during the pandemic?	Ability to get in touch with all essential stakeholders in times of crisis to align communication efforts.
	Instructions to the public	
23.	How were instructions balanced between the rational and emotional needs of their audiences?	The balance between a threatening tone of voice and frightening the public.

#	Questions for assessment	Examples of subtopics
24.	Did instructions include a "call to action"?	Was it clear what public health officials and/or public leaders expected from their audiences?
25.	How were instructions communicated through mass media to the public?	Use of regular media during the entire pandemic phase.
26.	How were instructions communicated online?	Use of websites and blogs, social media platforms, infographics and other communication tools.
27.	How were instructions communicated to audiences who could not be reached through mass media?	Communicating with lower-income communities and use of role models toward children.
28.	Did all audiences comply with the communicated precautionary measures? If not, what measures were upheld or rejected, and how can this be explained?	Social distancing, mouth and face protection, lockdowns and other possible measures.
29.	Overall, what can be learned about the communication of the instructions that were communicated to the public and stakeholders?	Overview of crisis communication lessons from the beginning to end of the crisis phase.
	Storytelling	
30.	Could you provide an anecdote to share an important lesson with current or future colleagues, which explains one or more insights you experienced in your role as a member of a crisis communication team?	Use of storytelling as part of the learning process.

Source: Jong 2020.

Conclusion

To discover best practices from its pandemic-related exercises that may be applied in Hungarian operations, we looked into the crisis management procedures of Covid-19 in this study. Covid-19 is still active, unreliable crisis communication may raise the cost of reacting, and other waves may develop as fake news is widely accepted. It is vital to compile and communicate this experience because scientists are making predictions about future pandemics based on the knowledge they have gathered from controlling the virus. The practices mentioned in this article are essential for more reasons than only preventing epidemics. Nevertheless, they can also be used as a crisis communication input in the context of today's global concerns.

The findings of my research are as follows:

R1: The contradictory communication from the official institutions has undermined the success of controlling the epidemic.

R2: The spread of false information on social media reinforces fears about the epidemic.

References

Azer, Jaylan – Blasco-Arcas, Lorena – Harrigan, Paul (2021): #Covid-19: Forms and Drivers of Social Media Users' Engagement Behavior toward a Global Crisis. *Journal of Business Research,* 135, 99–111. Online: https://doi.org/10.1016/j.jbusres.2021.06.030

Bányász, Péter (2013): A közösségi média szerepe a katasztrófaelhárításban a Sandy-hurrikán példáján keresztül. In Horváth, Attila (ed.): *Fejezetek a kritikus infrastruktúra védelemből. Kiemelten a közlekedési alrendszer.* Budapest: Magyar Hadtudományi Társaság. 281–292.

Bauman, Zygmunt (2006): *Liquid Fear.* Cambridge: Polity.

CERC Corner (2018): *The Crisis Communication Lifecycle.* Online: https://emergency.cdc.gov/cerc/cerccorner/article_051316.asp

Diaz, Jaclyn (2020): The Coronavirus Crisis. U.K. Begins Nationwide Coronavirus Immunization, Largest in Nation's History. *NPR,* 08 December 2020. Online: www.npr.org/sections/coronavirus-live-updates/2020/12/08/944125280/u-k-begins-nationwide-coronavirus-immunization-largest-in-nations-history

Farkas, Tibor – Hronyecz, Erika (2016): Basic Information Needs in Disaster Situations (Capabilities and Requirements). In Bitay, Enikő (ed.): *Proceedings of the 21st International Scientific Conference of Young Engineers.* Kolozsvár: EME. 153–156. Online: https://doi.org/10.33895/mtk-2016.05.29

Glik, Deborah C. (2007): Risk Communication for Public Health Emergencies. *Annual Review of Public Health,* 28(1), 33–54. Online: https://doi.org/10.1146/annurev.publhealth.28.021406.144123

Hyland-Wood, Bernadette – Gardner, John – Leask, Julie – Ecker, Ullrich K. H. (2021): Toward Effective Government Communication Strategies in the Era of Covid-19. *Humanities and Social Sciences Communications,* 8(1), 1–11. Online: https://doi.org/10.1057/s41599-020-00701-w

Ináncsi, Mátyás – Farkas, Tibor (2022): Álhírek ellenőrzése a közösségi médiafelületeken a Covid-19 járvány alatt. *Hadtudomány,* 32(1), 42–53. Online: https://doi.org/10.17047/Hadtud.2022.32.E.42

Ippolito, Giuseppe – Hui, David S. – Ntoumi, Francine – Maeurer, Markus – Zumla, Alimuddin (2020): Toning down the 2019-NCoV Media Hype – and Restoring Hope. *The Lancet Respiratory Medicine,* 8(3), 230–231. Online: https://doi.org/10.1016/S2213-2600(20)30070-9

Jong, Wouter (2020): Evaluating Crisis Communication. A 30-item Checklist for Assessing Performance during Covid-19 and Other Pandemics. *Journal of Health Communication,* 25(12), 962–970. Online: https://doi.org/10.1080/10810730.2021.1871791

Malecki, Kristen M. C. – Keating, Julie A. – Safdar, Nasia (2021): Crisis Communication and Public Perception of Covid-19 Risk in the Era of Social Media. *Clinical Infectious Diseases,* 72(4), 697–702. Online: https://doi.org/10.1093/cid/ciaa758

Sellnow, Timothy – Ulmer, Robert R. – Seeger, Matthew W. – Littlefield, Robert S. (2009): *Effective Risk Communication. A Message-Centered Approach.* New York: Springer. Online: https://doi.org/10.1007/978-0-387-79727-4

Su, Zhaohui – McDonnell, Dean – Wen, Jun – Kozak, Metin – Abbas, Jaffar – Šegalo, Sabina – Li, Xiaoshan – Ahmad, Junaid – Cheshmehzangi, Ali – Cai, Yuyang –Yang, Ling – Xiang, Yu-Tao (2021): Mental Health Consequences of Covid-19 Media Coverage: The Need for Effective Crisis Communication Practices. *Globalization and Health,* 17(1). Online: https://doi.org/10.1186/s12992-020-00654-4

Wang, Yan – Hao, Haiyan – Sundahl Platt, Lisa (2021): Examining Risk and Crisis Communications of Government Agencies and Stakeholders during Early-Stages of Covid-19 on Twitter. *Computers in Human Behavior,* 114. Online: https://doi.org/10.1016/j.chb.2020.106568