



29 MAY, 2020

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# International Virtual Conference on Management and Economics

## Social Responsibility & Ethics in Marketing during crisis

Ljupka Naumovska<sup>1</sup>, Dimitar Jovevski<sup>2</sup> \* and Katarina Brockova<sup>3</sup>

Assistant Professor, Faculty of Marketing, University of Tourism and Management Skopje, Ljupka Naumovska

<sup>2</sup>Associate professor, Faculty of Economics-Skopje, Ss. Cyril and Methodius University in Skopje, Macedonia,  
Dimitar Jovevski

<sup>3</sup>Associate Professor, Faculty of International Relations, University of Economics in Bratislava, Slovakia,  
Katarina Brockova

\*Ljupka Naumovska

### Abstract.

The ongoing COVID19 crisis is affecting the globe on three levels: health crisis, economic crisis and social panic. Consequently, there are firm predictions for a global recession unfolding in the upcoming months / years. On the other hand, having very limited outlets for communications, the Governments all over the world have undertaken set of measures, communication styles and crisis toolkits that are being criticized by the academic, NGO and general audience. This paper is based on published academic research studies for past and current crisis, as well as current media data and cases emerging in the course with the novel coronavirus situation, unfolding many new forms and requests for crisis communication. While, the complexity of this crisis is obvious, the urge to learn new lessons and frame new communication models emerges. This paper captures events and offers conceptual framework in the context of the novel coronavirus crisis communication, as events and conclusions are unfolding currently, and invites future research, during and after the crisis to complete the findings.

**Keywords:** crisis communication, marketing, ethics.

### 1. Introduction

**Purpose:** The purpose of this paper is to provide an immediate perspective to marketing communications during crisis caused by COVID19 pandemic, affecting the globe with lockdowns, increasing number of cases and victims, and business shut downs. Along with the health crisis, there is a severe economic and social panic and firm predictions for a global recession unfolding in the upcoming months / years.

This study views the current global pandemic outbreak in correlation with prior pandemics and offers crisis communication concepts and guidelines for research and practice applicable in the given circumstances for proper and effective marketing communication now and in future.



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**Design / Methodology/ Approach:** This paper is based on published academic research studies for past and current crisis, as well as current media data and cases emerging in the course with the novel coronavirus situation, unfolding many new forms and requests for communication.

**Outcomes:** This paper captures events and offers conceptual framework in the context of the novel coronavirus crisis communication, as events and conclusions are unfolding currently. The outcomes and findings are correlated with cases and models to the research literature on past pandemics like severe acute respiratory syndrome (SARS) and Ebola and draws some important directions to guide research and practice for current COVID19 pandemic.

**Research limitations/implications –** This is a viewpoint paper and offers some emerging perspectives, concepts and challenges arising in relation to the current novel coronavirus outbreak and crisis communication of organizations. Future research will need to explore the larger literature, and to establish clear hypothesis once this pandemic is over and results are collected.

## **1. 1 Understanding and managing crisis communication**

The topic of crisis communication has attracted a significant amount of interest from researchers from all around the world, that has evolved in a large amount of scientific contributions, information, models and concepts. However, the insights are mainly related with observations of specific type of crisis and the offered models of crisis communication are either not applicable or only partly applicable for unique cases of crisis, making it difficult for crisis managers to uncover and apply the guidelines without additional work and adaptation (Coombs, 2007).

According to Coombs, Crisis communication is usually associated with how management responds to a crisis and emphasis is on what the organization says and does in response to the crisis and the focus is on public statements and actions by management. Further on, in his paper Crisis Communication (2007) he explains that how an organization speaks during a crisis has important consequences for how stakeholders will (1) perceive the organization in crisis, such as its reputation (→ Corporate Reputation), and (2) interact with the organization in the future.

Following that, it is important to note that most of the researchers agree that although we can identify crisis types and similarities between past crises, it is wrong to assume uniformity. Therefore, each crisis has the potential to create unique communication requirements and thus models, guidelines and concepts. This evidence-based crisis communication research may serve as a guidance regarding what is typically effective and ineffective in a crisis to be applied in the future by communication expert and political leaders.



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## 1. 2 Marketing communication in crisis

In general, there are two strategies for crisis communication: (1) managing information and (2) managing meaning. Managing information involves the collection and dissemination of crisis-related information. Managing meaning involves efforts to influence how people perceive the crisis and/or the organization involved in the crisis (Coombs, 2015). Further on, Coombs defines five most common outcome variables: reputation, emotion, purchase intention, stock prices, and word of mouth. The two dominant emotions that emerge in the crisis communication research are anger and anxiety that need to be taken into consideration as variables. The key task is connecting the crisis communication strategies to the outcome variables in order to reduce the negative effects of a crisis.

However, there are lessons learned from past pandemics when borders were closed and some industries such as tourism were completely locked that can be included in the overall communication guidelines of COVID 19 pandemic (Jamal and Budke, 2020):

- responsibility and care are needed for residents and local communities during the chaotic initial stage of a possible/actual pandemic;
- service providers and workers within the hospitality industry must be knowledgeable and prepared so that guests are not turned away inappropriately due to fear that they may be carrying the novel coronavirus;
- communication channels must remain open;
- global institutional structures beyond those like the UNWTO and WTTC are needed to help the tourism industry prepare and respond to global health emergencies
- additional research is needed on the indirect effects of health-related crises on vulnerable business and destinations, especially in developing countries.

According Gesser-Edelsburg et al. (2014) eight risk communication subthemes were identified in a study of World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) guidelines from 2005 to 2008 for risk communication during an emerging infectious disease outbreak: trust, empowerment, uncertainty, communicating the vaccine, inclusion, identification of subpopulations and at-risk groups, segmentation, and 2-way communication. The reports and case study disclosed a gap between international guidelines and their local-level implementation identifying little consideration for individual member-state implementation and poor formative evaluation studies, which undermined their validity of the guidelines. Following this research, it would be optimistic to assume that WHO and other relevant institutions during COVID 19 global pandemic will resolve in disseminating a general communication guideline and closely monitor the implementation. However, this COVID19 crisis, has many unique developments, and one of them is the social media and internet platform's that are not only dominating, but also they are the only media outlet during lock down times. Another challenging factor would be the uncontrollable fake news, that have been challenging the institutions over the past years and are taking their role during the pandemic times too. Therefore, a study of correct and equal implementation of the COVID19



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communication guideline (published by WHO in February 2020) needs to be conducted after resolving the crisis.

## 1. 3 The social media and Marketing communications in crisis

During global pandemic crisis COVID19, Internet is not only an important channel for crisis communication, but also the main outlet for fast and transparent transmitting of a message. At the same time, all internet based media, including, websites, social media platforms, blogs, can be very dangerous course of fake news, panic, and dissemination of fear. This delicate balance for managing the pros and the cons of having one main outlet for messaging – the internet based media, leaves no choice but thoroughly and proactively advancing the content management, the timing, the spokespersons and the tone of the message in accordance with: 1. Empirical findings for previous crisis communication models and 2. New lessons promptly learned from the current situation. However, observing the current situation, one can assume with high level of certainty that many organizations and leaders are facing challenges with crisis communication strategy, content and model. Some of the observed negative effects of this case are: disintegrated messaging among different countries (U.S and EU countries; Russia and EU countries, Sweden and every other country), organization and leaders, lack of global communication strategy (strategy implementation), general disbelief in the credibility of the given information by the audience, strikes against lock down measures in some countries, a severe spread of significant amount of fake news, huge level of panic and fear (which is opposite of the communication rules given by the empirical research from past global pandemics) etc.

On the other hand, there are some positive effect and successful crisis communication cases that are to be studied in future as good examples (ex: France, Finland, UK).

## 2. The specifics of COVID19 Pandemic crisis

This is not the first time a coronavirus has taken the global community by surprise. Most will remember the severe acute respiratory syndrome (SARS) coronavirus outbreak of the early 2000s. A disturbing connection between these viruses is that they emerged from an initial zoonotic (animal to human) transmission event (Jamal and Budke, 2020). After announcing the emergence of the 2019-nCoV on December 31, 2019 [with some delay given that cases were being detected earlier in December by local medical professionals (Buckley, 2020), the Chinese Government undertook drastic actions to curtail the spread of the virus. These actions included imposing numerous restrictions on gathering at events and travels within and outside the country during the high domestic and international travel. Numerous countries have also imposed various forms of travel restrictions and travel bans. WHO declared the 2019-nCoV outbreak to be a public health emergency of international concern on January 30, 2020?

Learning from SARS, various researchers have called for proactive crisis response and crisis management planning (Mair et al., 2016). The issues are not merely economic recovery, destination image management, media management and promotion (common industry-related themes). Pandemic diseases, such as Ebola and SARS, have also resulted in discrimination and



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misinformation related to the countries central to the outbreaks (Cooper, 2005). The current outbreak is also raising backlash against Chinese populations inside and outside the country as discussed hereafter. Facing severe crisis on three segments: health, economic and social, on almost every continent urges a global cooperation and clear crisis management and crisis communication directives. Unfortunately, globally coordinated crisis management and uniformed communication plans have rarely been implemented effectively at the local or country level up to date during COVID19 crisis. Simular finding are published by a number of authors related with previous health crisis ([Gesser-Edelsburg et al., 2014](#)).

Fear and concern emerging around the current coronavirus outbreak is being manifested in forms of discrimination and xenophobia that have little basis in medical and scientific facts. Incidents are being reported about local resident reactions and avoidance of Chinese restaurants, etc. (see Aguilera, 2020 on role of social media). The British Columbia Centre for Disease Control (Canada) took to Twitter to control some of the misinformation being spread about the coronavirus (O'Brien, 2020). Global crises, such as disease outbreaks and pandemics, raise serious questions about the preparedness of global and regional tourism-related institutions to coordinate crisis management and recovery actions. The challenges are not simply economic. Issues of justice arise as vulnerable destinations and poorer populations are often disproportionately burdened by disease outbreaks. These communities often lack adequate resources to mitigate and recover from outbreaks. Vulnerabilities also exist with respect to their citizens abroad during disease outbreaks. For instance, there are around 4,600 African students studying in Hubei Province (Wuhan is the capital city), but neither they nor other African nationals have embassy or consulate representation in Wuhan (Williams, 2020).

## 2.1 Analyses of different crisis communication in the context of COVID 19

If we analyze the crisis communication model country by country, or organization by organization, we can see that those countries that were affected by the coronavirus use a different tools of communication. For example, in China where the virus originate they were set of measurement that were overtaken regarding the way of communication and informing the population about the virus. According to Shuai L. Since (January, 2020), the National Health Commission of China have published several guideline documents, starting with the notification of principles for emergency psychological crisis intervention for the COVID-19 epidemic on January 26, then the notice on establishing psychological assistance hotlines for the epidemic on February 2, and most recently, guidelines for psychological assistance hotlines during the COVID-19 epidemic on February 7. Also, online mental health education with communication programs, such as WeChat, Weibo, and TikTok, has been widely used during the outbreak for medical staff and the public. In addition, several books on COVID-19 prevention, control, and mental health education have been swiftly published and free electronic copies have been provided for the public. As of February 8, 29 books associated with COVID-19 have been published, 11 (37.9%) of which are on mental health, including the “Guidelines





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for public psychological self-help and counselling of 2019-nCoV pneumonia”, published by the Chinese Association for Mental Health (Shuai L., &all, 2020). European Union and European Commission, practiced proactive communication, where EU social media channels were devoted mainly on the pandemic content, and European Commission was reporting the official ongoing work of the organization. Further on, UK Prime Minister took over very personalized and human oriented communication style. The Government of Finland took diverse approach addressing children and France President exhibited very timely, thorough and proactive communication style.

## 2.2 Ethics in crisis marketing communication in the context of COVID 19

The current situation reinforces a key principle for an informed civil society. Residents must be well informed with facts from reliable health authorities. For this purposes it is critical for the media to convey information to the public to promote appropriate health protective behaviors and effective institutional responses. Information conveyed by the media should be without sensationalism or disturbing images. The public, in turn, should be advised to avoid speculative stories and limit repetitious exposure to media stories that provide little new information, while staying abreast of critical updates (Garfin D.R. & all., 2020). We recommend that the public rely on authoritative sources such as the Centers for Disease Control and Prevention or WHO for the most up-to-date information regarding transmission, protecting one’s health, and community-level threats. There are several issues that need to be strass out here. First, both the Centers for Disease Control and Prevention and WHO provide regular communications via social media and website updates. Second health care providers, as trusted community agents, also play an important role in communicating essential information to patients and other community member, practical advice that individuals can implement to protect from contagious viruses, provide critical information and make concrete suggestions while seeking to temper the crisis and fake news that may thwart overall public health efforts to effectively combat the COVID-2019 outbreak. In this line of work Pan American Health Organization (PAHO) and WHO create a Guidelines for communication about coronavirus disease 2019 (PAHO&WHO, 2020) During a health crisis, the public depends on the media to convey accurate and up-to-date information in order to make informed decisions regarding health protective behaviors. In time of a novel disease outbreak such as COVID-19, **timely updates** from **trusted sources** about the relative risk of contracting the novel disease versus a more common one are critical. Without them, public fears may escalate, fuel rumors and provoke stress responses. Emergency management agencies tend to underuse social media as a source of risk communication. **Strategic social media use** (e.g.,hashtags) may be an effective way for agencies to communicate accurate information to the public during times of crisis (Lachlanet al., 2016). During times of uncertainty and crisis, the public may increase their reliance on the media (Ball-Rokeach & DeFleur, 1976), and it is imperative that trusted sources are available to provide risk assessments and recommendations (Lachlan, Spence, Lin, Najarian, &Del Greco, 2016). In the absence of information—whether because the information is coming from non-ethical source, or maybe is a fake new—ambiguity can lead to heightened appraisals of threat. This occurred in the context of the H1N1 crisis when increased uncertainty and feelings of



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uncontrollability increased anxiety (Taha, Matheson, & Anisman, 2014).

## 2.2 Guidelines and conceptual framework for crisis communication in the context of COVID19

Using the research from all the relevant institution, we can construct a fairly substantial set of evidence-based recommendations for crisis communicators. Risk communication encompasses all the basics of health communication but differs in the need for speed and reliance on trust. At times of crisis, leaders are called on to provide a **quick, sensitive and trustworthy response**. As mentioned before the World Health Organization and Pan American Health Association, created a public guideline for crisis communication in time of COVID-19. From the literature review and regarding the crisis communication we can see that competence and integrity are two critical elements of crisis communication (Brown & Dacin, 1997). From the other side we can take timing as a critical component in crisis communication combined with clear understanding of what it is in this case COVID-19. From here a set of guidelines and framework can be point out to be used during this communication crisis in future crisis there are likely to be similar to this one. According to the guidelines for Communication about Corona disease published by WHO and PAHO we can point out several points regarding this crisis. First is the **trust as a key principle in risk communication**. Without the <trust> as a central messaging element, the public will not believe fully the given information provided by the health minister or other officials. Second is the **timing** as a critical component same as Coombs (2014) refers. Announcing early shows leadership, leads to trust, reduces the rumors and can save lives. The so-called “first announcement” should say what is known, what it means, what is being done. We can see a lot of examples across Europe and majority of those crisis communication were communicated with the general public via three channels: the head of state, the Prime Minister and ministers. The next thing that is offered in the guidelines for crisis communication is the trust that need to be build up **by transparency**. There are some limits to transparency include — but are not limited to — national security. The messages should be speak out about the risks, benefits and challenges. It is important to **involve the community and maintain essential interaction**. An outstanding examples of such successful communication were displayed by France, Finland, UK – all interacting with different groups of audiences: general public and media, **children**, food providers, medical stuff. The public is entitled to information that affects their health and the health of their families and therefore should be involved in the process of message creation based on their reactions and feedback. Public perception of risk often does not match the science-based reality. If the public does not perceive a risk, they won’t respond adequately to prevent it. At last, we are witnessing a severe lack of uniformity and clear absence of standardization among countries in communication, that is against basic rules of communication in global crisis. Although the crisis is still active, we can collect the given empirical data and combine them with observations of the communication during this crisis and conclude that overall, despite some portion of well-established communication messaging, content and interaction, and despite the clear knowledge



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that planning risk communication is the imperative in every corporate and governmental plan, still with COVID-19 not be the case, especially considering the factors: **timing, uniformity and trust.**

## 2. Conclusion (TNR 14pt., bold)

When health risks are uncertain, people need information about what is known and unknown about the virus, their actual degree of risk, and interim guidance to formulate decisions to help protect their health and the health of others. Timely and transparent dissemination of accurate and accessible science-based information about COVID-19 can build public trust and confidence. Information presented should minimize speculation and avoid over interpretation of data as well as overly confident assessments of public health investigations and control measures. Coordination of message development and release of information among all responding organizations, international partners and health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures. This are some of the key principles that are important for this crisis communication. But from the research that we mail and analysis of relevant institution we can conclude that still there is no substantial set of guidelines for crisis communication not on governmental level nor on media level. For the purpose of future research and application, based on media analyses of the current (still active) COVID19 crisis, and taken into consideration the empirical studies from previous crisis, we are offering the following framework for crisis communication:

Media outlets	On line, Of line, credible, trustworthy
Content of the message	Clear, neutral, avoidance of fear panic and pessimism
Central message element	TRUST
Frequency of press conferences, public addressing	Once in 24h
Timing	Fast, early, responsive
Interactions	High level of interaction, do not underestimate feedback, all type of questions
Diversity, inclusion	Mind the diverse audience groups, address all, avoid and do not allow xenophobia, nationalism and racism.
Spoke person	Select trustworthy, charismatic and well prepared spokespersons
Style	Humble, personalized, empathic.





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