# Cultivating Communication Resilience as an Adaptive-Transformative Process During a Global Pandemic: Extending the Purview of the Communication Theory of Resilience

## ADWOA SIKAYENA AMANKWAH University of Professional Studies Accra, Ghana

## PRINCE ADU GYAMFI Purdue University, USA

## ABIGAIL NARKIE ODURO University of Professional Studies Accra, Ghana

The continuing devastation caused by COVID-19 requires that leadership at global, regional, and national levels communicate in a resilient manner to their populations to encourage adherence to safety measures and protective behaviors to mitigate the pandemic's effects. For national leaders, it requires communicating effectively for resilience among other measures to curb the spread. However, the process by which national leaders cultivate effective communication for resilience is largely unknown. By addressing this research gap, this study utilizes the communication theory of resilience (CTR) and community resilience as theoretical frameworks to content analyze the Ghanaian president's speeches on the COVID-19 pandemic. Findings suggest that although the president's communication has been empathic with actionable processes, approaches to mitigate the effects of the pandemic, though ingenious, are more adaptive than transformative. This study has implications for theory, practice, and policy as it extends the purview of the CTR by proposing a revised process of communication for cultivating national resilience during pandemics.

*Keywords:* communication theory of resilience, national resilience, COVID-19, pandemic, adaptive-transformative process

The concept of resilience has been theorized in various disciplines as the ability to bounce back after a disruption with different scholars examining various levels of it (Buzzanell & Houston, 2018). Communication resilience scholars recommend the interrogation of resilience as a multilevel process, where one level intertwines with another in a complementary manner that enables a social system to

Prince Adu Gyamfi: adugyamfiprince5@gmail.com

Abigail Narkie Oduro: Abigail.oduro@upsamail.edu.gh

Date submitted: 2021-04-12

Copyright © 2022 (Adwoa Sikayena Amankwah, Prince Adu Gyamfi, and Abigail Narkie Oduro). Licensed under the Creative Commons Attribution Non-commercial No Derivatives (by-nc-nd). Available at http://ijoc.org.

Adwoa Sikayena Amankwah: adsikaman75@gmail.com

bounce back after a disaster (Buzzanell, 2010; Buzzanell & Houston, 2018; Houston, Spialek, Cox, Greenwood, & First, 2015; Rice & Jahn, 2020). As a multilevel process, resilience intersects at the organizational and community levels coalescing into the national level as people make sense of, adapt to, and transform their realities after a disaster (Bean, 2018; Buzzanell, 2018; Buzzanell & Houston, 2018; Houston et al., 2015; Rice & Jahn, 2020). For community resilience scholars, resilience refers to a community's ability to mobilize resources to mitigate the effects of a disaster (Houston et al., 2015). Organizational resilience scholarship conceptualizes the phenomenon as the ability to bounce back after a disaster. Each of these fields of research agree on resilience as an ongoing phenomenon where people and social systems respond to disasters and make efforts to mitigate the consequent deleterious effects of disasters. For communication scholars, resilience is not a fixed community characteristic but an aggregate or collective interactional process and strategy by people inhabiting a particular territory or united by common descent, history, culture, or language to successfully adapt to changing circumstances, thrive, or even be transformed to a new normal after a disaster (Bean, 2018; Buzzanell, 2010; Buzzanell & Houston, 2018; Houston et al., 2015; Rice & Jahn, 2020).

There are many elements that influence the development or cultivation of resilience, and critical among them is communication (Houston et al., 2015; Pfefferbaum et al., 2013). According to Nicholls (2012), "resilience is intimately associated with good communication" (as cited in Houston et al., 2015, p. 272). Communication, media, and information are central to the process of adaptation culminating in the resilience of a social system (Houston, Pfefferbaum, & Rosenholtz, 2012). Notwithstanding the importance of this role, communication scholarship has paid scant attention to national efforts guided by the World Health Organization's (WHO) strategies on how countries can facilitate adoption of protective behaviors and cultivate resilience through communication and effective message strategies during a global health pandemic such as COVID-19. Further, the tensions of risk and crisis triggered by the COVID-19 pandemic require complex strategic messaging in line with WHO's recommendations to promote public adherence to safety protocols. According to paradox theory scholars, such complex messages need to be embedded with empathy and to target the collective rather than individuals (Ahn et al., 2021; Carmine et al., 2021; Keller et al., 2021; Pradies et al., 2021; Sergent & Stajkovic, 2020).

To explore this phenomenon, the study examined Buzzanell's (2018) five-stage process of the communication theory of resilience (CTR) and Houston et al.'s (2015) concept of community resilience to explore how the addresses of the Ghanaian president communicated to Ghanaians in a manner that encouraged recovery and transformation. The CTR offers a systematic lens to understand how communication resilience evolves as an adaptive-transformative process. Community resilience focuses on how people, through strategic communication, deploy their human resources and material capacities such as media to mitigate the effects of a disaster. Further, the WHO recommended strategies that can facilitate the adoption of protective behaviors and also offer a complementary practical lens to guide the process of government communication. Thus, guided by the CTR, community resilience, and the WHO's recommendations, this study addressed a research gap by proposing a new process of communication for national resilience. First, we review literature on communication resilience including the five processes of the CTR and community resilience. We then present the context of this study, describe our research questions, and present a thematic content analysis study.

## **Communication Resilience**

From a communication perspective, resilience occurs in the daily routines of life during mundane as well as catastrophic events such as wars, disasters, death, and mass violence with attendant stress, anxiety, or trauma (Buzzanell & Houston, 2018). Affected individuals and communities could attempt to cope, adapt, or even thrive and be transformed. The response to these effects often demonstrates how people cultivate resilience. Previous literature has examined the CTR in contexts such as cancer patients and partners communication (Lillie, Venetis, & Chernichky-Karcher, 2018), job loss (Buzzanell, 2010; Lucas & Buzzanell, 2012), military spouses (Villagran, Canzona, & Ledford, 2013), organizations after job losses and related disasters (Buzzanell, 2010), and disaster relief workers and support seeking (Agarwal & Buzzanell, 2015; Lee, Benedict, Jarvis, Siebebeck, & Kuenanz, 2020), but the theory has yet to be applied within a global and national health crisis context such as COVID-19. To do this, we examine the five processes of the CTR by articulating their relevance to a global health crisis context. These five processes are crafting normalcy, affirming identity anchors, maintaining and using communication networks, putting alternative logics to work, and legitimizing negative feelings while foregrounding productive actions.

### The Five Processes of the Communication Theory of Resilience (CTR)

The CTR proposes five processes of cultivating communication resilience. Here, we examined research studies mostly in organizational communication to demonstrate how the CTR has been applied to study stressful situations, emergencies, or disasters. The first process is crafting normalcy, which refers to communicative efforts to either maintain old ways of doing things or create new ways of doing things amidst a disaster or a disruption (Buzzanell, 2010; Chernichky-Karcher, Venetis, & Lillie, 2019). For example, people across the globe found new ways (i.e., mask wearing and social distancing) of living with the pandemic. In most resilience scholarship, adaptation to or recovery from negative events and circumstances is prominently captured where members of an organization find ways to adapt and reintegrate with other individuals and systems within the community via social and traditional media after a disaster (Cohen & Richards, 2015).

The second process is affirming identity anchors, which refer to communicative efforts to reinforce or enhance certain identities (Chernichky-Karcher et al., 2019). These identities serve as tangible and intangible dependencies that sustain individuals and groups that have suffered various forms of traumatic conditions or disasters. In the present study, identity anchors are categorized as individuals, institutions, and cultural attributes that have proven to be reliable sources of support during the pandemic. Examples of such identity anchors include Ghana Health Service, the spirit of nationalism, and spirituality.

The third process is maintaining and using communication networks, which refer to communicative efforts to enhance old or develop new communication networks (Chernichky-Karcher et al., 2019). In maintaining communication networks, individuals and communities repeatedly prepare, learn to enact, and engage consistently in resilience because it is cultivated through human communication and networks such as media. Scholars assert that media plays a critical role in the

process of cultivating resilience (Lucas & Buzzanell, 2011, 2012; Tandoc & Takahashi, 2016; Vaara, Sonenshein, & Boje, 2016). They argue that undesirable emotions, articulated through mediated and direct forms of communication, can catalyze social change (Bottrell, 2009; Held, 2004). These forms of communication encapsulate "attributes of narratives, responsible media, skills and infrastructure, and trusted sources of information" (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008, as cited in Houston et al., 2015, p. 271). By deploying narratives and interactions, "stories, memories, routines, and rituals about how people not only endured despite loss and suffering, but how [they] also actively shaped and framed these experiences" (Buzzanell, 2018, p. 150).

The fourth process is putting alternative logic to work, which refers to communicative efforts to reframe stressful situations in ways that do not disregard the stress (Chernichky-Karcher et al., 2019; Lillie et al., 2018). It involves triggering unconventional options, situations, or logics in place of the predictable and routinized methods of constructing meaning and livelihoods (Buzzanell, 2010). This involves recognizing the hopelessness of a situation and seeking creative, workable, and haphazard rather than systematic ways to deal with the crisis (Lille et al., 2018). It is where the tried and tested means of resolving the situation are set aside in the quest for solutions that work. For example, Lille et al. (2018) found that cancer survivors deployed humor to reframe their painful experiences when communicating with their partners.

Lastly, legitimizing negative feelings while foregrounding productive action refers to communicative efforts to focus on positive aspects of stressful situations while backgrounding the negative aspects (Chernichky-Karcher et al., 2019; Lillie et al., 2018). Whereas backgrounding is a conscious decision that is not oblivious to the reality of a loss or pain, foregrounding productive action involves a conscious reconstruction of positive ideals, emotions, and actions while de-emphasizing negative sentiments that reflect the undesired but legitimate reality. The ability to accept their legitimacy reinforces people's dignity and their lived experiences even as they foster alternative courses of action. See Table 1 for brief description of the five processes of the communication theory of resilience; these descriptions are adapted from Chernichky-Karcher et al.'s (2019) study.

Processes	Description
Crafting normalcy	Communicative efforts to maintain old normalcies or create
	new normalcies
Affirming identity anchors	Communicative efforts to reinforce or enhance certain identities
Maintaining and using communication	Communicative efforts to enhance old or develop new
networks	communication networks
Putting alternative logics to work	Communicative efforts to reframe the stressful situation
Legitimizing negative feelings while	Communicative efforts to focus on positive aspects of stressful
foregrounding productive action	situations while backgrounding the negative aspects

Table 1. Description of the Five Processes of	the Communication Theory of Resilience.
---	---

In line with the argument by scholars that communication resilience is a multilevel process, these stages of developing or cultivating resilience at the organizational level coalesces onto the community level (Bean, 2018; Buzzanell, 2010; Houston et al., 2015; Rice & Jahn, 2020). The

community can be at different scales based on the geographic scope—locality, regional, or international. We then interrogate community resilience and related literature.

### **Community Resilience and Related Literature**

At the community level of resilience, Houston et al. (2015) proffer a media-community resilience process based on communication systems and resources, community relationships, strategic communication processes, and community attributes. They argue that community resilience is a process that is evident in the well-being of a community after a calamity, a real proof of adaptability; it is not an outcome. Media and communication play a central role in this process, where using a two-way communication approach is harnessed to facilitate community resilience during disaster recovery. For example, Arneson, Deniz, Javernick-Will, Liel, and Dashti (2017) examined how resilient communication was employed by the local government in Colorado to mitigate the effects of the 2013 flooding incident. Their findings suggest that disaster recovery efforts by the local government were hampered because of local disconnect between the affected community or neighbors and the local government (i.e., the top-down or elitist mode of disseminating information on the event), hampering adaptive strategies aimed at recovery. Social connections and communication networks are crucial processes of resilience because they enable individuals to seek support during and after disasters (Buzzanell, 2010; Lee et al., 2020). For example, Lee et al. (2020) found that some individuals built on existing lines of communication such as friendship ties to garner material forms of support, whereas others improvised by creating new networks through community meetings for support. Also, the work by Ellis and Abdi (2017) revealed that any strategy to increase community resilience must both harness and enhance existing social connections and not damage or diminish them. This is because effective deployment of synergies between government and community members can provide systems for early intervention to mitigate violent extremism as well as strengthen social bonds and networks to improve community resilience.

At the national level, literature on communication resilience is scant with the few existing studies traversing scholarship on citizenship and trauma in the aftermath of terrorism as well as the connections between memorialization and identity (Bean, Keränen, & Durfy, 2010; Crijns, Cauberghe, & Hudders, 2017; Paliewicz, 2017; Veil, Sellnow, & Heald, 2011). Because of the fact that the efficacy of applying resilience in such areas as psychology, sociology, and leadership and to demographic and psychographic differences is undisputed (Lille et al., 2018), other scholars have also been examining how emotions and tensions produced by the pandemic have been managed by female political leaders and academia. For instance, Sergent and Stajkovic (2020) examined how women's leadership in the United States is associated with fewer deaths during the COVID-19 crisis. They found that the gender of a governor and demonstration of empathy in their daily briefings were associated with an early stayat-home order and a lower COVID-19 rate of infection. In terms of managing the tensions produced with the pandemic, studies by paradox theory scholars reveal the need for academia as a collective to gain a sense of the future and seemingly, senseless events by bracing up for them (Carmine et al., 2021; Keller et al., 2021; Pradies et al., 2021). Ahn et al. (2021) propose that academics shift away from individual approaches to concentrate more on organizational and community means of cultivating resilience because of the potential for greater social support. However, how national leaders deploy communication for resilience in presidential addresses in relation to WHO's recommendations for facilitating adherence to protective behaviors has been largely unexplored.

### **Context of COVID-19 in Ghana**

Ghana is the seventh African country after South Africa, Ethiopia, Kenya, Nigeria, Zambia, and Algeria with the most cases of COVID-19 in Africa (Agbozo & Jahn, 2021). Among countries in the West African subregion, Ghana's innovative testing approach and medically informed political leadership were commended by various entities including the WHO. However, a surge in new cases, spikes in community-level transmissions, misinformation leading to pandemic fatigue, poor compliance, and prevention control measures, among others, have necessitated the need to examine the efficacy of the government's communication strategy (Quakyi, Asante, Nartey, Bediako, & Sam-Agudu, 2021). At the time of writing this article, the caseload of COVID-19 cases stood at 130,077 confirmed cases with 1,175 deaths (World Health Organization [WHO], 2021b). With the discovery of the Delta variant in Ghana, the focus is to prevent a third wave of infection and also control and manage existing cases. Efforts to procure vaccines to vaccinate special populations and sensitize the public on the implications of vaccine hesitancy are ongoing (Agbozo & Jahn, 2021). The World Bank, through the Pandemic Emergency Financing Facility (PEF), provided funds to WHO to enhance the capacity of Ghana's health system for case management and improve quality of care and early case detection (WHO, 2021a).

The World Health Organization European Region, in response to resolving pandemic fatigue (that is a demotivation to follow recommended protective behaviors because of members' emotions, experiences, and perceptions about the virus), has developed a framework for the planning and implementation of national and subnational strategies (World Health Organization (WHO) Europe Region, 2020). These strategies seek to maintain and reinvigorate public support to curb COVID-19 spread. They are underpinned by five cross-cutting principles of trust, risk perception, social and cultural norms, and structural opportunity. To operationalize these strategies, nations were to understand people by collecting and using evidence for targeted, tailored, and effective policies, interventions, and communication; engage people as part of the solution; allow people to live their lives but reduce risk; and acknowledge and address the hardship people experience and the profound impact the pandemic has had on their lives.

As part of efforts to control the pandemic and flatten the curve of infections in Ghana, the government has been implementing measures that reinforce WHO's recommendations and hygiene protocols such as mandatory mask wearing, frequent hand washing, physical distancing, prevention, tracing, and treatment. At the time of writing this article, the president of Ghana had delivered 24 addresses to the nation since the announcement of the outbreak of the pandemic in March 2020. These addresses are complemented by regular updates from the Ghana Health Service on the prevailing situation, measures the government is taking to eradicate the pandemic, as well as citizens' roles and responsibilities. The processes through which resilience is cultivated in the CTR are known. However, the processes for their application during global health pandemics such as COVID-19 in national contexts in sub-Saharan African countries such as Ghana is novel (Bean, 2018). To this end, the study sought to answer the following research questions. 5632 Amankwah, Gyamfi, and Oduro

- *RQ1:* What adaptive-transformative processes are communicated through the addresses of the Ghanaian president on the COVID-19 pandemic?
- RQ2: How do the addresses of the Ghanaian president cultivate resilience to the COVID-19 pandemic?

### Methods

The study utilized a basic qualitative research approach to analyze the content of public addresses of the Ghanaian president about the COVID-19 pandemic in Ghana. As the researchers were interested in understanding how the president's speeches constructed and cultivated meanings about the pandemic, this research approach was most appropriate to "uncover and interpret these meanings" (Merriam & Tisdell, 2016, p. 25). The president's public addresses were chosen as this study's data for three reasons. First, these public addresses, delivered in English, served as direct sources of information about updates on the pandemic and measures taken to control the spread of the virus for both the media and the general public in the country. The implication was that the speeches were communicating measures taken by the government to curb the escalation of COVID-19 as well as shaping the general public's perception of the pandemic in the country. Second, these speeches were unedited and easily accessible as public documents for analysis. Third, studies on national communication resilience often center on developed countries with scant attention paid to the developing world and countries such as Ghana. Thus, the unit of analysis for this study was the public addresses of the Ghanaian president about the COVID-19 pandemic in Ghana. This study used a thematic content analysis.

## Sampling and Data Analysis

The president has delivered a total number of 24 speeches about the pandemic between March 2020 and February 2021, that is, 12 months. All the 24 delivered speeches constituted the sample for this study. These were 86 single-spaced pages of text—a total of 37,684 words. Prior to the data analysis, the researchers met to discuss the data analysis method and procedures that would be most effective for answering this study's research questions. Thus, Braun and Clarke's (2006) six steps for conducting thematic analysis were utilized. This thematic analysis enabled the researchers to identify, analyze, and report themes within the data (Braun & Clarke, 2006). Two researchers (the first and third authors) independently analyzed the data, and the second researcher reviewed it. According to Lincoln and Guba (1985), the use of different investigators (referred to as the technique of triangulation) during data analysis in qualitative research boosts "the probability that findings and interpretations will be found credible" (p. 305). To make sure that the study's research questions were adequately answered, the five processes of the CTR guided the analysis. They are (i) crafting normalcy, (ii) affirming identity anchors, (iii) maintaining and using communication networks, (iv) putting alternative logics to work, and (v) legitimizing negative feelings while foregrounding productive action (Buzzanell, 2010). The codes operationalizing the CTR processes were guided by Wilson, Kuang, Hintz, and Buzzanell's (2021) conceptual definitions. First, the crafting normalcy process was coded as how government communicated safety measures and proactive steps people were to take to alleviate the effect of the pandemic to create a sense that things were getting back to the prior normal. Second, the affirming identity anchors process was coded as reinforcing salient identities and values that provide meaning during and help guide how

people should respond to the pandemic. Third, the maintaining and using communication networks process was coded as credible media, personalities, and institutions that disseminated information on the pandemic to people. Fourth, the putting alternative logics to work process was coded as innovative people whose actions and ingenuity helped alleviate the pandemic's harsh effects. Fifth, the legitimizing negative feelings while foregrounding productive action process was coded as a call to intentionally take productive actions to adapt and positively transform while making unproductive actions and feelings peripheral by putting them at the background. Also, Houston et al.'s (2015) concept of community resilience and WHO's recommendations also guided the analysis as we sought to propose a new process of communication resilience that is more nationally oriented. Thus, community resilience was coded as the social connections and communication networks critical for adapting to and transforming communities during a pandemic.

First, all the 24 speeches were retrieved in word documents, and the first and third authors each read and reread these speeches to familiarize themselves with the data. During this immersion stage, notes were taken to produce a list of ideas. Second, this list of ideas was used to generate initial codes from the data. The data was coded around the five processes for crafting communication resilience, community resilience, and the WHO's recommendations. Coding was manually done by using highlighters to "indicate potential patterns" (Braun & Clark, 2006, p. 89). A list of different codes was produced. Third, the different codes were sorted into potential themes. For example, codes sharing similar meanings were grouped and were given a common name or term to differentiate one group of codes from another group of codes. At the fourth stage, the researchers met to discuss the initial themes they had each identified. The researchers reviewed these initially identified themes together to ensure that each theme reflected the communication resilience and community resilience theoretical frameworks. Last, some rich, thick excerpts from the data were included in the write-up of the report to boost the credibility of this study's findings (Miles & Huberman, 1994).

### Results

The results showed that all five processes of the CTR, community resilience, and the WHO's recommendations were present in all 24 presidential addresses. The thematic content analysis produced five themes: crafting a new sociocultural normalcy, affirming identity anchors (catalysts to the new normal), building communication networks based on credibility and trust, promoting alternative innovation and ingenuity, and legitimizing negative feelings while foregrounding productive actions (projecting transformative potentials). Table 2 provides example quotes for each process or theme and the number of speeches each process or theme appeared in.

	Number of Speeches Each	
Five Processes	Process Appeared In	Example Quotes from Speeches
Crafting a new sociocultural normalcy	Appeared in 23 speeches	"Remain focused, and adhere to the enhanced hygiene, social distancing, and mask- wearing protocols that have and must become part and parcel of our daily lives for the foreseeable future" (Akufo-Addo, 2020f, para. 21).
Affirming identity anchors—catalysts to the new normal	Appeared in all 24 speeches	"We have prayed to Almighty God to heal our land, and I know that, by the Grace of God, He has heard our cry. Nonetheless, each one of us must do his or her part" (Akufo-Addo, 2020c, para. 27).
Building communication networks based on credibility and trust	Appeared in 17 speeches	"I urge the media to join this cause fully and help effectively disseminate information on the dos and don'ts of the disease. The information to be put out, however, must be that approved by health authorities, and not just from any piece of literature on the Internet, as false materials are being spread from other jurisdictions" (Akufo-Addo, 2020a, para. 15).
Putting alternative logics to work—promoting innovation and ingenuity	Appeared in all 24 speeches	"Fellow Ghanaians, to accelerate the contact tracing process, and ensure we curtail the spread of the virus on the shortest time, we will use the military and police to assist health authorities to expediate the process" (Akufo- Addo, 2020b, para. 12).
Legitimizing negative feelings while foregrounding productive actions-projecting transformative potentials	Appeared in 23 speeches	"Fellow Ghanaians, I, like you, would love to see an end to these restrictions. I know the difficulties each and every one of you has been through over the last two months. You had to alter completely your way of life" (Akufo-Addo, 2020e, para. 12).

## Table 2. Example Quotes for Each of the Five Processes/Themes.

## Crafting a New Sociocultural Normalcy

Crafting normalcy involves a process of reverting to a previously normal situation after a calamitous period in one's life. The harrowing effect of COVID-19 on social systems, culture, human health, and health systems has left indelible marks on developed as well as developing countries such as Ghana for which the Ghanaian president, in his addresses, sought to intentionally craft a new sociocultural normalcy. By deploying 59 direct and remote allusions to new practices that were to be adhered to in the new normal, the president communicatively redefined Ghanaian sociocultural practices of hospitality, communality, and friendliness such as hugging and shaking of hands at funerals,

weddings, and parties. The definitive features of the new sociocultural normal included social distancing, the mandatory wearing of masks, and routine handwashing. Accordingly, personal equipment such as plastic (veronica) buckets, hand sanitizers, liquid soap, rolls of tissue paper, and thermometer guns for the safe reopening of the schools were provided by the government, organizations, and individuals at various places. To ensure strict adherence to the social distancing protocols, thereby truncating the culture of communality and conviviality, the speeches announced the suspension of all public gatherings such as conferences, workshops, funerals, parties, nightclubs, drinking spots, beaches, festivals, political rallies, religious activities, and sporting events. Reinforcing the categorical imperatives of social distancing (a phenomenon alien to Ghanaian culture), the president urged Ghanaians to "remain focused, and adhere to the enhanced hygiene, social distancing and mask-wearing protocols that have and must become part and parcel of our daily lives for the foreseeable future. We can do it if we work at it" (Akufo-Addo, 2020f, para. 21). The presidential addresses also crafted a new normal for formal education under mask wearing and social distancing protocols by inspiring the bold action of reopening schools and urging a return to formal classroom education by teachers, students, and pupils.

### Affirming Identity Anchors—Catalysts to the New Normal

Affirmation of identity anchors by reinforcing salient identities and values amid a health crisis is critical to having a normal life because these anchors provide critical support systems to the afflicted in times of pandemics such as the COVID-19. Previous research by Ellis and Abdi (2017) and Wilson et al. (2021) corroborate the relevance of having a social network comprising anchors and values as a catalyst to bouncing back to the new normal. The need for identity anchors and values was so emphatic that the president made 90 references to this concept in his addresses. These anchors centered on faith and spirituality (a key component of Ghanaian culture with a predominantly Christian and Muslim population), individual social responsibility, and support from media and para-governmental bodies. This finding aligns with the WHO's recommendations for countries to partner with society and cultural institutions to curb the spread of infections. In harnessing the strength of these anchors, the president sought to encourage faith in God and assurance of His grace together with individual responsibility to ensure victory over the virus. For instance, in his third address, the president projected God as a reliable anchor using the following words: "We have prayed to Almighty God to heal our land, and I know that, by the Grace of God, He has heard our cry. Nonetheless, each one of us must do his or her part" (Akufo-Addo, 2020c, para. 27). This also called for individual responsibility to curb the spread of the virus.

## Building Communication Networks Based on Credibility and Trust

By the use of 27 appeals to media and expression of appreciation to healthcare workers and allied health institutions as well as religious groups, the president's addresses communicated the desire to collaborate with stakeholders as viable communication networks in the fight against the pandemic. For instance, the president's 14th address sought to reach out to credible media as a formidable communication network that had the power to disallow fake news and misinformation "that escalate mistrust and heighten, unnecessarily, the anxiety levels over the disease in the country" (Akufo-Addo, 2020g, para. 33). Using the categorical *we*, an inclusive pronoun, the president, in line with the WHO's recommendations, engaged Ghanaians as part of the solution and urged the media to promote a sense of nationalism that as "we work

towards defeating this virus, we should reject completely those who seek to perpetuate falsehood, thereby, creating fear and panic, and call them out when they do. Truth will always, in the end, triumph over lies" (Akufo-Addo, 2020g, para. 33). He urged the media to circulate credible information (authenticated by the health authorities) on the dos and don'ts of the disease in a manner as to educate and inform people on the pandemic, rather than disseminating unverified materials sourced from the Internet to spread fear and panic among the populace. Thus, he affirmed salient values such as truth, factual information, and a sense of patriotism. The president's addresses also acknowledged the support of healthcare providers and communicated how the government was collaborating with the WHO and local scientists to curb the virus spread by collecting and using evidence of the virus spread for targeted, tailored, and effective policies, interventions, and communication.

## Putting Alternative Logics to Work—Promoting Innovation and Ingenuity

This process refers to positive mechanisms that are released to circumvent the prior negative situations. These alternative logics were essentially social interventions and actions that individuals and corporate entities took to lessen the debilitating effects of COVID-19 on Ghanaians. Three subthemes emerged from this theme. They are the five-point strategy to curb the virus, coronavirus alleviation program and provision of logistics, and demonstration of individual and corporate philanthropy. According to the president in his second address, all the steps taken were

intended to achieve five (5) main objectives: limit and stop the importation of the virus; contain its spread; provide adequate care for the sick; limit the impact of the virus on social and economic life and inspire the expansion of our domestic capability and deepen our self-reliance. (Akufo-Addo, 2020c, para. 4)

These actionable steps, characterized by the use of verbs (such as limit, contain, provide, and inspire), resonate with the WHO's strategy for countries to allow people to live their lives but to put in measures to reduce risk. In the context of the addresses, these words lent credence to the resolve of the president and his government to curb the spread of the virus. In his seventh address, the president also announced the introduction of the 1.2 billion cedis (approximately US\$208 million) Coronavirus Alleviation Program (CAP) as a strategy to reduce the impact of the COVID-19 on people. Through this program, some vulnerable Ghanaians were given free meals for a while, and subsidized water and electricity were made available to all citizens for about nine months in the year 2020.

## Legitimizing Negative Feelings While Foregrounding Productive Actions—Projecting Transformative Potentials

Three subthemes emerged from this theme: call for empathy, collective responsibility, and a hopeful characteristic closing dictum. In line with the WHO's recommendations for countries to implement risk-mitigating measures that acknowledge the impact of the pandemic and alleviate people's suffering, the president acknowledged the disruptions the virus had brought to people's lives and therefore wished for an immediate return to normalcy:

Fellow Ghanaians, I, like you, would love to see an end to these restrictions. I know the difficulties each and every one of you has been through over the last two months. You had to alter completely your way of life. (Akufo-Addo, 2020e, para. 12)

Empathizing with the public, the president expressed that he understood and shared their struggles in this difficult time. The speeches communicated the notion of collective responsibility to express accountability. The president also frequently used first-person plural pronouns such as *we*, *us*, *our*, and *ourselves* to indicate that the fight against the virus required everyone's efforts: "This fight, fellow Ghanaians, cannot be that of the Government alone. It is for all of us. We can defeat this virus if we all commit ourselves to respect all the measures that have been outlined" (Akufo-Addo, 2020a, para. 15). Further, the president while admitting and empathizing with the sufferings of the people as valid, also urged Ghanaians to focus on a brighter tomorrow through his regular closing dictum "this too, shall pass" (Akufo-Addo, 2020d, para. 28). It featured in almost all the concluding parts of his speeches starting from the seventh address. This sentence comprised words that have the potential to bring hope to the populace and restore faith in the systems put in place to fight the pandemic.

## Discussion

Findings from the study are discussed within the framework of a process of cultivating communication resilience of Ghana as a set of adaptive-transformative processes. Based on this study's findings, a new process of communication for national resilience is proposed. This proposed process integrates the CTR, community resilience, and the WHO's recommendations. The process comprises four components: crafting a new sociocultural normalcy, building trustworthy anchors and credible communication networks, promoting innovation and local ingenuity, and adapting and projecting transformative potentials. The components of promoting innovation and local ingenuity and projecting transformative potentials are discussed together because of their complementary orientation.

#### Crafting a New Sociocultural Normalcy

For a pandemic that has lingered on for over two years with evolving dimensions in terms of intensity, strains, and modes of transmission, at this point countries should be ready to accept that the virus will live with them for a long time, hence the relevance of the need to bounce back to a new normal way of life that thrives and even transforms people's realities. Communication that crafts this new normal is key to ensuring the well-being of a country as evidence of adaptability or recovery (Buzzanell, 2010; Houston et al., 2015). The addresses (in line with the WHO's protocols) facilitated an adaptive process that fostered the creation of a new sociocultural normal where citizens partnered with government and relevant stakeholders to bounce back to normal life. This new sociocultural normal is also to be based on social responsibility where citizens, by their adherence to the protocols, were to take ownership of their safety. The Ghanaian culture is characterized by hospitality, communality, and friendliness. These cultural characteristics are typically expressed through hugging, shaking of hands, and smiling. Social distancing and mask wearing—now the new normal—meant that the public ought to suspend their way of life (hugging, shaking of hands), which proved very difficult for many to embrace this new normal of wearing masks and social distancing. To encourage the public to accept this new normal, the addresses

consistently used empathic communication to acknowledge and legitimize the discomfort of mask wearing and social distancing.

#### Building Trustworthy Anchors and Credible Communication Networks

Building trustworthy anchors and credible communication networks is another strand of the revised process. Beyond the physical provisions and hygiene protocols, the president's addresses also drew on faith and spirituality as trustworthy anchors that resonated with the Ghanaian people. Past research shows that communication anchored in spirituality helped cancer survivors to bring some level of normalcy to their lives (Gall & Cornblat, 2002; Lillie et al., 2018; Miller & Caughlin, 2013). These faith and spirituality anchors provided a sense of reassurance that both God and man were in control of the situation and were working to alleviate the sufferings of the affected ones. This is also in line with Buzzanell's (2010) CTR, which posits that dependable anchors such as spirituality and faith catalyze hope in the face of the COVID-19's havoc on humanity. The addresses also communicated collective responsibility as an identity anchor to create a sense of collective actions and efforts from all Ghanaians to successfully defeat the pandemic. This aligns with a recent research study where the New Zealand president used a phrase like "team of five million" to create a sense of shared identity requiring a collective effort to overcome a common obstacle-COVID-19 (Beattie & Priestley, 2021, p. 5). The collective responsibility identity seems to communicatively bring leaders and followers together to "coconstruct the experience and response" to the pandemic (Beattie & Priestley, 2021, p. 7). According to Wilson (2020), promoting unity through collective mobilization with phrases (such as we, us, and all) helps build public trust in national leadership which in turns helps in the fight against the pandemic. Deploying existing communication networks such as the media was also a positive move deriving from their role as purveyors of news and information (Houston et al., 2015). Thus, the addresses, by appealing to journalistic ethics of accuracy and truth, sought to influence credible reportage based on verified data from the Ghana Health Service on the COVID-19 pandemic.

## Promoting Innovation and Local Ingenuity and Adapting and Projecting Transformative Potentials

Another component of the revised process is promoting innovation and local ingenuity, while the last component of the proposed process is adapting and projecting transformative potentials. These are discussed together based on their complementary orientation. The CTR argues that this process catalyzes communication resilience provoking a quicker recovery. Thus, through the government's fivepoint strategy, the coronavirus alleviation program, and the call for corporate and individual philanthropy, the president's addresses demonstrated and communicated the practical and social interventionist ways by which his government was working to defeat the impact of the virus. This was on the back of philanthropic and transformational goodwill gestures in the form of donations and innovations as local distillery and pharmaceutical companies were now producing sanitizers and facemasks. Although not discarding negative sentiments because they reflected the painful reality of people's lived experiences such as the loss of loved ones, jobs, livelihoods, personal freedoms, and sociocultural practices that enriched the lives of people, the president foregrounded productive actions by projecting local ingenuity that solved problems. These actions, which were potentially transformational, included the creation of local ventilators and oxygen tanks by universities and senior high school students and the production of sanitizers by local entrepreneurs. Other productive actions that reinforced the need for adaptation and transformation by the populace included the president's closing dictum "this too, shall pass" in each of his addresses (Akufo-Addo, 2020d, para. 28). Scholars agree that positive reference to earlier disasters (in the case of Africa and Ghana, pandemics such as Ebola) as an opportunity for learning is effective in cultivating resilience (Buzzanell, 2018; Lucas & Buzzanell, 2011, 2012; Tandoc & Takahashi, 2016)

#### Implications for Theory

This study has implications for theory. This study extends the purview of the CTR by proposing a revised process of communication for national resilience during pandemics. Although the CTR served as a useful lens to understand how a national leader cultivated communication for resilience, the theory could not adequately explain the nuances in how the Ghanaian president communicated resilience to their citizens during the pandemic. Specifically, the CTR focuses on victims of disasters or lifethreatening diseases and how they communicate resilience with others during those stressful situations. However, pandemics provide a different avenue where leaders of countries (who are most likely not directly and personally affected by the pandemics) announce safety measures and restrictions through public addresses to their citizens. The new proposed process has four components. The first component is crafting a new sociocultural normal. This component extends the crafting normalcy process of the CTR by highlighting that the new normal, which is created because of the disruption, should be culturally sensitive and relevant. The second component is building trustworthy anchors and credible communication networks. This component extends both the affirming identity anchors and maintaining and using communication networks processes of the CTR by highlighting that the identity anchors and communication networks should be trustworthy and credible. That is, the public should find these identity anchors (such as faith, spirituality, collective responsibility) trustworthy. For example, for the public to trust in the social interventionist identity anchor, the president must show some evidence in his or her addresses (i.e., increasing salaries of and providing insurances for frontline healthcare workers, providing free water and electricity for all citizens) by explicitly mentioning them. Also, the public need to be informed that not all communication networks are credible given that misinformation was prevalent and became an issue of great worry to the fight against the COVID-19 pandemic. The third component is promoting innovation and local ingenuity. This component extends the putting alternative logics to work process of the CTR by highlighting the need for local solutions that are innovative and practical. The fourth and the last component is adapting and projecting transformative potentials. This component extends the legitimizing negative feelings while foregrounding productive action process of the CTR by highlighting the need for encouraging collective action and inspiring hope in communicating resilience during pandemics. It also highlights the need for forward looking by challenging/motivating the public to find innovative ways to solve local problems. See Figure 1 for the conceptual process of communication for national resilience.

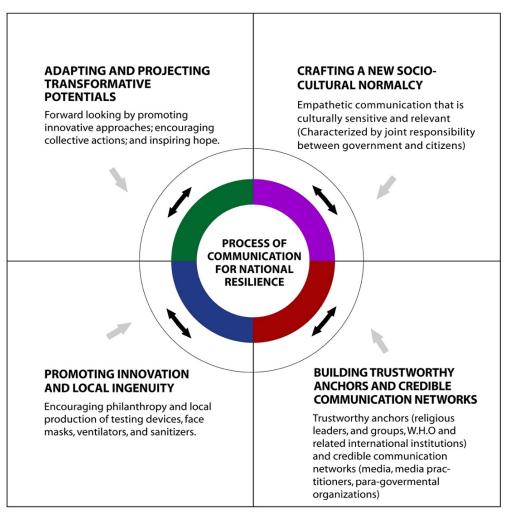


Figure 1. Conceptual process of communication for national resilience.

## **Implications for Policy and Practice**

This study has implications for policy and practice in the context of developing countries. First, national leaders should advocate for credible communication and information networks during pandemic. Specifically, national leaders could develop a policy framework that allows the media free and timely access to credible information from public health agencies responsible for management of the pandemic. This encourages the media to report factual, credible, and consistent information about the pandemic to the public. This also helps minimize the prevalence of misinformation. In addition to this policy framework, national leaders should explicitly remind the media to adhere to their journalistic/ethical codes of standard for reporting and encourage the public to patronize credible media sources for information about the pandemic. Second, national leaders should communicate more empathy as previous studies suggest that

empathic communication builds public trust and more likely persuades the public to perform recommended actions to protect themselves from health risks during pandemics (Adu Gyamfi & Amankwah, 2021; Reynolds, 2011; Seeger, 2006). Specifically, empathic (caring) communication should not only acknowledge and validate the public's feelings about the pandemic but also appeal to shared values including social and cultural norms (i.e., kindness) and acknowledge the diversity of experiences and concerns about the pandemic (Beattie & Priestley, 2021; Wilson, 2020). Third, through their public addresses, national leaders should encourage the public to find local solutions that are more innovative and practical. Specifically, national leaders could explicitly recognize people who are developing local technologies or products (e.g., face masks) to solve basic problems and also encourage the public to patronize those local products. Fourth, national leaders should communicate resilience that is more transformative rather than adaptive. Though the priority is how nations and communities can recover and bounce back, there is also a need for that recovery to culminate in a progressive change that bounces forward and is transformational. Lastly, national leaders should cultivate and communicate trustworthy identity anchors that are culturally sensitive and relevant. For instance, if the country is very religious (i.e., a predominantly Christian or Muslim society), national leaders could communicate identities that are anchored on spirituality or faith to provide a sense of hope and belief among the public.

### Limitation and Future Research

Because of the content analysis nature of this study, we could not determine, from an audience perspective, how the public deployed the presidential addresses to create normalcy in their lives and to be resilient during the peak of the pandemic. Future research could use surveys to examine how presidential addresses enabled the public to navigate the process of bouncing forward to live normal and transformed lives. The findings of such studies would extend the understanding of communication resilience processes in the context of global pandemics and also inform the literature on how national leaders can cultivate resilience as adaptive-transformative processes through speeches.

#### Conclusion

This study demonstrates the utility of the CTR to illuminate understanding of how adaptivetransformative processes and resilience can be communicated through presidential addresses during a global health crisis such as COVID-19. To extend the purview of the theory, the study has proposed a process of how nations can practically deploy communication resilience processes to facilitate not only recovery or adaptation but also transformation by crafting a new sociocultural normal based on faith and spirituality, credible media reportage, and promotion of local ingenuity and innovation.

#### References

Adu Gyamfi, P., & Amankwah, A. S. (2021). Effective communication during a global health crisis: A content analysis of presidential addresses on the COVID-19 pandemic in Ghana. *Journal of International Crisis and Risk Communication Research*, 4(2), 193–220. doi:10.30658/jicrcr.4.2.1

- Akufo-Addo, N. A. D. (2020a, March 11). *Ghana's preparedness response to COVID-19*. Retrieved from https://www.kimathilegal.com/speeches/1ST%20ADDRESS%20TO%20THE%20NATION%20BY% 20PRESIDENT%20OF%20THE%20REPUBLIC.pdf
- Akufo-Addo, N. A. D. (2020b, March 27). Updates to enhanced response to the coronavirus pandemic. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1545-address-tothe-nation-by-president-of-the-republic-nana-addo-dankwa-akufo-addo-on-updates-to-ghana-senhanced-response-to-the-coronavirus-pandemic-on-friday-27th-march-2020
- Akufo-Addo, N. A. D. (2020c, March 28). *Updates on Ghana's enhanced response to COVID-19*. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1546-president-akufo-addo-addresses-nation-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic
- Akufo-Addo, N. A. D. (2020d, April 26). Updates on Ghana's enhanced response to COVID-19. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1576-president-akufo-addoaddresses-nation-on-update-taken-against-spread-of-coronavirus
- Akufo-Addo, N. A. D. (2020e, May 10). *Updates on Ghana's enhanced response to COVID-19*. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1582-president-akufo-addo-provides-update-on-ghana-s-enhanced-response-to-covid-20
- Akufo-Addo, N. A. D. (2020f, June 21). Update No 12: Measures taken to combat spread of coronavirus. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1601-update-no-12-measures-taken-to-combat-spread-of-coronavirus
- Akufo-Addo, N. A. D. (2020g, July 26). Update No 14: Measures taken to combat spread of coronavirus. Retrieved from https://presidency.gov.gh/index.php/briefing-room/speeches/1624-update-no-14-measures-taken-to-combat-spread-of-coronavirus
- Arneson, E., Deniz, D., Javernick-Will, A., Liel, A., & Dashti, S. (2017). Information deficits and community resilience. *Natural Hazards Review*, 18(4), 1–10. doi:10.1061/(ASCE)NH.1527-6996.0000251
- Agarwal, V., & Buzzanell, M. (2015). Communication reconstruction of resilience labor: Identity/identification in disaster-relief workers. *Journal of Applied Communication Research*, 43(4), 408–428. doi:10.1080/00909882.2015.1083602
- Agbozo, F., & Jahn, A. (2021). COVID-19 in Ghana: Challenges and countermeasures for maternal health service delivery in public health facilities. *Reproductive Health*, 18(151), 1–5. doi:10.1186/s12978-021-01198-5

- Ahn, S. J., Cripe, E. T, Welles, B. F., McGregor, S. C., Pearce, K. E., Usher, N., & Vitak, J. (2021). Academic caregivers on organizational and community resilience in academia (fuck individual resilience). *Communication, Culture and Critique, 14*(2), 301–305. doi:10.1093/ccc/tcab027
- Bean, H. (2018). National resilience. *Journal of Applied Communication Research*, 46(1), 23–25. doi:10.1080/00909882.2018.1426709
- Bean, H., Keränen, L., & Durfy, M. (2010). "This is London": Cosmopolitan nationalism and the discourse of resilience in the case of the 7/7 terrorist attack. *Rhetoric and Public Affairs*, 14(3), 452–464. doi:10.1353/rap.2011.0018
- Beattie, A., & Priestley, R. (2021). Fighting COVID-19 with the team of 5 million: Aotearoa New Zealand government communication during the 2020 lockdown. Social Sciences & Humanities Open, 4(1), 1–10. doi:10.1016/j.ssaho.2021.100209
- Bottrell, D. (2009). Dealing with disadvantage: Resilience and the social capital of young people's networks. *Youth & Society*, 40(4), 476–501. doi:10.1177/0044118X08327518
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Buzzanell, M. P. (2010). Resilience: Taking, resisting, and imagining new normalcies into being. *Journal of Communication*, 60(1), 1–14. doi:10.1111/j.1460-2466.2009.01469.x
- Buzzanell, P. M. (2018). Organizing resilience as adaptive-transformational tensions. *Journal of Applied Communication Research, 46*(1), 14–18. doi:10.1080/00909882.2018.1426711
- Buzzanell, P. M., & Houston, B. (2018). Communication and resilience: Multilevel applications and insights—A Journal of Applied Communication Research forum. *Journal of Applied Communication Research*, 46(1), 1–4. doi:10.1080/00909882.2017.1412086
- Carmine, S., Andriopoulos, C., Gotsi, M., Hartel, C. E. J, Krzeminska, A., Mafico, N., . . . Keller, J. (2021).
  A paradox approach to organizational tensions during the pandemic crisis. *Journal of Management Inquiry*, *30*(2), 138–153. doi:10.1177/1056492620986863
- Cohen, N., & Richards, J. (2015). "I didn't feel like I was alone anymore": Evaluating self-organised employee coping practices conducted via Facebook. New Technology, Work and Employment, 30(3), 22–236. doi:10.1111/ntwe.12051
- Chernichky-Karcher, S., Venetis, M. K., & Lillie, H. (2019). The dyadic communicative resilience scale (DCRS): Scale development, reliability, and validity. *Supportive Care in Cancer, 27*, 4555–4564. doi:10.1007/s00520-019-04763-8

- Crijns, H., Cauberghe, V., & Hudders, L. (2017). Terrorism threat in Belgium: The resilience of Belgian citizens and the protection of governmental reputation by means of communication. *Public Relations Review*, *43*(1), 219–234. doi:10.1016/j.pubrev.2016.10.006
- Ellis, B. H., & Abdi, S. (2017). Building community resilience to violent extremism through genuine partnerships. *American Psychologist*, *72*(3), 289–300. doi:10.1037/amp0000065
- Gall, T. L., & Cornblat, M. W. (2002). Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment. *Psycho-Oncology*, *11*(6), 524–535. doi:10.1002/pon.613
- Held, B. (2004). The negative side of positive psychology. *Journal of Humanistic Psychology*, 44(1), 9–46. doi:10.1177/0022167803259645
- Houston, J. B., Pfefferbaum, B., & Rosenholtz, C. E. (2012). Disaster news: Framing and frame changing in coverage of major U.S. Natural disasters, 2000–2010. *Journalism & Mass Communication Quarterly*, 89(4), 606–623. doi:10.1177/1077699012456022
- Houston, J. B., Spialek, M. L., Cox, J., Greenwood, M. M., & First, J. (2015). The centrality of communication and media in fostering community resilience: A framework for assessment and intervention. *American Behavioral Scientist*, 59(2), 270–283. doi:10.1177/0002764214548563
- Keller, J., Carmine, S., Jarzabkowski, P., Lewis, M. W, Pradies, C., Sharma, G., . . . Veince, R. (2021). Our collective tensions: Paradox research community's response to COVID-19. *Journal of Management Inquiry*, 30(2), 168–176. doi:10.1177/1056492620986859
- Lee, S., Benedict, B. C., Jarvis, C. M., Siebeneck, L., & Kuenanz, B. (2020). Support and barriers in longterm recovery after Hurricane Sandy: Improvisation as communicative process of resilience. *Journal of Applied Communication Research*, 48(4), 438–458. doi:10.1080/00909882.2020.1797142
- Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: SAGE Publications.
- Lillie, H. M., Venetis, M. K., & Chernichky-Karcher, S. M. (2018). "He would never let me just give up": Communicatively constructing dyadic resilience in the experience of breast cancer. *Health Communication, 33*(12), 1516–1524. doi:10.1080/10410236.2017.1372049
- Lucas, K., & Buzzanell, P. M. (2011). It's the cheese: Collective memory of hard times during deindustrialization. In J. M. Cramer, C. P. Greene, & L. M. Walters (Eds.), *Food as communication: Communication as food* (pp. 95–113). New York, NY: Peter Lang.
- Lucas, K., & Buzzanell, P. M. (2012). Memorable messages of hard times: Constructing short- and longterm resiliencies through family communication. *Journal of Family Communication*, 12(3), 189– 208. doi:10.1080/15267431.2012.687196

- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: SAGE Publications.
- Miller, L. E., & Caughlin, J. P. (2013). "We're going to be survivors": Couples' identity challenges during and after cancer treatment. *Communication Monographs*, 80(1), 63–82. doi:10.1080/03637751.2012.739703
- Nicholls, S. (2012). The resilient community and communication practice. *Australian Journal of Emergency Management, 27*(1), 46–51. doi:10.3316/ielapa.047075127603223
- Paliewicz, N. S. (2017). Bent but not broken: Remembering vulnerability and resiliency at the national September 11 memorial museum. *Southern Communication Journal*, 82(1), 1–14. doi:10.1080/1041794X.2016.1252422
- Pfefferbaum, R. L., Pfefferbaum, B., Van Horn, R. L., Klomp, R. W., Norris, F. H., & Reissman, D. B. (2013). The Communities Advancing Resilience Toolkit (CART): An intervention to build community resilience to disasters. *Journal of Public Health Management and Practice*, 19(3), 250–258. doi:10.1097/PHH.0b013e318268aed8
- Pradies, C., Aust, I., Bednarek, R., Brandi, J., Carmine, S., Cheal, J., . . . Keller, J. (2021). The lived experience of paradox: How individuals navigate tensions during the pandemic crisis. *Journal of Management Inquiry*, *30*(2), 154–167. doi:10.1177/1056492620986874
- Quakyi, N. K., Asante, N. A. A., Nartey, Y. A., Bediako, Y., & Sam-Agudu, N. A. (2021). Ghana's COVID-19 response: The black star can do even better. *BMJ Global Health*, 6(3), 1–5. doi:10.1136/bmjgh-2021-005569
- Reynolds, B. J. (2011). When the facts are just not enough: Credibility communicating about risk is riskier when emotions run high and time is short. *Toxicology and Applied Pharmacology*, 254(2), 206– 214. doi:10.1016/j.taap.2010.10.023
- Rice, R. M., & Jahn, L. S. (2020). Disaster resilience as communication practice: Remembering and forgetting lessons from past disasters through practices that prepare for the next one. *Journal of Applied Communication Research*, 48(1), 136–155. doi:10.1080/00909882.2019.1704830
- Seeger, M. W. (2006). Best practices in crisis communication: An expert panel process. *Journal of Applied Communication Research*, 34(3), 232–244. doi:10.1080/00909880600769944

- Sergent, K., & Stajkovic, A. D. (2020). Women's leadership is associated with fewer deaths during the COVID-19 crisis: Quantitative and qualitative analysis of United States governors. *Journal of Applied Psychology*, 105(8), 771–783. doi:10.1037/ap10000577
- Tandoc, E. C., & Takahashi, B. (2016). Log in if you survived: Collective coping on social media in the aftermath of Typhoon Haiyan in the Philippines. *New Media & Society, 19*(11), 1778–1793. doi:10.1177/1461444816642755
- Vaara, E., Sonenshein, S., & Boje, D. (2016). Narratives as sources of stability and change in organizations: Approaches and directions for future research. *The Academy of Management Annals*, 10(1), 495–560. doi:10.1080/19416520.2016.1120963
- Veil, S. R., Sellnow, T. L., & Heald, M. (2011). Memorizing crisis: The Oklahoma City memorial ad renewal discourse. Journal of Applied Communication Research, 39(2), 164–183. doi:10.1080/00909882.2011.557390
- Villagran, M., Canzona, M. R., & Ledford, C. J. (2013). The milspouse battle rhythm: Communicating resilience throughout the deployment cycle. *Health Communication*, 28(8), 778–788. doi:10.1080/10410236.2013.800441
- Wilson, S. (2020). Pandemic leadership: Lessons from New Zealand's approach to COVID-19. Leadership, 16(3), 279–293. doi:10.1177/1742715020929151
- Wilson, S. R., Kuag, K., Hintz, E. A., & Buzzanell, P. M. (2021). Developing and validating the communication resilience processes scale. *Journal of Communication*, 71(3), 478–513. doi:10.1093/joc/jqab013
- World Health Organization. (2021a). World Bank support strengthens clinical management of COVID-19 in Ghana. Retrieved from https://www.afro.who.int/news/world-bank-support-strengthens-clinicalmanagement-covid-19-ghana
- World Health Organization. (2021b). *Ghana COVID-19 statistics*. Retrieved from https://covid19.who.int/region/afro/country/bj
- World Health Organization (WHO) Europe Region. (2020). Pandemic fatigue: Reinvigorating the public to prevent COVID-19 (Revised version November 20). Retrieved from https://apps.who.int/iris/bitstream/handle/10665/337574/WHO-EURO-2020-1573-41324-56242eng.pdf?sequence=1&isAllowed=y