



Messages in Conflict: Examining Leadership Communication during the COVID-19 Pandemic in the U.S.

Deborah D. Sellnow-Richmond¹ , Marta N. Lukacovic² ,
Scott A. Sellnow-Richmond¹ , and Lynzee Kraushaar¹

1. Department of Applied Communication Studies, Southern Illinois University
Edwardsville, Edwardsville, IL, USA
2. Department of Communication and Mass Media, Angelo State University,
San Angelo, TX, USA

ABSTRACT

One year into the COVID-19 pandemic, the U.S. had lost over a half million lives to the virus. Organizations had to shift the way they operated, requiring effective communication to help employees transition. This study examines two important time periods during the pandemic: early May, just after stay-at-home orders began to be lifted, and late November, as infection rates soared. This study quantitatively examines the role of perceived severity, organizational trust, reputation, and credibility on participants employed during the pandemic expectations of leadership at the organizational, state, and federal levels. Then, participants were interviewed to understand perceptions of leadership. Results illustrate the relationship between perceived severity of the threat and trust in leadership and uncertainty about mitigation measures from state and federal levels.

KEYWORDS: COVID-19 pandemic, crisis communication, crisis leadership, organizational trust, transformational leadership

The 2020 lockdowns in response to the COVID-19 pandemic dramatically impacted everyday life across the globe. As citizens dealt with uncertainty and fear, they turned to government leaders for guidance. In the U.S., leadership varied dramatically

CONTACT Deborah D. Sellnow-Richmond  • E-mail: dsellno@siue.edu • Assistant Professor • Southern Illinois University Edwardsville • 1 Hairpin Drive • Edwardsville, IL, 62026 USA



Copyright 2021 Authors. Published under a Creative Commons Attribution 4.0 International (CC BY-NC-ND 4.0) license.

across states and the federal level, with messages often contradicting one another. Meanwhile, organizations encountered an unfamiliar crisis landscape, and worked to maintain the health of the organization as well as its members.

Leadership is an important aspect of guiding constituents through any crisis, whether at the government or organizational level (e.g., Anthony et al., 2013; Herovic et al., 2014; Liu et al., 2020). In this study, we examine perceptions of federal and state leadership, as the pandemic response was often left to individual states to make state-specific decisions. We also examine perceptions of organizational leadership, as the decisions of employer organizations often had the most direct impact on employees' lives, particularly early on in the pandemic. We examine perceptions at two important points in the pandemic, first in early May 2020, just after shelter-in-place orders began to be lifted and more businesses were beginning to reopen and second in mid-November 2020 as daily COVID-19 infections and deaths were increasing rapidly.

We used a two-pronged approach to understand how employees navigated the pandemic within the context of their employing organization at these two points in time. We start with an overview of pertinent literature. We next explain our methodological approach and present the results of both the quantitative and qualitative components of the study. Then, we offer a discussion of these findings and present conclusions.

COVID-19 Pandemic in the United States

COVID-19 is an ongoing threat to global health, having had severe impacts on global and national economies, social norms, and daily life (Bonnievie et al., 2021). One year into the pandemic, the U.S. has reported over 30 million infections and over a half a million deaths (*New York Times*, 2021). The future of this pandemic is unknown, as health experts have identified and predict outbreak patterns that could continue for years (Begley, 2020).

In the U.S., the pandemic has been marked by information disorder online. For example, the politicization of masks served as a substantial roadblock to mitigating the spread of COVID-19 prior to vaccine availability, and continues (Kahane, 2021). While a vaccine is now available in many Western countries including the

U.S., vaccine hesitancy and opposition has been identified online, further complicating the crisis response (Bonnieve, 2021). Inaccurate information about COVID-19 has spread rapidly through social media and messaging apps (Sheares et al., 2020).

As a result of the competing narratives and the politicization of COVID-19 in the U.S., perceived severity of the virus and the pandemic have varied. Whereas a public confronted with risk often leads them to take measures to protect themselves from exposure (Zillman, 2006), this may not occur if they do not believe the threat is severe. Perceived severity of the threat also influences expectations of organizational leadership during crises (Hwang & Cameron, 2008). The COVID-19 pandemic also illustrated ways in which politicized leadership can impact the extent to which constituents perceive the severity of the threat. For example, “some authoritarian and conservative administrations demonstrated a greater tendency to underestimate the pandemic and to deny the danger represented by COVID-19” (Lilleker et al., 2021, p. 336). Because perceived severity may impact the mitigation behaviors people take during the pandemic, which can impact the spread of the virus, it important to understand how individuals in the U.S. responded to leadership communication.

Crisis Leadership

Crises are by their nature unpredictable events and can be defined as an event with “high levels of uncertainty, confusion, disorientation, surprise, shock, and stress” (Seeger et al., 2003, p. 125). During crisis events, authority figures must enact crisis leadership, which can include a number of aspects present during the COVID-19 pandemic such as initiating a response to the crisis, mitigating the harm caused by the crisis, acting as a spokesperson, expressing sympathy, remaining accessible, taking decisive action, and coordinating actions across response groups. Effective leadership communication is an important aspect of a crisis response, wherein leaders are presented “the opportunity to manage meaning as they influence the scope of possibilities for others during periods of uncertainty” (Gigliotti, 2016, p. 187). Leaders offer a sensemaking process to followers navigating the uncertainty in which crises are entrenched.

During public health emergencies, crisis leadership communication is vital to helping the public understand risk and the importance of recommended mitigations. Leaders must make decisions quickly despite the limited information available, effectively communicate based on what is known at the time, and balance centralization with response delegation (Deitchman, 2013). Coordination during crises allows for a comprehensive view of the crisis and all resources available, and can help converge messages and increase the strength of the messages (Anthony et al., 2013; Herovic et al., 2014; Liu et al., 2020; Seidl & Werle, 2018). Alternatively, a lack of collaboration has the potential to lead to divergent messages. Crisis leadership in public health requires competence in public health science, decisiveness, situational awareness, coordination, communication, and the ability to inspire trust (Deitchman, 2013).

Transformational leadership. Transformational leadership has demonstrated importance during nonroutine situations (Paware & Eastman, 1997), which can include crisis response. Transformational leadership has been shown to enhance employee job satisfaction and performance as well as loyalty and commitment to the organization (Yue et al., 2019). Transformational leaders are visionary, caring, and empower employees. Hwang and Cameron (2008) found that individuals expect an accommodative stance from organizational leadership when they enact a transformational leadership style. In the context of the COVID-19 pandemic, particularly during the first weeks of the pandemic in the U.S. and amid lockdown orders, this accommodative stance may have been an important factor for employees relying on their employers to reduce their risks of contracting the virus.

Transformational leadership works toward higher levels of motivation and commitment from followers (e.g., Bass & Avolio, 1993; Koteyko & Carter, 2008). Transformational leadership is characterized by the communication of collective purpose and values, motivational communication, emotional support, and encouraging employees to contribute to new ways of thinking about the organization. Transformational leaders “use a combination of idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation tactics to ‘transform’ followers

and organizations” (Mitra, 2013). Here, transformational leadership provides a useful lens for understanding the response to the COVID-19 pandemic in the U.S. from the organizational, state, and federal levels.

Reputation, Trust, and Credibility in Crisis Situations

Organizational reputation and crises are often considered in terms of organizational wrongdoing that results in a crisis. In the case of the COVID-19 pandemic, the crisis was external to the organization, but impacted the ways in which the organizations shifted operations to protect stakeholders. It is relevant to consider an organization’s existing reputation and prior history in regard to their reputation, particularly early in the pandemic. If an organization enters a crisis with a favorable reputation, this will work to the organization’s advantage and the crisis will have a lesser impact than an organization that did not experience the same favorability prior to the crisis (Coombs & Holladay, 2006). In addition, third parties may emerge as a primary communicator during crises to serve as a proxy for organizations that lack resources, capacity, or credibility to communicate in all phases of the crises, such as government agencies (Millner et al., 2011). Third-party organizations with high credibility may extend that credibility to those organizations they endorse (McCleneghan, 2007).

Trust is an important factor in crisis situations and impacts citizen response to these situations. Research shows that marginalized groups are more distrustful, likely attributed to negative personal experiences as a member of a discriminated group (Glaeser et al., 2000; Uslaner, 1998). Moreover, incidences such as unfair distribution of healthcare resources during the 1918 flu pandemic have negatively impacted trust in public health (Schoch-Spana, 2000). Unfair distribution of resources was mirrored in many instances during the COVID-19 pandemic in the U.S.

Perceived source credibility refers to the judgments made by the receiver of the message regarding the extent to which the communicator is believable (O’Keefe, 1990). Credibility is a perception and “not a quality inherent in a channel or source itself” (Westerman et al., 2014, p. 173). Previous research examined three dimensions of perceived source credibility: trustworthiness refers to the

perception that a person will indeed tell the truth if they know it, expertise or competence refers to the perception that a person does know the truth, and goodwill or caring refers to the perception or belief that a person cares about the perceiver (McCroskey & Teven, 1999). In regard to information updates, faster updates have been shown to lead to increased positive perceptions of source credibility (Johnson, 2011).

An exploration of tendencies in attitudes toward organizations and institutions during the pandemic provides valuable insights, particularly when considering concepts of trust and leadership. These concepts are multidimensional and thus should be explored with multidimensional methodologies. One important dimension corresponds to general and quantifiable trends. The following set of research questions guides this analysis:

RQ1: Were the trust and the perception of the transformational leadership by employer and governmental organizations impacted by the perception of severity of COVID-19?

RQ2: How did trust in employer and governmental organizations relate to political orientation during the pandemic?

RQ2a: Did the general trends in trust in employer and governmental organizations differ between Spring and Fall of 2020?

RQ2b: Did the general trends in trust in employer and governmental organizations differ between individuals of different political ideologies?

RQ2c: Did the interaction effect between political ideology and party affiliation of the state governor impact the trust in state government?

RQ3: How did perception of transformational leadership relate to political ideology during the pandemic?

RQ3a: Did the general trends in perception of transformational leadership by employer and governmental organizations differ between Spring and Fall of 2020?

RQ3b: Did the general trends in perception of transformational leadership by employer and governmental organizations differ between individuals of different political ideologies?

RQ3c: Did the interaction effect between political ideology and party affiliation of the state governor impact the perception of transformational leadership by state government?

RQ4: How do reputation, trust, and credibility relate to leadership during the pandemic?

RQ4a: What is the relationship between reputation and trust in employer and governmental organizations' approach to COVID-19?

RQ4b: What is the relationship between credibility and trust in employer and governmental organizations' approach to COVID-19?

RQ4c: What is the relationship between reputation and perceived leadership of employer and governmental organizations during the pandemic?

RQ4d: What is the relationship between credibility and perceived leadership of employer and governmental organizations during the pandemic?

In addition to understanding the trends in attitudes toward these institutions during the pandemic and perceptions of trust and leadership qualities, and given the demonstrated impact of transformational leadership in nonroutine situations, such as a global public health crisis, the following research question, to be addressed through qualitative interviews, is offered:

RQ5: In what ways do participants perceive aspects of transformational leadership from key spokespersons during the COVID-19 pandemic in the U.S.?

RQ5a: In what ways do participants perceive aspects of transformational leadership from their employing organization during the COVID-19 pandemic in the U.S.?

RQ5b: In what ways do participants perceive aspects of transformational leadership from their state government leadership during the COVID-19 pandemic in the U.S.?

RQ5c: In what ways do participants perceive aspects of transformational leadership from the federal government leadership during the COVID-19 pandemic in the U.S.?

Method

We conducted this study using both quantitative and qualitative methods and collected data during two different points in the pandemic. We distributed a survey measuring reputation, trust, credibility, and perceived severity of the threat at the beginning of the pandemic (May 2020) and during a surge in cases in the U.S. (November 2020). As part of the survey, we asked interested participants to provide follow-up contact information for interviews. Interviews were conducted during both of these time periods as well. The outlined research method was approved by the IRB of the first author's institution prior to recruitment.

Questionnaire

To address research questions 1 through 4, we designed a questionnaire to measure perceived severity, organizational reputation, trust, credibility, and transformational leadership, along with pertinent demographic and ideological questions. The specific items in this survey tool served to operationalize the variables, which are linked within the research questions.

Procedure

Two sets of quantitative data were collected, the first on May 8–9, 2020, and the second on November 13–14, 2020. The Amazon Mechanical Turk (MTurk) platform was used to recruit participation for data collection. Research variable-specific questions were featured first, with demographics-related questions included to help to contextualize the data.

Participants

A total of 457 people completed the questionnaire. Specifically, 229 participants completed the questionnaire in Spring 2020, and 228 participants completed the questionnaire in Fall 2020. The participants were adult U.S. Americans (at least age 18). Specifically, 15% reported being between ages 18–24, 44% as 25–34, 20% as 35–44, 11% as 45–54, 6% as 55–64, and 2% as 65+. Among the

participants, 58% identified as female while 41% identified as male. Furthermore, 16% identified as Asian, 8% as Black, 8% as Hispanic or Latino/a/x, 4% as Native American, and 59% as White or Caucasian. Participants reported residing in 42 different states. Though the sample is not proportionately representative of the U.S. population, it is representative of a wide spectrum of demographic groups and thus likely to reflect on a wide spectrum of experiences.

Variables and Measures

To measure perceived severity of the pandemic threat, participants responded to two 7-point Likert-type questions regarding their perceptions of the virus as a big health issue and as an issue with long-term health outcomes. These specific items were developed within the current study as an appropriate face-value approach to assess the concept of severity as related to COVID-19. Upon collecting the data, Pearson's r coefficient of 0.74 ($p < 0.0001$) confirmed that beyond the face value, the items are significantly and highly correlated and thus could be utilized as a composite measure of perceived severity. Hence, the next step was to add the two values and divide the number by two, resulting in another 1–7 scale. The variable was reduced to a categorical level from the initial scale to serve as a comparison between low and high perceived severity. The low severity category covered responses between value 1 (lowest possible) and 5 (which was the higher-middle level value). The high severity category corresponded to values higher than 5 up to 7 (the highest possible)—as when speaking of severity, only the values that were close to corresponding to intense feeling about the threat should be considered a “high” category.

The second predictor variable explored was the specific time period in the year 2020 and was determined by the specific period of the data collection, resulting in two categorical values, Spring ($n = 229$) and late Fall ($n = 228$).

The party affiliation of the state governor was a categorical variable based on the publicly available information for the tested time period and respondents' self-report of their home state.

To measure reputation, we adapted Coombs and Holladay's (1996) organizational reputation scale, originally adapted from

McCroskey's (1996) scale for measuring ethos, using a 7-point Likert like scale. The two items were related to perceived investment of the organization in well-being of the stakeholders and the degree of confidence that the respondent has in the organization's narrative about the issue.

The credibility variable was constructed using nine items from McCroskey and Taven's (1999) three dimensions of source credibility, competence, trustworthiness, and goodwill. A 7-point measurement scale was implemented to address items that are related to these dimensions.

To measure the first outcome variable, organizational trust, the RAND Public Health Disaster Trust Scale (Eisenman et al., 2012) was used. Participants responded to four questions regarding trust in their organization's response to the pandemic using a 4-point scale. The items consider whether the organization/governmental institution is (1) responding effectively to protect the health of employees or citizens; (2) responding fairly to your health needs, regardless of your race, ethnicity, income, or other personal characteristics; (3) providing honest information to employees or citizens; and (4) can be trusted not to use the information that is collected about the employees/citizens against them later.

To examine the second outcome variable, transformational leadership, we applied Carless et al.'s (2000) measure of transformational leadership. This scale measures transformational leadership in terms of vision, staff development, supportive leadership, empowerment, innovative or lateral thinking, leading by example, and charismatic leadership. It uses a 7-point Likert-type response scale.

Interviews

Participants were invited to provide their email address or phone number at the end of both questionnaires if they were interested in participating in a follow-up interview to discuss their experiences with organizational and governmental leadership during the pandemic. Participants who agreed were contacted to schedule an interview via phone or video chat. Interviews did not include a monetary incentive. Participants were provided an overview of

the interview procedure and informed that they would be audio recorded. They were asked to provide consent to record both before the recording began and on the recording.

A total of 11 people agreed to participate in interviews, 4 from the first questionnaire and 7 from the second questionnaire, for a total of 57 single-spaced pages of transcribed interview data. Interviews averaged approximately 22 minutes. Participants discussed their experiences with federal, state, and organizational leadership communication during the COVID-19 pandemic. The interview protocol was semi-structured to offer flexibility in the interview process (Lindlof & Taylor, 2010). It mirrored the questionnaire, with questions designed to elicit more detail about their experience with a specific focus on the perceived presence or absence of aspects of transformational leadership. Specifically, interview questions were developed using the variables from the quantitative component and were designed to be open-ended to allow participants to provide more detailed accounts of their experiences with leadership during the pandemic. Interviews were audio recorded and transcribed by one of the researchers. A coding manual was designed to guide the analysis. Primary-cycle coding captured the essence of the interview data during the first phase of analysis (Tracy, 2013). Statements across interviews were compared to provide a more holistic understanding of the data during the second level of analysis.

Results

Questionnaire

Analysis of Variance, ANOVA, was performed to examine possible connections between the focus variables that were outlined in research questions 1–3. For an overview and details on means and standard deviations see Table 1 and Table 2.

Organizational Leadership

Considering trust in employer organization, the analysis suggests that there is a significant association between a higher perception of severity of COVID-19 and higher trust in employer organization;

$F(1, 453) = 26.68, p < 0.0001$. There was not a significant difference between Spring and late Fall of 2020 in connection to trust in employer organization; $F(1, 453) = 0.15, p = 0.70$.

Furthermore, there is also a statistically significant tendency for individuals who perceive COVID-19 as more serious to also perceive the employer organization’s leadership more favorably; $F(1, 450) = 14.08, p = 0.0002$. While not statistically significant, the perceived quality of employer’s leadership has dropped from Spring to Fall of 2020; $F(1, 450) = 3.29, p = 0.07$; and it is notable that the tendency is relatively close to a significance. Hence, the decreasing favorability of employer’s leadership represents a tendency that is worthy of further analytical attention.

Neither the trust in employer organization [$F(1, 450) = 0.47, p = 0.49$], nor the perception of employer’s leadership [$F(1, 445) = 0.00, p = 1.00$] were impacted by the political ideology preferred by the respondents according to the data.

TABLE 1 Main Effects of Considered Predictor Variables on Trust in Organization and Perceived Leadership Quality

Predictors:		Effect on Trust		Effect on Leadership	
		F	p	F	p
Employer Organization	Perceived Severity of COVID-19	26.68***	<0.0001	14.08***	0.0002
	Time Period	0.15	0.70	3.29	0.07
	Political Ideology	0.47	0.49	0.00	1.00
State Government	Perceived Severity of COVID-19	3.89*	0.05	2.50	0.11
	Time Period	0.49	0.48	1.22	0.27
	Political Ideology	1.86	0.17	2.38	0.12
Federal Government	Perceived Severity of COVID-19	1.03	0.31	0.43	0.51
	Time Period	0.05	0.82	0.32	0.57
	Political Ideology	36.11***	<0.0001	20.30***	<0.0001

TABLE 2 Means of Outcome Variables by Perception of Severity of COVID-19, Time Period, and Political Ideology

Outcome Variables:	Predictor Variables:		Aggregate			
	Perceived Severity of COVID-19	Time Period	Political Ideology		Aggregate	
		Spring 2020 M(SD)	Fall 2020 M(SD)	Conservative/ Centrist M(SD)	Liberal M(SD)	M(SD)
Trust in Employer Organization	Lower Severity	2.81 (0.61)	2.70 (0.55)	2.78 (0.61)	2.70 (0.51)	2.75 (0.58)
	Higher Severity	3.10 (0.61)	3.11 (0.69)	3.14 (0.59)	3.06 (0.71)	3.10 (0.65)
Leadership of Employer Organization	Lower Severity	3.35 (0.76)	3.28 (0.72)	3.30 (0.82)	3.34 (0.57)	3.32 (0.74)
	Higher Severity	3.78 (0.88)	3.59 (1.02)	3.74 (0.86)	3.67 (0.98)	3.70 (0.92)
Trust in State Government	Lower Severity	2.65 (0.69)	2.61 (0.68)	2.63 (0.75)	2.65 (0.53)	2.63 (0.68)
	Higher Severity	2.82 (0.72)	2.76 (0.81)	2.86 (0.71)	2.71 (0.82)	2.79 (0.77)
Leadership of State Government	Lower Severity	3.13 (0.82)	3.07 (0.85)	3.06 (0.91)	3.17 (0.68)	3.10 (0.83)
	Higher Severity	3.33 (1.06)	3.21 (1.07)	3.39 (0.97)	3.14 (1.14)	3.27 (1.06)
Trust in Federal Government	Lower Severity	2.58 (0.68)	2.53 (0.66)	2.69 (0.64)	2.32 (0.66)	2.56 (0.67)
	Higher Severity	2.44 (0.91)	2.48 (0.96)	2.70 (0.83)	2.19 (0.97)	2.45 (0.94)
Leadership of Federal Government	Lower Severity	3.09 (0.87)	2.89 (0.86)	3.10 (0.86)	2.80 (0.84)	2.99 (0.86)
	Higher Severity	2.92 (1.23)	2.91 (1.18)	3.16 (1.11)	2.64 (1.25)	2.91 (1.21)

State Government Leadership

Those who perceive COVID-19 as more severe were also statistically significantly more likely to express trust to state government; $F(1, 455) = 3.89, p < 0.05$. This tendency did not change over time between Spring and late Fall 2020; $F(1, 455) = 0.49, p = 0.48$. Based on the data, the perceived severity of COVID-19 does not have a relationship with evaluation of state government's leadership; $F(1, 449) = 2.50, p = 0.11$. There is not an impact of time on evaluation of state government's leadership; $F(1, 449) = 1.22, p = 0.27$.

Also in the case of states, political ideology is not a significant general predictor of the tendency to trust in [$F(1, 452) = 1.86, p = 0.17$] or to positively perceive leadership [$F(1, 446) = 2.38, p = 0.12$] of the state government.

Addressing RQ2c, the ANOVA results suggest insignificant interaction effect between political ideology and party affiliation of the state governor during Spring 2020 for trust in state government [$F(1, 219) = 0.84, p = 0.36$]. Addressing RQ3c, the analysis shows a significant but smaller interaction effect on perceived transformational leadership of the state government [$F(1, 217) = 3.77, p = 0.05$] as can be anticipated with liberals perceiving leadership of Democratic party-governed states more favorably while those politically conservative or "in-the-middle" perceiving Republican-led states more favorably. Trends somewhat changed for Fall 2020, when the interaction effects between political ideology and party affiliation of the state governor has grown and significantly impacted trust in state government [$F(1, 220) = 5.35, p = 0.02$] and perceived transformational leadership of the state government [$F(1, 216) = 6.98, p < 0.01$]. Furthermore, we detected main effect of the political party of the state's governor on the trust expressed by the respondents in Fall 2020 [$F(1, 220) = 6.40, p = 0.01$], with Republican-led governments being trusted less across ideological spectrum (see Table 3 for main effects report and Table 4 for means and standard deviations). Interestingly, in Fall 2020 the main effects analysis revealed that liberals tended to be significantly less favorable of the state's leadership in general [$F(1, 216) = 4.77, p = 0.03$], and as interaction has shown particularly when located in Republican-led states (see Table 3 and Table 4 for details).

TABLE 3 Main Effects and Interaction Effects of Considered Predictor Variables on Trust and Perceived Leadership Quality of State Government

	Predictors:	Effect on Trust		Effect on Leadership	
		F	p	F	p
Spring 2020	Political Ideology	0.04	0.84	0.00	1.00
	Governor's Political Party	0.08	0.78	0.12	0.73
	Interaction	0.84	0.36	3.77*	0.05
Fall 2020	Political Ideology	2.92	0.09	4.77*	0.03
	Governor's Political Party	6.40*	0.01	0.57	0.45
	Interaction	5.35*	0.02	6.98**	<0.01

TABLE 4 Means of State-Related Outcome Variables by Time Period, Political Ideology, and Governor's Political Party

Outcome Variables:	Predictor Variables:		Governor's Political Party	
	Time Period	Political Ideology	Republican M(SD)	Democrat M(SD)
Trust in State Government	Spring 2020	Conservative/Centrist	2.80 (0.77)	2.75 (0.70)
		Liberal	2.69 (0.78)	2.81 (0.64)
Leadership of State Government		Conservative/Centrist	3.37 (0.94)	3.17 (1.04)
		Liberal	3.08 (1.16)	3.42 (0.87)
Trust in State Government	Fall 2020	Conservative/Centrist	2.79 (0.75)	2.81 (0.73)
		Liberal	2.33 (0.86)	2.86 (0.74)
Leadership of State Government		Conservative/Centrist	3.44 (1.00)	3.20 (0.89)
		Liberal	2.71 (1.14)	3.21 (1.02)

Federal Government Leadership

Examining trust in the federal government revealed that perceived severity of COVID-19 was not significantly related to it [$F(1, 457) = 1.03, p = 0.31$]; nor has it changed over time between Spring and late Fall [$F(1, 457) = 0.05, p = 0.82$]. Furthermore, the evaluation of the federal government's leadership was not impacted by perceived severity of COVID-19 [$F(1, 453) = 0.43, p = 0.51$]; nor

has it changed in any significant way between Spring and late Fall [$F(1, 453) = 0.32, p = 0.57$].

Within the context of highly polarized American political opinion in 2020, it is necessary to examine the impact of political ideology on outcome variables as related to federal leadership. The analysis exposed that those who lean toward the liberal spectrum tend to trust the federal government less [$F(1, 454) = 36.06, p < 0.0001$]; for liberally leaning individuals [$M = 2.22, SD = 0.92$], while for conservative leaning and middle-of-the-road individuals [$M = 2.70, SD = 0.78$]. The liberally leaning individuals also tend to report significantly less favorable appraisal of the federal government's leadership [$F(1, 450) = 20.30, p < 0.0001$]; for liberally leaning individuals [$M = 2.67, SD = 1.17$]; and for conservative leaning and middle-of-the-road individuals [$M = 3.15, SD = 1.04$]. Hence, political ideology is the most robust predictor of the outcome variables related to federal government among the examined variables.

All the relationships explored under RQ4 showed highly significant correlations ($p < 0.0001$) using Pearson's r measure. Regarding reputation as related to trust in the organization's approach to COVID-19, there was moderately high correlation for employer organizations (0.66); and high correlations for state (0.77) and federal government (0.81). A similar trend occurred for credibility as related to trust; moderately high correlation for employer organizations (0.68); and high correlations for state (0.75) and federal government (0.83). Again, we have observed a similar pattern with the relationship between reputation and perception of leadership during the pandemic; employer organization (0.60); state government (0.68); and federal government (0.74); as well as between credibility and perceived pandemic leadership; employer organization (0.75); state government (0.78); and federal government (0.85).

Interviews

The fifth research question asked about the perceived presence or absence of aspects of transformational leadership from the organizational, state, and federal levels during the COVID-19 pandemic.

Through interviews, participants shared the following descriptions of transformational leadership during their experiences in either the early pandemic (May 2020) or peak pandemic (November 2020).

Organizational Leadership

At the organizational level, arguably that which most directly impacts employees, participants identified a number of ways in which their organizational leadership communicated a collective purpose and values moving through the pandemic. For example, one participant discussed the organization's efforts to prioritize employee and customer safety as they reopened:

It was always an employee and customer safety focus. How are we going to conduct business in this environment? What are the steps we need to take? How do we keep employees safe while serving customers? All of those things were part of the communication, they also communicated quickly when there was a positive case in the store and what was being done to deal with that, what shift they worked, they were very transparent about what was going on.

In addition to the emphasis on safety as the organization continued to execute its mission to serve customers, this participant also communicated about leadership's use of "we" to ensure that this was not an obligation delegated only to floor workers, but included decision-makers. Another participant articulated the ease with which members of the organization were able to adapt their routine to keep everyone safe for the sake of the organization. This participant stated, "It was just easy to adapt into our routine and our staff knows we can't afford to not work and get sick, so everyone was really on board to keep each other safe and do whatever we can." In this case, leadership's articulation of a collective purpose was carried forward and embodied by employees, as transformational leadership can achieve.

Alternatively, participants did not discuss motivational communication coming from leadership. One participant did discuss incentives to encourage people to take shifts, explaining, "they did start to incentivize people to come in because they were having difficulty covering all of their shifts." However, this method is

not based on motivating employees to support the organization through intrinsic motivation, which indicates that this aspect of transformational leadership was absent among our sample during the pandemic.

In many instances, participants discussed ways in which their organization's leadership communicated emotional support, an important form of communication during a public health crisis marked, at least initially, with much unknown. One participant described leadership allowing employees to decide where they feel comfortable working and during what period in relation to positive cases in their area, explaining

If we don't feel comfortable going to a job site or if the COVID numbers are too high, we don't go. We have complete authority to kind of rearrange our own schedule to do what works best for us and to make us feel safe, so whatever we need, they'll provide.

Another participant illustrated the ways in which their leadership extended care to employees by ensuring they had work-related and nonwork-related needs met, saying

Our leadership, we all received gift cards for groceries, like \$100 gift cards for grocery stores, they paid for our Netflix for six months, they gave us \$100 in food delivery, they sent us out PPE's and whenever I need new PPE's I can just send an email and they'll send them right to my house.

Due to the uncertainty during the pandemic and the need for organizations to persist while caring for employees, these examples do demonstrate an important aspect of transformational leadership in this unique context. However, there were also instances in which participants described a lack of support from employers, including a participant who worked in healthcare and explained,

because we are expected to interact with patients directly as far as testing and immunizations goes I feel like we could've had a better approach to supporting our employees . . . if you want an immunization or not doing this to your employees then you have to go get it through the county if you want to do additional testing we're not gonna prioritize you in the stores we're going to tell you that you have to go through an urgent care just like everyone else.

Lastly, participants did discuss aspects of their organizations that demonstrated innovation in response to the pandemic. One participant illustrated how their organization became marked by innovation in response to the pandemic:

We've changed the way that we're rolling out a lot of the business features we changed a lot of the surfaces that were providing to really focus around what COVID and COVID healthcare looks like. And so, we've been one of the most innovative companies when it comes to testing and processing immunizations in allowing them to be dispensed on a non-county based or government-based platform in the communities.

In another instance, a participant discussed how employees were given the opportunity to innovate how they executed the functions of their academic job, explaining, "the chair of my department gave me the opportunity to pick stuff for my classes. I'm also then able to choose what time I wanna teach and what classes I still want to teach." Again, this was not the experience of all participants. One described a lack of planning and poor communication from their organizational leadership, explaining "they would change their minds about things, they were really slow about having these decisions made in advance . . . and everything was either over the phone or by email." While transformational leadership aspects were often present at the organizational level, participants illustrated frustrating gaps in leadership communication.

State Government Leadership

Participants also discussed their perceptions of state leadership during the pandemic. One participant illustrated how their state leadership communicated collective purpose in addressing the pandemic through constant communication with constituents about efforts they were taking to keep citizens as safe as possible. They explained,

I think the state government has been very active and specific, and constantly updated about what the status is in the state and with policies and procedures. There's been more of a daily reactive response from the state government, "Ok, these are the numbers. This is what

we're doing. This is what we feel like should be done in the future." That kind of communication has come from the state government on a daily basis.

However, it should be noted that there was not as much indication of state leaders demonstrating unity through values. One participant did discuss their governor's efforts to address a lost sense of unity, which is an important value for most U.S. Americans, explaining, "in terms of coming up with those phases it's not easy to designate certain things as a problem, such as crowded restaurants, and change people's sense of belonging."

In terms of motivating constituents to move forward collaboratively toward a shared goal, several participants discussed state leadership engaging effectively. One participant explained, "it's pretty cool that they stood firm by that with all of us knowing that the phases would change. I think they're pretty good at coming down with the information that people need." Similarly, another participant explained how their state government worked to create unified, forward-moving communication to guide constituents forward through the pandemic,

I think the state government has been very active and specific, and constantly updated about what the status is in the state and with policies and procedures. There's been more of a daily reactive response from the state government, "Okay, these are the numbers. This is what we're doing. This is what we feel like should be done in the future." That kind of communication has come from the state government on a daily basis.

In these examples, participants described ways they felt the state government was providing unified, motivational communication to move constituents through the pandemic. Alternatively, one participant explained that in their state,

the governor wasn't telling you, "You need to wear a mask." He left it up to every single business whether it be a corner store or a restaurant or a Target, if you want them to wear a mask then you have to state it. I'm not stating it.

In this case, state leadership actively resisted any unifying motivational communication.

In terms of demonstrating care and emotional support for constituents, participants did illustrate ways in which they felt their state government was helpful. One participant explained that the state government was caring for people who were out of work, explaining,

I think that the state government, at least for the state that I am in, they've really helped with places that are closing and all of that. They've been giving out money to those people that don't have a job and also providing other ways for them to still make money.

Similarly, another participant emphasized the importance the state government placed on keeping businesses as demonstrative of caring for constituent needs, explaining,

That was a big reason why we ended up moving here because everything and everyone was still working hard to keep everything open and to take care of small businesses, so that was the biggest reason that we came here because we knew that we would still get the help that we needed.

In these instances, demonstration of care from the state government pertained strictly to economic efforts.

Lastly, though the pandemic certainly changed the way individuals can act in public, participants rarely discussed a leadership push for innovative thinking and acting from constituents. One participant did note, "It's easy for me to understand what they mean because it's all written down. It's easy to create activities that meet the rules. So that kind of tools necessary to us for organizational leadership." This was in the context of understanding how to respond to new rules about public behaviors.

Federal Government Leadership

Across the 11 interviews, the federal level of leadership received the least positive discussion of any aspects of transformational leadership. Largely due to the delegation of responsibilities to the states, participants rarely identified communication from federal

leadership emphasizing a larger collective purpose or values. One participant did explain that the CARES Act was illustrative of larger values to economically support citizens through the pandemic, explaining that it, “really helped a lot of our employees who had to take off work to watch their children because they had no childcare. That really helped quite a few of our single parents.” There were explicit examples participants gave that demonstrated the opposite of this tenet of transformational leadership. One participant explained, “I think that his choices to downplay it at the beginning and to satirize it and make it entertainment definitely made our response worse.” Another participant echoed this sentiment, explaining, “both by the words that he uses and the actions he displays it is detrimental to how this country continues to approach things and I don’t think that there had ever been a division in ways that we both understand and approach the response to the pandemic.”

In terms of motivational communication, one participant did discuss the efforts on the part of federal leadership to push quickly for a vaccine, saying, “in terms of the vaccine, I’ve seen them being aggressive and taking vaccines seriously on TV. We need more people to be doing stuff like that.” In this case, the participant was encouraged that federal leadership was encouraging citizens to support vaccination efforts. Alternatively, participants shared feelings that effective motivational communication was lacking. One participant described federal leadership’s denial as an obstacle to effective motivational communication, explaining,

I think the federal government has grossly mismanaged this pandemic and has set a horrible example and been horrible role models, which has contributed to chaos because the leader was very late to get on board with the fact that this is a real pandemic.

Another participant described this concern in greater detail, emphasizing a lack of transparency about the gravity of the pandemic early on, explaining

I think the major thing and breakdown in communication that annoyed me is I knew that it was going to be a lot longer. People around me knew that it was going to be a lot longer but for whatever

reason because of the way that public health works I guess I didn't want to freak people out so they didn't want to tell everyone that they're not going out for two years. It's hard to do that I don't think the average person can cope with that. That was probably the part about the communication that really frustrated me. I feel like from the state and federal government it's been like two more weeks two more weeks but really everybody knows that it's going to last at least a year.

Regarding demonstrative care and emotional support for constituents, no participants discussed federal leadership embodying this aspect of transformational leadership. One participant articulated the lack of substantive support outside of what they considered a small stimulus check from federal leadership, saying,

rather than just putting everybody off and giving a \$1,200 stimulus, for someone who may have many kids or maybe taking care of somebody else's kids, I don't really know that any of that happened the way it should have.

Similarly, though certainly there was a great deal of innovation happening at the federal level in response to the pandemic, this was not clearly articulated to constituents, and no participants in this study discussed encouragement from this level of leadership to think differently and innovatively about how to act in response to the pandemic. One participant was explicit that this was lacking, saying, "he demonstrated is that it is possible to be a president and do nothing . . . like you don't have to be involved in everything even though he should have been involved in more." Another felt that this necessary innovation was missing in the U.S., but present in other countries, and said, "I've chosen to utilize other countries' resources because I feel like they're more cohesive to the proper response." By and large, the participants interviewed for this study perceived a lack of transformational leadership from the federal government throughout the early and middle stages of the pandemic.

Discussion

The results and findings from this study shed important light on the role of different levels of leadership during the COVID-19

pandemic. Because we collected the first data set approximately 6 weeks after most states entered shelter in place orders, we were able to capture perceptions as U.S. Americans began to reenter the social landscape. Because we were able to collect data a second time in November 2020, as numbers were increasing rapidly, we were able to understand how perceptions of leadership may have changed as the pandemic continued.

These findings demonstrate that perceived severity of COVID-19 was significantly associated with trust in the employer organization, and there was no significant difference across the two time snapshots we collected. We also found a significant tendency for those who do perceive COVID-19 as more serious to also perceive their employer organization's leadership more favorably, though this tendency waned from the Spring 2020 data set to the Fall 2020 data set. These results were further illuminated in the qualitative portion of this study, which found that participants reported high levels of transformational leadership from employers during the early weeks of the pandemic, ensuring employees were safe and taken care of moving into an unfamiliar and often frightening landscape. Enacting transformational leadership is important during nonroutine situations like this public health emergency (Paware & Eastman, 1997). However, the longer the pandemic went on, the more these organizations returned to a pre-pandemic approach, with less demonstrative care for employees and a returned focus on the financial bottom line. This reflects a larger narrative in the U.S. regarding pandemic fatigue. Though infection and death numbers were increasing rapidly in November 2020, people had grown tired of social distancing practices and were less compliant with pandemic-related restrictions on their daily lives and social interactions.

At the state level, individuals who perceived COVID-19 as more severe were also more likely to express trust in their state government, with no change across the two time periods measured, though at this level there was no demonstrated relationship between perceived severity of COVID-19 and the evaluation of the state government's leadership at either point in the pandemic. It is likely that this reflects state governments that were responding to the pandemic aggressively. Often in the qualitative

component of this study, participants indicated that the federal government refrained from offering a unified response to the pandemic, leaving governors to shoulder the responsibility. As such, these participants indicated their governors as the most important spokespersons for navigating the pandemic. The lack of collaboration at the federal level certainly led to divergent messages from state to state, which extant research demonstrates could have been avoided through coordination and a comprehensive view of the crisis at the federal level (e.g., Liu et al., 2020). Still, when left to the governors, these leaders did take on the most prominent role in guiding constituents through the pandemic response in both periods measured. Our findings, for instance, suggest that liberally-oriented individuals were increasingly disapproving of the state government's leadership, particularly in Republican-led states, as the crisis worsened in November 2020.

At the federal level, perceived severity of COVID-19 was not related to trust in the federal government at either point measured nor was the evaluation of the federal government's leadership impacted by perceived severity of COVID-19 at either point. However, when accounting for political ideology, left-leaning participants did indicate less trust in the federal government than centrist or right-leaning participants, with left-leaning individuals reporting a less favorable appraisal of the federal government's leadership. This is demonstrative of the larger politically polarized climate in the U.S. and the politicization of the COVID-19 response in the country. Qualitative data demonstrated a lack of decisiveness, coordination, and effective communication at the federal level, all of which have been identified as vital to crisis leadership in public health (Deitchman, 2013). Participants recognized that, whether good or bad, the federal government turned over leadership to the states and did not engage in informed crisis communication and crisis leadership.

Regarding aspects of transformational leadership present during the pandemic, participants illustrated organizations as most engaged, though this did shift as time passed. Organizational leadership was most transformational during initial reopening of the economy and faded as pandemic fatigue grew. Because state governments served as primary government spokespersons

during both periods measured, they did embody more aspects of transformational leadership than the federal level of government, where it was absent. Thinking about the U.S. response to COVID-19 in comparison with other wealthy nations, the importance of effective crisis leadership and aspects of transformational leadership become clear. Assessment of state governments' as more effective than the federal government response from participants in this study reiterate the importance of message convergence and coordination during crises (Anthony et al., 2013; Herovic et al., 2014; Liu et al., 2020; Seidl & Werle, 2018).

Limitations

It is important to note a few limitations of this study. First, few participants from either questionnaire agreed to participate in the interview portion of this study. As a result, the nuances we were able to attain from participant experience were limited. However, the quantitative portion of this study provides important insights into leadership experiences during the pandemic that were, indeed, fleshed out further by the qualitative component, as interviews have been identified as a useful tool to “verify, validate, or comment on information obtained from other sources” such as surveys (Lindlof & Taylor, 2010, p. 175). These results provide important insights as the U.S. and global communities work to move out of the COVID-19 pandemic and improve leadership communication in preparation for potential future pandemics.

Second, the COVID-19 pandemic is ongoing, with perceptions shifting as leadership messages change and infection rates decrease and/or increase. This study provides insight into two very important time periods during the pandemic in the U.S.—the reentry period following shelter-in-place orders across the country and peaking infection and death rates in November. Vaccine availability and executive leadership turnover are important aspects to consider as the pandemic and response continue. Data should continue to be collected throughout the duration of the pandemic. As we try to understand the role of effective leadership

communication amid a devastating public health emergency, these findings provide important insights.

Third, we mentioned in the method section that we did not have a truly representative sample of the U.S. population. Certainly, these findings could have shifted a small degree with a more representative sample. However, given the importance of collecting data during the two periods targeted in this study, these findings do represent a wide variety of U.S. American experiences and perceptions during the pandemic.

Conclusion

The COVID-19 pandemic has been devastating across the globe, and the U.S. response paled in comparison to many other wealthy countries. Surveying and interviewing U.S. Americans as they experienced the pandemic and leadership communication at the organizational, state, and federal levels provides insights into how leadership communication impacted and was impacted by perceived severity, trust, and perceived credibility in the message. While much research exists on organizational crisis communication and crisis communication amid natural disasters and public health emergencies, the COVID-19 pandemic challenges applied crisis communication scholars to consider response efforts when leadership may not be as interested in contributing to solving the crisis as previously assumed. These are issues we must continue to understand as we move forward in this ongoing pandemic.

ORCID

Deborah Sellnow-Richmond  <https://orcid.org/0000-0001-6179-0307>

Marta Lukacovic  <https://orcid.org/0000-0002-8244-892X>

Scott Sellnow-Richmond  <https://orcid.org/0000-0003-2915-9931>

References

- Anthony, K. E., Sellnow, T. L., & Millner, A. G. (2013). Message convergence as a message-centered approach to analyzing and improving risk communication. *Journal of Applied Communication Research*, 41, 346–364. <https://doi.org/10.1080/00909882.2013.844346>
- Bass, B., & Avolio, B. (1993). Transformational leadership: A response to critiques. In M. Chemers and R. Ayman (Eds.), *Leadership theory and research: Perspectives and directions* (pp. 49–80). Academic Press.
- Begley, S. (2020, May 1). Three potential futures for COVID-19: Recurring small outbreaks, a monster wave, or a persistent crisis. *STAT*. <https://web.archive.org/web/20200501232451/https://www.statnews.com/2020/05/01/three-potential-futures-for-covid-19/>
- Bonnevie, E., Gallegos-Jeffrey, A., Goldbarg, J., Byrd, B., & Smyser, J. (2021). Quantifying the rise of vaccine opposition on Twitter during the COVID-19 pandemic. *Journal of Communication in Healthcare*, 14(1), 12–19. <https://doi.org/10.1080/17538068.2020.1858222>
- Carless, S. A., Wearing, A. J., & Man, L. (2000). A short measure of transformational leadership. *Journal of Business and Psychology*, 14(3), 389–405. <https://doi.org/10.1023/A:1022991115523>
- Coombs, W. T., & Holladay, S. J. (1996). Communication and attributions in a crisis: An experimental study of crisis communication. *Journal of Public Relations Research*, 8, 279–295. http://doi.org/10.1207/s1532754xjpr0804_04
- Coombs, W. T., & Holladay, S. J. (2006). Unpacking the halo effect: Reputation and crisis management. *Journal of Management*, 10, 123–137. <https://doi.org/10.1108/13632540610664698>
- Deitchman, S. (2013). Enhancing crisis leadership in public health emergencies. *Disaster Medicine and Public Health Preparedness*, 7(5), 534–540.

- Eisenman, D. P., Williams, M. V., Glik, D., Long, A., Plough, A. L., & Ong, M. (2012). The public health disaster trust scale: Validation of a brief measure. *Journal of Public Health Management and Practice*, 18(4), E11–E18. <http://doi.org/10.1017/dmp.2013.81>
- Gigliotti, R. A. (2016). Leader as performer; leader as human: A discursive retrospective construction of crisis leadership. *Atlantic Journal of Communication* 24(4), 185–200. <http://doi.org/10.1080/15456870.2016.1208660>
- Glaeser, E. L., Laibson, D. I., Scheinkman, J. A., & Soutter, C. L. (2000). Measuring trust. *The Quarterly Journal of Economics*, 115(3), 811–846. <https://doi.org/10.1162/003355300554926>
- Herovic, E., Sellnow, T. L., & Anthony, K. E. (2014). Risk communication as interacting arguments: Viewing the L'Aquila earthquake through the message convergence framework. *Argumentation and Advocacy*, 51, 73–86. <https://doi.org/10.1080/00028533.2014.11821840>
- Hwang, S., & Cameron, G. T. (2008). Public's expectation about an organization's stance in crisis communication based on perceived leadership and perceived severity of threats. *Public Relations Review*, 34, 70–73. <http://doi.org/10.1016/j.pubrev.2007.11.008>
- Johnson, K. A. (2011). The effect of Twitter posts on students' perceptions of instructor credibility. *Learning, Media, & Technology*, 36, 21–38. <https://doi.org/10.1080/17439884.2010.534798>
- Kahane, L. H. (2021). Politicizing the mask: Political, economic and demographic factors affecting mask wearing behavior in the USA. *Eastern Economic Journal*, 47, 163–183. <http://doi.org/10.1057/s41302-020-00186-0>
- Koteyko, N., & Carter, R. (2008). Discourse of 'transformational leadership' in infection control. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 12(4), 479–499. <http://doi.org/10.1177/1363459308094421>
- Lilleker, D., Coman, I., Gregor, M., & Nvelli, E. (2021). Political communication and COVID-19: Governance and rhetoric in global comparative perspective. In D. Lilleker, I. Coman, M. Gregor, & E. Novelli (Eds.), *Political communication and COVID-19: Governance and rhetoric in times of crisis* (pp. 333–350). Routledge.

- Lindlof, T. R., & Taylor, B. C. (2010). *Qualitative communication research methods*. Sage.
- Liu, B. F., Iles, I. A., & Herovic, E. (2020). Leadership under fire: How governments manage crisis communication. *Communication Studies*, 71(1), 128–147. <https://doi.org/10.1080/10510974.2019.1683593>
- McCleneghan, J. S. (2007). PR educators' opinions about the third-party endorsement. *Public Relations Quarterly*, 52(3), 32–35.
- McCroskey, J. C. (1966). *An introduction to rhetorical communication*. Prentice Hall.
- McCroskey, J. C., & Teven, J. J. (1999). Goodwill: A reexamination of the construct and its measurement. *Communication Monographs*, 66, 90–103. <https://doi.org/10.1080/03637759909376464>
- Millner, A. G., Veil, S. R., & Sellnow, T. L. (2011). Proxy communication in crisis response. *Public Relations Review*, 37, 74–76. <https://doi.org/10.1016/j.pubrev.2010.10.005>
- Mitra, R. (2013). From transformational leadership to leadership trans-formations: A critical dialogic perspective. *Communication Theory*, 23, 395–416. <http://doi.org/10.1111/comt.12022>
- New York Times*. (2021). Coronavirus in the US: Latest map and case count. Retrieved March 30, 2021, from <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>
- O'Keefe, D. J. (1990). *Persuasion: Theory & research*. Sage.
- Paware, B. S., & Eastman, K. K. (1997). The nature and implications of contextual influences on transformational leadership: A conceptual examination. *Academy of Management Review*, 22(1), 80–109. <https://doi.org/10.2307/259225>
- Schoch-Spana, M. (2000). Implications of pandemic influenza for bioterrorism response. *Clinical Infectious Diseases*, 31(6), 1409–1413. <https://doi.org/10.1086/317493>
- Seeger, M. W., Sellnow, T. L., & Ulmer, R. R. (2003). *Communication and organizational crisis*. Prager.
- Seidl, D., & Werle, F. (2018). Inter-organizational sensemaking in the face of strategic meta-problems: Requisite variety and dynamics of participation. *Strategic Management Journal*, 39, 830–858. <https://doi.org/10.1002/smj.2723>

- Sheares, G., Miklencicova, R., & Grupac, M. (2020). The viral power of fake news: Subjective social insecurity, COVID-19 damaging misinformation, and baseless conspiracy theories. *Linguistic and Philosophical Investigations*, 19, 121–127. <http://doi.org/10.22381/LPI1920209>
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. John Wiley & Sons.
- Uslaner, E. M. (1998). Social capital, television, and the “mean world”: Trust, optimism, and civic participation. *Political Psychology*, 19(3), 441–467. <http://doi.org/10.1111/0162-895X.00113>
- Westerman, D., Spence, P. R., & Van Der Heide, B. (2014). Social media as information source: Recency of updates and credibility of information. *Journal of Computer-Mediated Communication*, 171–183. <https://doi.org/10.1111/jcc4.12041>
- Yue, C. A., Men, L. R., & Ferguson, M. A. (2019). Bridging transformational leadership, transparent communication, and employee openness to change: The mediating role of trust. *Public Relations Review*, 45, 101779. <https://doi.org/10.1016/j.pubrev.2019.04.012>
- Zilmann, D. (2006). Exemplification effects in the promotion of safety and health. *Journal of Communication*, 56, S221–S237. <https://doi.org/10.1111/j.1460-2466.2006.00291.x>

