Empowering Communication in Emergency Contexts: Reflections From the Italian Coronavirus Outbreak

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taly — at the time of writing — has confirmed 105,792 cases and 12,430 deaths following the recent outbreak of Coronavirus disease (COVID-19)[1] driving the Italian government to enforce necessary precautions, including a travel ban and relative police check points, extraordinary closures for public venues, and other extraordinary measures. In Lombardy, for example, intensive care units are heavily facing the overcrowding, as this region has been most significantly affected. News reports and casual observations have shown that the population is experiencing high levels of uncertainty, insecurity, and panic, displaying behaviors — consistent with other outbreaks (ie, severe acute respiratory syndrome[2]) — such as stockpiling food and personal protection equipment and continued travel to other regions despite the enforced ban. It is becoming increasingly more apparent from such panic-driven actions that individuals have a greater fear of restrictions to their freedom than of COVID-19 itself, suggesting suspicion of government-issued recommendations and their feasibility, which has also been seen in previous studies.[3] Distrust of government institutions, misconceptions regarding prevalence and communicability of the disease,[4] and feelings of vulnerability — specifically related to lack of protection or prevention — has ultimately led to perceived of loss of personal control.[5] Consequently, individuals are turning to unproven or exaggerated sources of information and using poor decision-making processes to regain a sense of control over their own actions and environment.[2]

Various public health guidelines and policies proposed by official public health organizations and supported by evidence-based studies are used to manage behavioral responses and risk communication among populations during health-related emergencies such as COVID-19. The Italian government is following public health recommendations and implementing reactive solutions to observed adverse behavioral responses, such as issuing warnings and prohibitions, forcing the population to presume a passive role. Although proactive, population-empowering solutions are not being discussed,[2,6,7] they have been proven successful among populations facing other severe health conditions (eg, cancer).[8,9] In both cases, individuals lack control over actual risks faced and require guidance through the dimensions of empowerment to make appropriate decisions for themselves as well as others. Dimensions include interactional empowerment (dynamic between power and social environment), intrapersonal empowerment (perceived competence and ability to control risks), and behavioral empowerment (actions taken to regain control over a situation). Because planning greatly contributes to alleviating the consequences of infectious diseases on the society at large,[10] population-empowering communication represents a public health concern that should be implemented within existing guidelines and policies.

Public health officials must recognize preferred methods of communication within various reference groups, such as social media use among young adults, in order to improve engagement in important issues and build the trust essential in encouraging appropriate responses to communication during outbreaks such as COVID-19. Additionally, increased

TABLE. Summary of Suggestion for a Population Empowering Communication

Supported process	Dimension of empowerment	Communication suggestions
Trust	Interactional: dynamic between power and social environment	Mapping channels and mode of communication used by population groups
		Identifying traditional and non-traditional spokespersons
		Onboarding and training spokespersons
		Reaching population through preferred channels and spokespersons
Self-efficacy	Intrapersonal: perceived competence and ability to control risk	Clarity: using the same language as the population
		Transparency: giving full information
		Positive framing: highlight positive results obtained
Agency	Behavioral: actions to regain control over the situation	Identifying clear roles and responsibilities for the public
		Giving operative and actionable information

knowledge of these social networks can help identify unofficial spokespersons, particularly scientific communicators and similar influencers, who may already be providing education on health-related issues or outbreaks and can continue to educate their followers during health-related crises. More direct approaches can also be used. For example, in non-active outbreak situations or, if circumstances permit, during outbreaks, civic organizations can assist in delivering information and effectively reduce the distance between source (public health institution) and receivers (the public).[6] It may also be useful to provide counseling services before and during an outbreak to minimize anxiety and encourage confidence in navigating the decision-making process present during crisis,[2] especially to individuals considered most vulnerable.

These suggestions should help reduce gaps in communication and should most importantly aim to establish a solid foundation of trust in both government and public health officials (interactional empowerment). While providing information is essential,[11] the clarity and transparency of this information is paramount in managing perceived risk and panic as well as in encouraging self-efficacy (intrapersonal empowerment). Positive framing of information can also aid in reducing anxiety and adverse behavioral responses, such as emphasizing the number of resolved COVID-19 cases rather than placing emphases more strongly on the number of deaths. Finally, information communicated should be actionable, clearly identifying the public's positive behaviors and responsibilities while establishing measures for protecting themselves and others. This ultimately allows individuals to restore their sense of control and perceive the outbreak as manageable (behavioral empowerment). Such a comprehensive system (see Table for summary) — coupled with both traditional and proven methods of communication — can be useful in overcoming distrust while also containing the spread of misinformation and panic. An informed and empowered public is more likely to demonstrate appropriate and preventive behavior which best supports active management of the outbreak.

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REFERENCES

1. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report - 72. World Health Organization website. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200401-sitrep-72-covid-19.pdf?sfvrsn=3dd8971b_2. Accessed April 2, 2020.

2. Cheng C. To be paranoid is the standard? Panic responses to SARS outbreak in the Hong Kong special administrative region. *Asian Perspect.* 2004;28(1):67-98.

3. Teasdale E, Yardley L. Understanding responses to government health recommendations: Public perceptions of government advice for managing the H1N1 (swine flu) influenza pandemic. *Patient Educ Couns.* 2011;85(3):413-418.

4. Shim E, Chapman GB, Galvani AP. Decision making with regard to antiviral intervention during an influenza pandemic. *Med Decis Mak.* 2010;30(4):e64-e81.

5. Smith RD. Responding to global infectious disease outbreaks: Lessons from SARS on the role of risk perception, communication and management. *Soc Sci Med.* 2006;63(12):3113-3123.

6. Glass TA, Schoch-Spana M. Bioterrorism and the people: how to vaccinate a city against panic. *Clin Infect Dis.* 2002;34(2):217-223.

7. Gesser-Edelsburg A, Mordini E, James JJ, Greco D, Green MS. Risk communication recommendations and implementation during emerging infectious diseases: A case study of the 2009 H1N1 influenza pandemic. *Disaster Med Public Health Prep.* 2014;8(2):158-169.

8. Bailo L, Guiddi P, Vergani L, Marton G, Pravettoni G. The patient perspective: Investigating patient empowerment enablers and barriers within the oncological care process. *Ecancermedicalscience.* 2019;13:912.

9. Oliveri S, Scotto L, Ongaro G, Triberti S, Guiddi P, Pravettoni G. "You do not get cancer by chance": Communicating the role of environmental causes in cancer diseases and the risk of a "guilt rhetoric. *Psychooncology.* 2019;28(12):2422-2424.

10. Shearer FM, Moss R, McVernon J, Ross JV, McCaw JM. Infectious disease pandemic planning and response: Incorporating decision analysis. *PLoS Med.* 2020;17(1):e1003018.

11. COVID-19: fighting panic with information [Editorial]. *Lancet.* 2020;395(10224):537.