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COVID-19 & UNIVERSITY STAKEHOLDERS:
A FACULTY PERSPECTIVE

by

Torie Fowler

A Dissertation
Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Communication
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

Approved by:

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ABSTRACT

The purpose of this study was to investigate faculty member perceptions of job satisfaction, response efficacy, organizational communication efforts, along with organizational trust and goodwill in relation to the COVID-19 crisis. A cross-sectional survey was conducted, using faculty members employed at their institution of higher education during the 2019-2020 and 2020-2021 academic years. A total of 285 responses were analyzed.

Results of this study suggest faculty member perceptions of job satisfaction and response efficacy were significant in predicting perceptions of trust and goodwill. The most significant predictor of organizational trust and goodwill was perceptions of organizational communication efforts. Also, this study found a statistically significant difference in perceptions of job satisfaction pre-pandemic compared to perceptions of job satisfaction in May 2021, with job satisfaction perceptions in May 2021 being higher.

Through this study, the importance of cultivating stakeholder relationships based on trust and goodwill is shown, as those relationships are easier to maintain during a crisis. Also, it is suggested that best practices in risk and crisis communication should be followed throughout a pandemic. Not only does this study inform institutions of higher education on how to communicate with faculty during a crisis, but it assists them in determining a strategy to use within the communication message.

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Finally, to the professors and students who have crossed my path over the last six years. Thank you for guidance, friendship, and advice. You all play an important role on this journey and I am so thankful for every encouraging word.

DEDICATION

This dissertation is dedicated to the four most important people in my life. My first daughter, Paisyn, was born at the beginning of my master's program. She has literally been with me through this entire endeavor. Thank you, Paisyn, for being patient with me. Not only was I trying to figure this whole graduate school thing out, but I was learning to be a parent. I'm sorry all of the learning moments fell on you, but I'm so thankful you now understand the many hours Mommy spent away from home. To my Tatum Bug, thank you for breaking up the stress with a dance, a joke, or a sweet hug. You make me smile and laugh every day, even when I wanted to cry. I spent many hours doing homework with you asleep on my chest. Thank you for being you. Our Ellie Belly joined us in the middle of my doctorate coursework. To Ellie, thank you for being such an easy baby with a regular sleep pattern. I'm so thankful for you and your bigger than life personality. To Mitchell, I could never thank you enough for the support you've given me. When I wanted to give up, you kept pushing me. When I was overwhelmed, you held me. You never hesitated to make sure I had time to do what I needed and I am forever thankful for you. Olive juice.

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LIST OF ABBREVIATIONS

<i>CDC</i>	Center for Disease Control
<i>DOD</i>	Department of Defense
<i>WHO</i>	World Health Organization
<i>SCCT</i>	Situational Crisis Communication Theory
<i>IHR</i>	International Health Regulations
<i>SARS</i>	Severe Acute Respiratory Syndrome
<i>USDA</i>	U.S. Department of Agriculture

CHAPTER I – INTRODUCTION

Higher Education and Crises

Institutions of higher education are not immune from crises; tornadoes have demolished historic buildings, hurricanes have flooded entire campuses, and earthquakes have rattled roofs to no repair. The lives of students and faculty members have been lost due to shootings, protests, and mismanagement. Greek organizations have been investigated, dismissed, and charged with criminal activity. These situations have caused interruptions in student life, academic research, and campus instruction. Crises have caused students to withdraw, departments to minimize, and research agendas to be delayed. It is no longer a question of if the institution will be presented with a crisis, but when (Hincker, 2012).

Coombs and Holladay (2002) define crisis as, “the perception of an unpredictable event that threatens important expectations of stakeholders and can seriously impact an organization’s performance and generate negative outcomes” (p. 2). Based on the definition of crisis, the objective for a college or university during these times should be to minimize the negative outcome potential with stakeholders, who are defined by Freeman (1984) as, “groups and individuals who can affect, or are affected by, the achievement of an organization’s mission” (p. 52). Stakeholders are particularly important for non-profit entities, which include most institutions of higher education (Mainardes et al., 2010). Specifically, internal stakeholders at colleges or universities could include students, faculty, and staff, while external stakeholders would consist of alumni, donors, parents, vendors, community and government entities (Marshall, 2018).

While institutions of higher education are expected to have strategic plans in place when crises occur (Hocke-Mirzashvili et al., 2015; Coombs, 2007; Mitroff et al., 2006; Seeger, 2006), the entire U.S. education system—both secondary and higher education--scrambled when the novel coronavirus (later named COVID-19) sparked a global pandemic in the middle of the 2020 spring term (Carlton, 2020). According to the Center for Disease Control (CDC), when a new infectious disease moves from an epidemic event, or the sudden increase of recorded cases in an area, to a widespread outbreak on a global scale through infecting and spreading at alarming rates, it is declared a pandemic (CDC, 2012; CDC, 2020b). While individual countries once had the ability to declare a pandemic within their borders, the 2005 International Health Regulations (IHR), transferred that responsibility to leadership of the World Health Organization (WHO) (Fineberg, 2014).

Pandemics are fraught with uncertainty for individuals attempting to protect themselves and adapt to recommended changes in daily behavior (Liu et al., 2016). Concerns about disease transmission, symptoms, testing, and potential treatment often cause panic, worry, and concern in the public (Wurz, et al., 2013; Jin et al., 2019). Infectious disease outbreaks, such as the one caused by COVID-19, affect the health of large numbers of people while simultaneously threatening social and economic communities.

Previous pandemics. While the COVID-19 pandemic is the most recent and widespread public health event in decades, there were three major influenza outbreaks in the twentieth century and one in the twenty-first (Kilbourne, 2006). In early 1918, the devastating Spanish influenza pandemic wreaked havoc on the United States (Carlton,

2020). The Spanish influenza was the worst pandemic in recent history until COVID-19; it spread quickly through college campuses in the United States and abroad, and the Spanish influenza resulted in a high rate of mortality for children under five and 20-40 year-olds (CDC, 2019a).

Further, the Spanish influenza pandemic not only affected humans, but swine also, which is where the disease is speculated to have originated (Taubenberger & Morens, 2006). Symptoms of the virus for humans followed regular influenza patterns and was followed by a fever that lasted 3-5 days (Kilbourne, 2006). Because modern antiviral medications had yet to be developed, the Spanish influenza pandemic was treated mainly through supportive care, where keeping the patient comfortable is top priority (Chowell & Viboud, 2016). During the 1918 pandemic, the federal government offered little assistance or strategy for reducing the spread of the disease, resulting in each state creating their own measures included closing schools, placing a ban on the gathering of large groups, and isolation (Markel et al., 2007). Entire college campuses were required to quarantine and wear face masks made of cheesecloth when they had to go outside for emergency situations (Carlton, 2020). Elon College in North Carolina, which is now called Elon University, experienced an infection rate of 75 percent of their student body in a matter of days (Carlton, 2020). The Spanish influenza took the lives of 500 million people, or one-third of the global population, before it was eradicated (CDC, 2019a; Carlton, 2020). Of that 500 million, 675,000 of those deaths occurred in the United States (Glezen, 1996).

In 1957, long after the Spanish influenza pandemic ended, a new version of the influenza A virus (H2N2), often referred to as the Asian Flu, emerged in East Asia (CDC,

2019b). Patients diagnosed with H2N2 often developed pneumonia also (Kilbourne, 2006). Unlike the 1918 pandemic, the Asian Flu developed in a time of heightened laboratory science and scientists all over the world studied its epidemiological makeup (Kilbourne, 2006). The pandemic resulted in 116,000 deaths in the United States and over a million globally (CDC, 2019b).

Just over a decade later in 1968, the world would experience the third major pandemic of the century, known as the H3N2 virus (CDC, 2019c). First isolated in Hong Kong (Viboud et al., 2005), the virus was also caused by an influenza A virus. While the virus had an increase in mortality for people over the age of 65, the second wave of 1969 proved deadlier in the United States than the first (Simonsen et al., 1998). As the virus became fatal in the United States, other regions of the world, like the United Kingdom, saw an increase in the number of people infected, but not an increase in deaths (Kilbourne, 2006).

In April 2009, another influenza A (H1N1) strain virus began to emerge in the United States (CDC, 2019d). On June 9, 2009 just two months after the virus struck the United States, 26,000 cases had been confirmed in over 70 countries (Fineberg, 2014). During this pandemic, H1N1 posed a serious threat to both children and young adults, as older adults typically had only mild symptoms and recovered quickly. These mild symptoms experienced by older adults were linked to antibodies due to prior H1N1 virus exposure (Fineberg, 2014; CDC, 2019d). In fact, the older adult age group was hospitalized due to H1N1 at a rate that was 75 percent lower than for seasonal influenza, while children were seven times more likely to be hospitalized due to H1N1 than with the seasonal flu (Shrestha et al., 2011). Similar to the Asian Flu pandemic, symptoms of

H1N1 were standard flu-like symptoms with the addition of pneumonia (CDC, 2010). An estimated 60.8 million cases of H1N1 occurred in the United States within a year of April 2009, 12,469 resulting in death (CDC, 2019a). As infection numbers decreased, the WHO officially declared the pandemic to have ended on April 10, 2010 (CDC, 2019a). COVID-19 Pandemic. The COVID-19 virus first appeared in Wuhan, China during December 2019 and was quickly linked to a local seafood market (Li et al., 2020; Chen et al., 2020). The market was immediately shut down, but not before the virus had already spread. Scientists began investigating the disease and rapidly ruled out a reappearance of severe acute respiratory syndrome (SARS), an epidemic that occurred in 2003, but never reached pandemic status (Torales, 2020). In research of the first 425 positive cases from China using modified studies from the SARS epidemic, the median patient age was 59 years with no one under the age of 15 testing positive, while 56 percent of the patients were male (Li et al., 2020). More than half of the positive cases from the study had an epidemiological connection to the Huanan Seafood Wholesale Market in Wuhan (Li et al., 2020).

Similar to previous pandemics, initial symptoms included fatigue, cough, and fever, while pneumonia became a common secondary infection (Fauci et al., 2020; Torales, 2020). As the infectious disease spread through human-to-human transmission, the number of those infected doubled every 7 days (Li et al., 2020). Based on early reproduction studies of the virus, each infected person spread the virus to an additional 2.2 persons (Fauci, 2020). According to the CDC, this occurred through respiratory droplets in the form of sneezes, coughs, or verbal speech, where infected droplets would be inhaled into the lungs of those around (CDC, 2020a). While treatment of COVID-19

infected persons was primarily issuing supportive care, recommendations were made to help prevent becoming infected. The WHO recommended wearing a face mask in public that covered both the nose and mouth, social distancing of six feet, along with proper hand washing using soap and water or a solution of at least 60 percent alcohol (WHO, 2020a; WHO, 2020b). The CDC added frequent disinfection of surfaces, along with avoiding touching one's face (CDC COVID-19, 2020a).

Once COVID-19 began spreading rapidly, many countries placed restrictions on its population. The Italian government issued a country-wide lockdown on March 11 that lasted until May 4, 2020 (Baiano et al., 2020). Greece also underwent a lockdown, lasting from April 5 through May 2, 2020 (Patsali et al., 2020). The United Kingdom lockdown was instituted March 16 and lasted through June 1, 2020 (Natalwala et al., 2020). While the United States did not issue a country-wide lockdown, the government did establish travel bans to slow the spread of the disease (Fauci et al., 2020). Not only was international travel banned, 42 of the 50 states in the United States had mandated "stay at home" orders between March 15 and May 31, 2020 (Moreland et al., 2020). By the beginning of April 2020, one-fifth of the global population was in quarantine and over one million people had tested positive despite the limited options for testing (Ventriglio et al., 2020).

Days after the first case was reported, scholars, scientists, and physicians began studying antibodies of those who had tested positive and recovered, in hopes of producing an anti-viral medication to ease symptoms and slow the spread of COVID-19 (Fauci et al., 2020). While the development of a vaccine typically takes years of testing, four vaccine variations were in Phase 3 of clinical trials in the United States as of

September 2020 (NIH, 2020b). As of January 2021, three pharmaceutical companies (Pfizer-BioNTech, Moderna, and Johnson & Johnson) had released a CDC emergency authorized vaccine (CDC, 2021a). The vaccine was distributed in phases to essential workers, healthcare personnel, long-term care facilities, older adults, and individuals with underlying medical conditions, totaling over 323 million administered doses as of June 28, 2021 (CDC, 2021b; CDC 2021c). A global timeline of the virus impact from the first positive case on December 31, 2019 through May 13, 2021 can be found in Table 1. It was on that day the CDC announced vaccinated adults no longer needed to wear face coverings while indoors (Rodriguez, 2021).

Table 1 *Global COVID-19 Timeline*

Date	Information
December 31, 2019	Pneumonia of unknown cause reported to WHO from China (Department of Defense, 2020)
January 9, 2020	WHO reported the Chinese outbreak was from a novel coronavirus (WHO, 2020c)
January 11, 2020	First coronavirus death in China; CDC issued a travel advisory to China (Department of Defense, 2020)
January 13, 2020	First recorded case outside of China (WHO, 2020c)
January 21, 2020	USA reported first coronavirus case in the state of Washington (WHO, 2020c)
January 30, 2020	Outbreak is considered a public health emergency of international concern (WHO, 2020c)
February 6, 2020	USA reports the first coronavirus death (Department of Defense, 2020)
February 11, 2020	Novel coronavirus was named COVID-19 (WHO, 2020c)
February 27, 2020	Personal protective equipment guidance is published in midst of a global shortage (WHO, 2020c)
March 7, 2020	COVID-19 cases surpassed 100,000 globally (WHO, 2020c)
March 11, 2020	COVID-19 officially declared a pandemic (WHO, 2020); POTUS issues travel restrictions to Europe (Department of Defense, 2020)
March 16, 2020	White House announced “15 Days to Stop the Spread” initiative (Department of Defense, 2020)
March 17, 2020	All 50 US states have confirmed cases (Department of Defense, 2020)

Table 1 Continued

March 18, 2020	POTUS signs Family First Act (Department of Defense, 2020)
March 19, 2020	US State Department issues a Level 4 Health Advisory: Do Not Travel (Department of Defense, 2020)
April 2, 2020	More than one million cases globally (Department of Defense, 2020)
April 3, 2020	CDC advises public to wear face coverings (Department of Defense, 2020)
April 11, 2020	USA death toll surpasses 20,000 (Department of Defense, 2020)
April 16, 2020	POTUS announces a three phased opening plan (Department of Defense, 2020)
April 28, 2020	USA has one million confirmed cases, with 56,000 fatalities (Department of Defense, 2020)
May 20, 2020	All 50 states in the USA begin lifting restrictions (Department of Defense, 2020)
May 31, 2020	Six million global COVID-19 cases (Department of Defense, 2020)
June 5, 2020	Guide for masks published (WHO, 2020c)
June 8, 2020	US surpasses two million cases, reports 106 thousand deaths; 39 US locations and five host nations lift travel bans (Department of Defense, 2020)
July 19, 2020	Domestic production of surgical masks increases as DOD and Department of Human Services sign a \$3.5 million contract with Crosstex Inc. (Department of Defense, 2020)
July 27, 2020	Phase 3 of clinical trials for vaccine begin through Moderna and Pfizer (Department of Defense, 2020)
July 29, 2020	US COVID-19 deaths reach 150K (Department of Defense, 2020)
August 5, 2020	WHO launches #WearAMask social media campaign (WHO, 2020c)
August 6, 2020	US State Department lifts Global Level 4 Health Advisory (Department of Defense, 2020)
August 8, 2020	POTUS signs orders deferring payroll tax and extending student loan payment through December 2020 (Department of Defense, 2020)
August 9, 2020	US reaches 5M confirmed cases (Department of Defense, 2020)
August 23, 2020	Food and Drug Administration issued emergency authorization for convalescent plasma to treat COVID-19 (Department of Defense, 2020)
August 27, 2020	POTUS announced the purchase and production of 150 million rapid COVID-19 tests (WHO, 2020c)
August 31, 2020	US surpassed 6M cases, 25M global (Department of Defense, 2020)

Table 1 Continued

September 25, 2020	US surpassed 7M cases (Department of Defense, 2020)
October 19, 2020	Global COVID-19 cases reach 40M (Department of Defense, 2020)
November 9, 2020	Food and Drug Administration authorizes investigational antibody therapeutic (Department of Defense, 2020)
December 9, 2020	DOD announces vaccine distribution plan for COVID-19 (Department of Defense, 2020)
December 11, 2020	U.S. Food and Drug Administration issues emergency authorization for the Pfizer COVID-19 vaccine (Department of Defense, 2020)
December 14, 2020	The first U.S. distribution of COVID-19 vaccines occur (Department of Defense, 2020); The UK identifies a new strand of the COVID-19 virus (Department of Defense, 2020)
December 18, 2020	U.S. Food and Drug Administration issued an emergency authorization for the Moderna COVID-19 vaccine (Department of Defense, 2020)
December 26, 2020	Global confirmed COVID-19 cases surpass 80 million (Johns Hopkins University, 2020)
December 31, 2020	2.8 million vaccinations administered (CDC, 2020a)
January 21, 2021	New POTUS signs multiple executive orders pertaining to the COVID-19 response strategy (Department of Defense, 2021)
February 27, 2021	U.S. Food and Drug Administration issues emergency authorization for the Johnson & Johnson COVID-19 vaccine (Department of Defense, 2021)
March 25, 2021	Biden administration invests \$10B into vaccine access for high-risk areas (Department of Defense, 2021)
April 13, 2021	Johnson & Johnson vaccine use is paused (Department of Defense, 2021)
April 17, 2021	Global deaths related to COVID-19 surpasses three million (Department of Defense, 2021)
April 27, 2021	CDC updates guidelines for fully vaccinated adults to no longer wear face coverings outdoors (Department of Defense, 2021)
April 28, 2021	Johnson & Johnson vaccine use resumes (Department of Defense, 2021)
May 4, 2021	Biden administration sets goal to vaccinate 70 percent of Americans by July 4, 2021 (Department of Defense, 2021)
May 13, 2021	CDC updates guidelines for fully vaccinated people to no longer need a face covering indoors (Department of Defense, 2021)

While a vast amount of research exists on crisis theory, much of the scholarship has focused on the message itself, execution of the plan, and recovery following (Hocke-Mirzashvili et al., 2015). This study will not only add to current literature surrounding stakeholder perceptions in the time of a crisis but will do so in real time, using the largest pandemic in recent history, which is an area of minimal scholarship. By studying internal stakeholder perceptions, specifically faculty members, during the pandemic, this study offers a unique perspective to crisis literature and will provide useful information for not only institutions of higher learning, but will assist practitioners and scholars in assessing the effectiveness or ineffectiveness of communicative responses of organizations during global pandemics (Hong & Kim, 2018). The study will attempt to better understand the perceptions of faculty during the COVID-19 pandemic concerning trust and goodwill and through this study, recommendations will be provided for university communication when managing future crises with internal stakeholders (Yin, 2002; Veil et al., 2020).

CHAPTER II – LITERATURE REVIEW

While a crisis could come in many forms, including a natural disaster, product tampering, workplace violence, or an organizational misdeed, all crises are unexpected events that disrupt normal operations (Coombs & Holladay, 2002). For this study, literature surrounding crisis communication and risk management, along with best practices are presented first. Additionally, existing literature on COVID-19 and higher education is presented. The concept of cascading crisis is then defined and applied directly to the COVID-19 pandemic and faculty in higher education. A thorough review of stakeholder theory is presented, including stakeholder definitions, identification, groups, management, criticisms, organizational constructs, and application to higher education. Literature surrounding organization communication and job satisfaction follows. Finally, this chapter is concluded with proposed hypotheses and research questions.

Crisis Communication

Beyond Coomb's and Holladay's (2002) definition, crisis communication has been defined as "information creation, seeking, and/or sharing among individuals, organizations, and the media surrounding an event involving largely damaging violation of publics' expectations" (Liu et al., 2016, p. 628), and effective crisis communication should play a major role in mitigating the negative outcome of a crisis (Spence et al., 2007). Crisis communication involves an extensive amount of planning, as potential threats are infinite and often unpredictable (Johnson et al., 2020). Because crises threaten the safety of stakeholder groups and potentially the stability and perceptions of the organization, organizational leaders must create strategies to determine the best course of

action, including how the organization will communicate with stakeholder groups during and about the crisis (Buama, 2019; Johnson et al., 2020). Understanding and implementing crisis communication strategies is essential during the pre-crisis, crisis, and post-crisis stages (Stohl & Stohl, 2005; Veil et al., 2020).

Strategic planning not only allows organizations to determine areas of risk, but established crisis plans continually remind the organization to constantly look for potential risks (Buama, 2019; Veil et al., 2020). Those leaders within the organization tasked with creating communication strategies are called the crisis management team, and the team commonly consists of a public relations professional and (at minimum), a representative from legal, security, administration, operations, finance, and human resources (Smith, 2000; Buama, 2019; Jin et al., 2019). In a crisis, external entities should be consulted to design strategic and accurate messages (Buama, 2019). City officials, legal entities, public health officials, and other experts are often included in the planning and execution of any crisis communication plan (Johnson et al., 2020).

Strategic communication is now recognized as both a professional practice and an academic discipline (Nothaft et al., 2018). Broadly defined as the ways in which organizations fulfill their mission through communication (Frandsen & Johansen, 2017), strategic communication is challenging to simplify due to its integration of several areas - public relations, marketing, and organizational communication (Heide et al., 2018). Strategy has been identified by scholars as a two-part function, first as how goals are met and through what resources, while the second function focuses on formation and implementation (Freedman, 2013; Heide et al., 2018). Communication is a one-or-two-way process of casting an idea, vision, or instruction to another (Cartwright, 2002). By a

process of connecting the two, strategic communication would be how, and through what means, an organization would attempt to disseminate their idea or vision to others.

Scholars and practitioners have worked over the last couple of decades to establish the best practices for such planning and implementation.

Risk Management

While risk and crisis are often used interchangeably in conversation, they are very different, as risk is “the exposure to loss/gain, or the probability of occurrence of loss/gain multiplied by its respective magnitude” (Jaafari, 2001). Others have said it is a perception constructed by society for a potentially negative situation (Venette, 2003). In order to understand risk and improve decision-making within an organization, risk management should be implemented (Wolke, 2017). This management process allows for planning and preparation, minimizing impact and is defined as “the process of identifying, analyzing, assessing, and communicating risk and mitigating, accepting, transferring, or controlling risk to an acceptable level considering associated costs and benefits of any actions taken” (DHS, 2010, p.42).

Risk perceptions. The perception of risk is developed through a decision-making process based on an individual’s experiences throughout life, making it subjective (Barnett & Breakwell, 2001). While many factors are incorporated into someone’s risk perception, people naturally rely on these past experiences to make sense of the current event, which was shown in a study of hurricane evacuation response. Venette (2008) claimed that many Mississippi residents did not evacuate the coast in preparation for Hurricane Katrina because of comparison to previous storms they had withstood. Media attention has also been found to influence risk perceptions (May, 2005), along with the perception

of control (Cohrseen & Covello, 1999). An individual's ability to perform adequately is directly related to resources available, which is associated to control and can influence their perception of risk (Venette, 2003). Scholars also believe that trust influences risk perceptions (Das and Teng, 2004), along with group thinking (Lichtenberg, 2000).

Risk analysis. Risk analysis, also referred to as risk assessment, reviews the scope and severity of the risk (Cohrseen & Covello, 1999) and helps management develop strategies to prevent unexpected occurrences from happening and/or reduce the severity (Khakzad et al., 2013). When quantitative analysis occurs, it is considered a scientific and systematic method of prediction (He et al., 2018) that is required for complex issues, requiring accurate and efficient data analysis (Tipili & Yakubu, 2016). Quantitative methods calculate expected loss in order to calculate a probability for risk occurrence (Wolke, 2017), often using computer models to employ statistical data analysis (Merna & Al-Thani, 2008). On the other hand, qualitative analysis looks at risk descriptions and likely outcomes, focusing on evaluations where a numerical outcome is not the goal (Merna & Al-Thani, 2008). Quantitative methods of assessment include measurable numbers, while qualitative does not (Wolke, 2017). Scholars have said that quantitative methods are consistent, while qualitative methods lack reliability (He et al., 2018). In many cases, qualitative analysis occurs prior to quantitative analysis, including both methods in a comprehensive assessment (Wolke, 2017).

Risk communication. The United States National Research Council released information in 1989 introducing the topic of risk communication, which was introduced as “an interactive process of exchange of information and opinion among individuals, groups, and institutions” and includes messages not only expressing risk but also “concerns,

opinions, or reactions to risk” (Sato et al., 2020, p. 2). Organizations often consider any transfer of information that is risk-related to be considered risk communication and have said the purpose is to increase knowledge, provide satisfactory communication, alleviate concerns, reduce distress, build trust, and provide self-efficacy information (Sato et al., 2020). By having this open communication, management is able to promote safety and share perceptions on safety procedures (Clarke, 1999).

Perceived response efficacy. Response efficacy is when a message is perceived to provide adequate and effective strategies for individuals to implement (Lewis et al., 2010). Scholars have created the term organizational risk response to discuss “an organization’s perceived ability to communicate in a way that maximizes the organization’s capacity for averting to or responding to crisis” (Barrett et al., 2006, p.112). Response efficacy has been suggested to be a major predictor in whether the person accepts a message, especially in the area of health sciences (Tay & Watson, 2002; Schutz, 2014). Understanding response efficacy is a helpful way for organizations to strategically craft messages, however it is important to remember that an individual’s perceptions are ultimately the determining factor of whether the message was useful and effective (Lewis et al., 2010).

Perceived system efficacy. Along with a belief in the effectiveness of the response, an individual should have a high perception of efficacy for the organization producing the message (Crijns et al., 2017). This perception is powered by the attribution placed on the organization by an individual, as to whether or not they first believe the organization should be held accountable (Coombs, 2007). When a crisis occurs that is beyond the control of an organization, such as a global pandemic, system efficacy refers to the

perception of whether or not the governing power will provide the resources needed and provide ways to protect them (Crijns et al., 2017).

Best Practices of Risk & Crisis Communication

In the seminal 2006 special issue of the *Journal of Applied Communication Research*, scholars proposed and agreed upon on more than 10 best practices for risk and crisis communication (Seeger, 2006; Venette, 2006; Heath, 2006). Such practices have been created to not only assist organizations in planning and responding to a crisis, but these behaviors provide a roadmap to the strategic communicator to prevent causing additional crises for the organization (Veil et al., 2020).

One of the best practices recognized by scholars is to plan ahead for potential crises by reviewing potential risks (Venette, 2006). Scholars agree that planning for how communication will be disseminated to stakeholders should a crisis occur, allows an organization to issue a timely response (Seeger, 2006; Veil & Husted, 2012; Freberg & Palenchar, 2013; Johnson et al., 2020; Veil et al., 2020). Within a crisis communication plan, a team of leaders should be selected and trained on the response, usually referred to as the crisis management team (Buama, 2019). Specific guidelines for each team member should be clearly defined (Veil et al., 2020). Without a strong crisis plan, individuals may not fully understand the components for effective crisis communication, causing a response that may not be effective or cause a mismanagement in distribution (Buama, 2019).

For plans to be most effective, organizations should also have an established network of partners prior to a crisis onset (Veil et al., 2020). These relationships should not be limited to just media organizations because other key organizations and

community leaders could also be important in disseminating the message (Buama, 2019; Veil et al., 2020). During a global pandemic, such as COVID-19, communication leaders must work with healthcare officials and government agencies to filter information to their publics, as demonstrated through prior infectious disease outbreaks (Avery & Park, 2019; Jin et al., 2019). If relationships with these external groups do not exist prior to the crisis, extensive planning for what could happen in the wake of a crisis could not be conceptualized (Veil et al., 2020). For media outlets, it is imperative that correct information and timely responses are distributed to the public, and this is why established relationships with media contacts is essential before a crisis (Buama, 2019).

Although these relationships are imperative for a crisis communication plan to be created and implemented, organization leaders must understand that crises cause uncertainty and ambiguity, no matter how much planning has been strategized (Seeger, 2006; Veil et al., 2020). When a crisis occurs, limited information and an increase in uncertainty makes planning the organization message difficult (Jin et al., 2019). To decrease uncertainty, individuals often engage in information seeking about the crisis (Veil et al., 2020). Even though information may not be extensive, open communication that informs the public of what the organization knows and does not know, along with the organizational plan for managing the crisis, is recommended to gain trust and increase organization credibility (Veil et al., 2020). By offering the public what is known, individuals are less likely to absorb incorrect or unreliable information from non-credible sources (Veil et al., 2011).

While ambiguity is common with a crisis, organizations must communicate with honesty, openness, and candor (Veil et al., 2020). Scholars agree that honest

communication established credibility for the organization and helps build trust with the public (Seeger, 2006), and that organizations should be forthcoming with information in a crisis communication message. For example, when an organization doesn't wish to comment, it may be perceived by some as displaying guilt (Sellnow & Vidoloff, 2009); Ulmer and Sellnow (2000) claim that even giving little details and embracing the unknown is important for the trust process. Even if communicating with honesty and candor reflects negatively on the organization, the entire truth should be told as a best practice (Veil et al., 2020).

Organizations should also communicate with compassion, concern, and empathy (Veil et al., 2020). In fact, scholars have suggested that adding a human perspective, specifically an authentic and credible first-person perspective, elicits the most emotional responses, as it shows the empathy of an organization (Cho & Gower, 2006; Seeger & Sellnow, 2016). When organizations seem empathetic during a crisis, they can compete against the uncertainty and concerns of their stakeholders, easing their anxiety (Clementson, 2020).

There are two types of appeals within a crisis communication message that could help with showing compassion, concern, and empathy. When a message presents factual and objective information only, it is considered to have a rational appeal, while subjective messages that include or summon emotional expression are classified as emotional appeal messages (McKay-Nesbitt et al., 2011). An emotional message would typically include an element of empathy, which recognized the issue, showed the organization's concern for others, and connected cognitively to the audience (Fehr et al., 2010; Bakker et al., 2018). While empathetic messages have been proven beneficial, direct messages with

engaging and timely information are considered a best practice (Buama, 2019). Scholars also found this to be true through nonverbal communication. Waele et. al (2020) revealed that organization spokespeople who use sadness in their voice have a better chance of connecting to the public on an emotional level than those who do not. Therefore, empathetic communication is key during a crisis.

Detailed information and directions for self-protection during a crisis, especially an infectious disease outbreak, is crucial for an organization (Sellnow et al., 2012; Torales et al., 2020). Scholars believe that these messages help reduce stakeholder anxiety and gives them an action plan to stay safe (Veil et al., 2020). Self-efficacy messages in the face of a pandemic include reminders to disinfect, wear a face covering, and socially distance (CDC, 2020c). By encouraging the public to stay home when feeling unwell and see a doctor at the first onset of symptoms, organizations are not only pushing out proven recommendations by national health organizations but encouraging stakeholders to trust that the organization cares for their health and safety (WHO, 2020; Veil et al., 2020).

As the organization mediates through the crisis, plans will likely evolve as new information is discovered and resources become available, which should be added to the plan accordingly (Veil et al., 2020). One of the most important components of any crisis management strategy, and best practices to follow, includes evaluating the organization's response and how the team handled the situation (Buama, 2019). Leaders should use evaluations of their strategy to improve not only their organization's plan for future crises, but to inform other organizations of their successes and failures (Buama, 2019; Madsen & Desai, 2018).

While social media has grown to be a preferred channel for communicating during a crisis, organizations should continue to incorporate traditional media into the dissemination of messages (Spence et al., 2016). The traditional practices of sending news releases and hosting press conferences are still important, and some target audiences rely on these forms of media and find them more credible than social media (Spence et al., 2014). Adapting the medium, and the message, to the organization public is an essential public relations practice (Spence et al., 2016), however in the case of an infectious disease outbreak, many people turn to social media first to get updates and read safety guidelines (Veil et al., 2011; Seo, 2019). In fact, public information officers have reported that while they employed both traditional and social media, the latter platform was preferable for communicating information quickly (Roshan et al., 2016; Jin et al., 2019).

Not only has social media evolved into the fastest outlet for communication during a crisis, it is also the most direct, completely changing the landscape of crisis communication (Coombs, 2014; Snoeijers et al., 2014; Leykin et al., 2016). Therefore, social media must be an integral component of a crisis communication plan (Roshan et al., 2016). Jin et al. (2019) revealed that information posted to social media within one day of the crisis onset assisted organizational leaders in increasing their credibility tremendously. However, social media is not a panacea for crisis communication practitioners (Snoeijers, et al., 2014). Social media initiates two-way conversations between the organization and publics (Muralidharan et al., 2011; Nothhaft et al., 2018) and enables organizations to monitor competitors' strategies, cultivate relationships, and create an atmosphere of transparencies (Jin & Liu, 2010; Jin et al., 2014; Roshan et. al,

2016; Leykin et al., 2016). However, social media also creates unique organizational concerns. When communicating through social media, organizations can control the message but not the response (Snoeiijers et al., 2014; Hagen et al., 2018). Additionally, as social media is very interactive, users can not only access an organization's content, but they can create their own; this has shown to be problematic if misinformation or negative opinions are distributed in association with the organization (Wright & Hinson, 2009; Conrado et al., 2016; Hagen et al., 2018).

Social media use prior to a crisis has been linked to networking and entertainment, along with relationship maintenance (Choi & Lin, 2009; Leykin et al., 2016), while audiences tend to use the channels during a crisis for emotional support (Choi & Lin, 2009), communication with loved ones (Jin & Liu, 2010), education (Hagen et al., 2018), and information updates directly from an organization (Graham et al., 2015). This was true during the 2009 H1N1 pandemic and the 2015-2016 Zika virus outbreak, where people said they used social media to find information about the crisis (Hagen et al., 2018; Wakefield & Knighton, 2019).

When discussing specific social media channels, public information officers have suggested Facebook and Twitter as most effective for reaching people with information about a health crisis (Avery, 2017; Hagen et al., 2018; Jin et al., 2019). During the H7N0 avian influenza, scholars found that organization tweets included mainly sense-making information, assisting the public with fact-based infectious disease related communications (Kim, 2016; Vos & Buckner, 2016). The findings were supported in the Hagen et al. (2018) study about the Zika virus in the United States in which tweets on Twitter were found to focus on the spread of the virus, news, and scientific information.

Higher education communities, which is the focus of this specific study, have found that communicating to students through social media during a crisis is preferred (Schwartz & Bayles, 2012; Huang & DiStaso, 2020). While this is true, students are not the only stakeholders of an institution. While social media allows the public to hear messages from the institution first and participate in two-way communication (Spence et al., 2016), a combined approach of both social and traditional media should be considered to reach all stakeholder groups (Ngai & Falkheimer, 2017).

COVID-19 and Higher Education

Unlike the crisis and post-crisis havoc that arises with natural and manmade disasters, the repercussions of a pandemic, such as COVID-19, can cause nearly instant changes to social interactions. In March and April 2020, restaurants no longer served customers inside their facilities, grocery stores limited the number of those inside, face coverings became mandated when in public, and everyone was instructed to practice social distancing, keeping six feet apart from those around them.

In a university setting, an infectious disease outbreak has the potential to halt operations completely (Varma, 2011; Carlton, 2020). Due to the number of people in one central location, along with close contact socially and in on-campus residence halls, the possibility of quick transmission is exponentially high (Van et al., 2009; Ramsey & Marczinski, 2011; CDC, 2020c). Although the following outbreaks never reached pandemic status, The University of California Los Angeles, were forced to quarantine close to 1,000 students, faculty, and staff in 2019 due to a measles outbreak (Carlton, 2020). In 2014, Navarro College in Texas refused to accept applications from residents of Africa in fear of the deadly Ebola virus, while Kent State University asked employees

having direct contact with an infected relative to quarantine and monitor symptoms for 21 days (Redden, 2014). In 2003, SARS infecting over 8,000 people world-wide, and killed 774 of them (CDC, 2017). While SARS spread fast, only 23 of those 8,000 cases were confirmed in the United States, meaning most institutions who had created crisis plans for a campus outbreak did not have to execute them (CDC, 2003; Berkeley, 2003).

In 2019, almost 20 million students were enrolled in a post-secondary institution in the United States (NCES, 2020). While students attend college and universities to further their education, leadership is often confronted with issues outside of education due to having thousands of students living and studying in one central environment, along with their employees (Ramsey & Marczinski, 2011). Because of this, when H5N1 was first documented in the United States in 2005, institutions of higher education were encouraged by the CDC and WHO to have a crisis plan ready for their individual institutions (ACHA Guidelines, 2009). As one of the best practices in crisis communication is to evaluate the plan following the crisis, institutions were able to review case studies when planning for the 2009-2010 H1N1 flu outbreak (Ramsey & Marczinski, 2011; Veil et al., 2020). While planning for an infectious disease outbreak would still follow the crisis communication best practice guidelines, additional message components are needed, including the education, awareness, and implementation of physical distancing, frequent disinfection, temperature checks, infection testing, and face masks (ACHA Guidelines, 2020a).

According to the National Conference of State Legislatures (2020), the University of Washington was in the middle of a hot-spot for rapid infection rates of COVID-19, which led them to be the first institution of higher education to halt face-to-face classes

and transition to online courses March 6, 2020, in the interest of safety for their campus community. It was not long before other institutions followed. Professors and students met virtually through online platforms, dormitories closed, and campus life changed drastically. The risk for contracting COVID-19 was incredibly high in residence halls and classrooms that within two weeks, more than 1,100 institutions of higher education not only moved to online coursework, they moved students out of dormitories, and cancelled commencement ceremonies for the spring 2020 term (NCSL, 2020; Schwartz & Bayles, 2012).

Past experiences with infectious diseases have forced universities to initiate conversations about the “what-ifs” (Schwartz & Bayles, 2012), but most did not have elaborate plans to manage the onset of the COVID-19 pandemic (Carlton, 2020). Understanding crises, risk management, and best practices allows those within the emergency team to produce a response and execute it in the most appropriate way (Seeger, 2006). Learning from other institution’s or agency’s failures and advances allow crisis teams to better understand how to move forward in such situations. While the CDC has been known to provide recommendations for institutions of higher learning to evaluate and maintain the safety of their students, faculty, and staff, colleges and universities must adapt them to a larger scale, bringing additional processes and concerns (Jin et al., 2019). Institutions must review their stakeholder groups and determine strategies based on the need of each public (Mainardes et al., 2010).

For instance, many international post-secondary students study in the United States, and many native students leave the U.S. to pursue academic endeavors abroad (UNESCO, 2006). While institutions were not forced to send international students to

their home country or bring study abroad students back to America with SARS, H1N1, or Ebola, the COVID-19 pandemic caused public institutions of higher learning to cancel trips for the summer (and ultimately the fall) semesters, including The University of Southern Mississippi (USM) (The University of Southern Mississippi, 2020). Careful, thorough, and extensive conversations had to occur quickly among university administration to not only make plans for what could happen, but how to implement those plans and communicate through them.

Local government leaders and health officials counseled university crisis teams in making these decisions and led efforts to suspend in-person learning environments and transition to virtual ones. Most members of a crisis management team are not medically trained, so when an infectious disease hits, the team must seek advice from additional experts to make quick, effective, and accurate decisions (Jin, et al., 2019). Coming together at a community level allows all business operations to act swiftly and minimize the spread of viruses, such as COVID-19 (Seeger, 2006; Veil et al., 2020).

The ACHA released guidelines to assist institutions of higher education with crisis communication surrounding COVID-19. They encouraged confidence in the information provided and along with the CDC, stressed the importance of contacting public health officials to provide expertise to the message (ACHA Guidelines, 2020b). According to the guidelines, all communication would (a) have unified content, (b) reflect brand identity, (c) address audience need, (d) use the appropriate tone of urgency, (e) be calm and confident, (f) show compassion, (g) be timely, transparent, and clear, (h) be assessed, updated, and adjusted frequently, (i) reside on an easily accessible landing page on the institution's website, (j) be delivered through multiple platforms, and (k)

reference additional resources. While the guidelines encouraged housing all pandemic related communication on a landing page within the website, scholars have suggested many stakeholders find those specific sites to be difficult to both maneuver and understand (Friedman et al., 2008; Brownstein et al., 2009). Communities and organizations have a responsibility to protect their stakeholders, and universities are no different. When crises like global pandemics occur, such as COVID-19 presents itself, institutions of higher learning have a responsibility to protect their campus, along with the safety and well-being of all stakeholders, including faculty, staff, students, and alumni (Coombs, 2012; Omilion-Hodges & McClain, 2016; Jin et al., 2019).

Cascading Crisis

In 1984, scholars initiated the idea that a crisis hazard was merely a trigger for additional events to occur, known as a cascading crisis event (Zuccaro et al., 2018; Alexander & Pescaroli, 2019). The Federal Emergency Management Agency (FEMA) defines the phenomena as “events that occur as a direct or indirect result of an initial event” and identifies it as a package having potential to cripple communities (FEMA, 2020). One example of a cascading crisis with a natural disaster is the aftermath of Hurricane Katrina, which hit New Orleans, Louisiana as a Category 3 hurricane and led to failed engineering to flood the city and human services to be incapable and ill-prepared to rescue thousands of people from the flood water (Greenberg, 2020). Cascading crises are not bound by geographic barriers, as Parker (2014) determined in a study about volcanic ash originating in Iceland and shutting down air transportation in Europe. In early April 2020, just weeks after COVID-19 had been declared a pandemic, scholars and authors around the world began exploring the cascading events that would occur due

to the disease (Zakaria, 2020; Rahaman et al., 2020; Wolf-Fordham, 2020; Hwang & Hollerer, 2020; Prime et al., 2020; Salas et al., 2020). Following the pandemic being declared, the world's healthcare system quickly became desperate for trained medical professionals (Kelly, 2020). In fact, 25 medical schools fast tracked commencement exercises to allow those newly trained physicians to battle the pandemic (Kelly, 2020). Identified as being overwhelmed and on the verge of collapsing, healthcare systems around the world not only experienced a shortage of trained professionals, but also the personal protective equipment needed to keep them safe, including basic items such as gloves, gowns, and masks (Boskoski et al., 2020). Beyond hospital employees, most facilities did not have enough ventilators necessary to keep critical COVID-19 patients alive (Ranney et al., 2020).

For this study, I argue that the COVID-19 crisis sparked a chain of failures among other systems (Veil & Husted, 2012). Beyond the healthcare crisis that occurred following the pandemic declaration, came the largest economic crisis in nearly one hundred years (Zakaria, 2020; Nixon, 2020). As non-essential businesses were forced to close, travel suspended, and supply chains decreased to contain the virus, millions of individuals around the world lost their jobs and resources to provide for their families (Parker et al., 2020; Coibion et al., 2020). While the need to spend money on discretionary items such as travel, entertainment, clothing, and transportation substantially decreased for most families beginning in March 2020, bills for utilities, mortgages, and food were there (Parker et al., 2020; Coibion et al., 2020). In a study of American's who had lost their job due to the pandemic, almost 50 percent of lower-income respondents reported having trouble making payment due dates, while 33 percent

of middle-income and 16 percent of upper-income respondents had to use money accumulated through retirement or savings accounts to pay bills (Parker et al., 2020). Due to the emotional distress of financial instability, scholars have suggested that suicide rates increase substantially during an economic crisis (Bazrafshan & Delam, 2020).

Not only has the pandemic caused people around the world to suffer distress financially, isolation has caused a social crisis (Hwang & Hollerer, 2020). While schools around the world shut down to slow the spread of the virus, that also meant children who depend on school lunches for sustainability would be questioning where their next meal would come from (Van Lancker & Parolin, 2020). As the pandemic further divided nations, many children from low-income households, who were expected to continue learning digitally, did not have adequate internet connections or reliable computers (Hwang & Hollerer, 2020; Van Lancker & Parolin, 2020). In fact, in New York City, which quickly became a hot spot for rising COVID-19 cases, one in ten students either had inconsistent housing or were considered homeless during the 2017-2018 school year (Federal Data Summary, 2020). To battle food insecurities in children who have been removed from the classroom, the U.S. Department of Agriculture (USDA) encouraged school administrators to employ approaches from their summer feeding program, providing meals to low-income students while practicing social distance requirements (Dunn et al., 2020). Education departments around the United States took the crisis response in their own hands to fulfill the needs of their students. Some state departments, like in New York, even arranging the delivery of meals to students via school bus (Dunn et al., 2020).

Not only were education departments tasked with making sure children did not go hungry, they were also attempting to plan re-opening during a pandemic. While most schools around the world re-opened for the 2020-2021 academic year, many employed staggered start times, alternate days, and/or complete virtual learning (Guthrie et al., 2020). If a school district in the U.S. opted for face-to-face meetings, they were required to follow guidelines from the CDC including a class size reduction, consistent mask wearing, frequent disinfection, limited interaction, self-efficacy signs, hand hygiene instruction, and increased air filtrations (CDC, 2020c; Guthrie et al., 2020).

Challenges facing faculty due to COVID-19. Over the past decade, many faculty members have expressed an increase struggle with insufficient funding, maintaining high academic standards, decreased student enrollment, student retention, and staffing (EAB, 2018). Increased work expectations, accompanied by less autonomy has also been reported by seasoned faculty (Baker & Goodall, 2020), while new faculty members have struggled to learn the policies and procedures of their new institution, while preparing to teach and worry about tenure/promotion (Collins, 2008). According to The Chronicle of Higher Education (2020), the COVID-19 pandemic has presented faculty with even more issues to juggle, where more than one-third of faculty members considered changing careers and leaving higher education in 2020.

Faculty have also demonstrated an imbalance in their organizational and professional commitments (Kinnie & Swart, 2012). While organizational commitment refers to one's identification and involvement with a particular organization (Kim & Mueller, 2011), it has also been associated with high levels of job satisfaction and adaptation (Ian & Huang, 2007). In contrast, a professional commitment refers to the

level in which an individual is committed to their career or profession (Sheikh & Aghaz, 2018). Studies have shown that faculty members who show a higher level of commitment to the profession, will in turn show a higher level of commitment to their institution (Sheikh & Aghaz, 2018).

As stated above, the COVID-19 pandemic exacerbated some of the challenges. Although female faculty members hold the highest number of faculty positions, their male counterparts have been found to not only hold more tenure-track positions, but make an average of \$15,000 more (ACE, 2017). The pandemic has intensified these obstacles, as women faculty members have been disproportionately affected (The Chronical, 2020). Women faculty of color face an even bigger challenge (Malisch et al., 2020). Women have been found to be the main caregiver within the home, making sure their children and home were taken care of and safe, putting their own professional careers on hold (Inside Higher Ed, 2020).

In terms of their research, having the ability to not only conceptualize but carry out research and publish is an expectation of most faculty members in higher education, especially those on track for tenure (Austin, 2002). As the number of academic publications and expectations of publishing continue to increase, faculty members often find it difficult to forge ahead (Adler et al., 2009; Landhuis, 2016). The pandemic has heightened these concerns, as research opportunities for many faculty members have been slowed due to the decrease in research funding and their personal lives taking precedent (Malisch et al., 2020). In 2020, while publication submissions from men increased, submissions from women decreased (Flaherty, 2020).

Additionally, although teaching load for faculty members vary by institution, many tenure-track faculty members teach 18-24 credit hours per semester, or roughly three to four courses (Flaherty, 2018). This includes both in-person, online, and hybrid courses (Chatham-Carpenter & Spadaro, 2019), even though online teaching has proven to be more time consuming (Malish et al., 2020). The flexibility offered with online courses have become popular with students (Hughes et al., 2020), where almost 30 percent of all college students were enrolled in at least one online course by 2015 (Sheikh & Aghaz, 2018). However, a lack of enrollments in distance courses has been reported in underrepresented minority students, who may find accessing technology or completing online courses difficult (Brooks & Pomerantz, 2017). Many faculty members have voiced concerns and frustrations with teaching online, including meeting the need of the students, building relationships, helping students connect with others, meeting learning goals, and application of concepts (EAB, 2018; Sheikh & Aghaz, 2018).

When COVID-19 forced all in-person learning to transition into online courses, those faculty members who had experience teaching remotely found the change to be less problematic than those who had no remote teaching experience or training (Hughes et al., 2020). Although many institutions released online teaching recommendations to their faculty, others did not (Keep Teaching, 2020). Adapting to a virtual classroom challenged many tenured professors, while others felt disconnected, un-fulfilled, and exhausted (Chatham-Carpenter & Spadaro, 2019; The Chronicle of Higher Education, 2020).

Finally, faculty members across the country are required to provide service to their institution, both internally in their department or school and externally to the rest of the campus (Ward, 2003). Faculty members are not compensated for the additional

service hours, but they are typically factored into promotion and annual reviews (Guarino & Borden, 2017). Not only are faculty members pressured to research, teach, and provide service to their institution, many of them acquire a substantial list of students to advise throughout their academic career (Vespia et al., 2018). While advising has become an expectation, many institutions do not provide training to their faculty (Vespia et al., 2018). In fact, a study found that faculty rated the system of higher education at only a 6.69 out of 10 for preparing students effectively for their careers (EAB, 2018).

Stakeholder Theory

In response to the complexity of organization environments, stakeholder theory took rise in 1984 with R. Edward Freeman (Freeman et al., 2010). The theory argued that organizations who categorized stakeholders by interest and affiliation, including internal and external, had a better ability to balance and satisfy the needs and concerns of the groups, resulting in a higher level of performance than organizations who did not (Yang & Bentley, 2017; Phillips et al., 2019). Organizations who strategically managed their stakeholders in this regard were found to develop long lasting relationships with those involved, giving them an advantage over competitors (de Freitas et al., 2020).

In a content analysis of stakeholder theory literature, scholars identified three major periods within the life of stakeholder theory (Laplume et al., 2008). The incubation period (1984-1991), saw the theory's inception and was the core framework for an academic textbook (Carroll, 1989). The theory was developed during period two (1991-1998), which was considered the period of incremental growth (Laplume et al., 2008). During these years, the theory began to emerge in academic journals and public addresses (Donaldson & Preston, 1995; Clarkson et al., 1994; Carroll & Nason, 2007; Stoney &

Winstanley, 2001). The theory began the third stage, or maturity period (1999-present), gaining attention within the fields of strategic management, organization theory, and business ethics (Laplume et al., 2008; Phillips & Reichart, 2009; Freeman et al., 2020). Over the past two decades, it has expanded outside of academia and appeared in both practitioner journals and leadership books (Stoney & Winstanley, 2001; Walsh, 2004). Stakeholder definition. Although Freeman is considered to be the father of stakeholder theory, the term stakeholder can be traced back to the Stanford Research Institute (SRI) in 1963, where it was considered to be a group whose support could determine the existence of an organization and could include anyone from employees and customers to society as a whole (Freeman et al., 2010). The definition was further developed to say that a stakeholder could affect or be affected by an organization's objective and the achievement of such objective (Mitchell et al., 1997). Distinguishing stakeholders from other interested parties, Foley (2005) noted that a stakeholder has the ability to not only bring attention to their needs, but if those needs are not met, act.

Stakeholder identification. Building upon stakeholder theory, Mitchell, Agle, and Woods (1997) developed a method to analyzing stakeholders, in using stakeholder salience. To identify the salience of a stakeholder group, an organization manager must identify and prioritize the various groups using three attributes (Mitchell et al., 1997; Gifford, 2010). When the attributes of power, legitimacy, and urgency are present in stakeholders, those groups are considered to be highly salient, and warrant prioritized attention from the organization manager (Gifford, 2010). Mitchell et al. categorize those stakeholders as definitive (1997). When only one of the three variables is present, stakeholders are considered latent and when two are present, they are expectant (Mitchell et al., 1997).

Power. The attribute of power in a stakeholder relationship is defined as the ability to impose an agenda (Mitchell et al., 1997). Scholars have identified organizations in which managers have bargained with their stakeholders because of the perceived power the stakeholders have (Bridoux & Stoelhorst, 2014). Stakeholders who exhibit the attribute of power can be used as an external influence for other stakeholder groups, making power something that can be both acquired and lost (Mitchell et al., 1997).

Legitimacy. The attribute of legitimacy directly relates to ethics. Scholars claim that in order for a stakeholder to be considered legitimate, they must first be a legitimate entity, having a legitimate claim, and behaving in a legitimate way (Santana, 2012). Stakeholder legitimacy has also been defined as the social standing a stakeholder has in relation to the organization (Gifford, 2010). Legitimacy has been referred to as a social construct and like power, can change over time (Mitchell et al., 1997; Santana, 2012).

Urgency. The attribute of urgency refers to the perception of time stakeholders allow an organization when expecting an action to occur (Mitchell et al., 1997). If the stakeholder claims are time sensitive or critical, they are considered to be urgent (Parent & Deephouse, 2007). While some scholars have suggested urgency to be the best predictor of stakeholder salience (Agle et al., 1999), others place it as the second best attribute to impact salience (Santana, 2012).

Stakeholder groups. Organizations often find it challenging to identify and categorize their stakeholders (Miles, 2012). However, scholars agree that stakeholders must be prioritized into two categories, being primary and secondary (Tetrevova & Sabolova, 2010). Primary stakeholders are those directly affected by the organization and helps create organizational value (Phillips et al., 2019). Clarkson (1995) identifies

primary stakeholders as having a formal relationship with the organization. These primary stakeholders could be customers, suppliers, co-workers, or shareholders (Clarkson, 1995; Garvare & Johansson, 2010). Primary stakeholders are critical to the success and survival of the organization, and therefore should be of more concern than secondary (Tetrevova & Sabolova, 2010).

Secondary stakeholders do not directly provide essential support to the organization (Garvare & Joansson, 2010). These stakeholders do not have a formal relationship with the organization and could include media, along with government entities (Clarkson, 1995). While these secondary groups would not cause serious damage by withdrawing support, they do have an ability to positively or negatively influence the opinion of primary groups (Clarkson, 1995; Garvare & Joansson, 2010; Mishra & Mishra, 2013).

Stakeholder management. When organizations implement strategic stakeholder management into their long-term business model, studies have shown a positive correlation to both conventional and performance indicators (Donaldson & Preston, 1995; Mir & Pinnington, 2014; Bridoux & Stoelhorst, 2014). While it has been suggested that there is not a universal stakeholder management strategy for all organizations (Badewi, 2016), scholars agree that any strategy should embody moral and ethical behavior (Friedman & Miles 2002; Mainardes et al., 2012).

The core component of stakeholder management lies within the complexity of relationship building (Phillips et al., 2019). It is important for the organization manager to cultivate effective, high quality relationships with each stakeholder group (Donaldson & Preston, 1995; Mazur & Pisarski, 2015; Phillips et al., 2019). The manager is ideal

because they usually understand the value of both their internal audience (employees, owners) and external (suppliers, customers) (deFreitas et al., 2020). While every group has their own demands from the organization, effectively managing the relationship allows for an equal distribution of resources and appropriate allocation (Freeman et al., 2020). Organizations often find this difficult, as time, expectations, and purpose often change throughout the relationship cycle (Eskerod & Vaagaasar (2014). The organization should consistently portray truthfulness to stakeholders, along with goodwill in order for relationships to remain valuable (Barney & Harrison, 2020; Crane, 2020). Poor relationship management with stakeholders could result in decreased personal satisfaction, leading to dissatisfaction of the organization as a whole (Carvalho & Junior, 2015).

Organizational trustworthiness. The stakeholder theory emphasizes relationships, which are rooted in trust, defined as “an expression of faith and confidence that a person or an institution will be fair, reliable, ethical, competent, and nonthreatening” (Carnevale, 1995, p. xi). Rawlins (2008) expanded on the definition, by stating that trust includes “one party’s willingness to be vulnerable to another party based on the confidence that the latter party is competent and dependable, has integrity, and acts with goodwill” (p.5). Other scholars believe that fairness and reliability are factored into expression of trust (Carnevale, 1995), along with repeated positive experiences (Welter & Alex, 2015). When looking at an organization, it was determined that the interests and antecedents of trustworthiness of internal and external stakeholders differ (Pirson et al., 2017).

Organizational goodwill. When stakeholders perceive the organization is acting in their best interest, they are more likely to become loyal toward the organization (Boaventura et

al., 2020). Organizations who show an interest in the well-being of their stakeholders, along with their best interests and life beyond the organization, are perceived to demonstrate goodwill (McCrosky & Teven, 1999; Richmond et al., 2005; Holmes & Parker, 2018). A perception of goodwill is imperative to maintain valuable organization-public relationships, as stakeholders collaborate and engage more when they believe an organization is acting in good faith (de Freitas Langrafe et al., 2020; Stocker et al., 2020). An organization can demonstrate goodwill by showing empathy, being responsive, and understanding (McCrosky, 1992; Myers & Martin, 2015).

Criticisms of stakeholder theory. The theory was criticized in its early days with claims that Freeman (1984) argued all stakeholders are equal, which is not an accurate statement. While the theory does state all stakeholders should be treated morally and with respect, it does not insinuate all are equal (Phillips et al., 2019). Other scholars have suggested the term “stakeholder” is far too ambiguous for a theoretical concept and that the list of potential stakeholders for any organization could potentially have no limit (Freeman et al., 2010; Doh & Quigley, 2014). The stakeholder theory has also been applied within a variety of fields, which some critics argue weakens the theory (Stoney & Winstanley, 2001). Freeman et al. (2010) has refuted the criticism, saying, “We see stakeholder theory as a framework, a set of ideas from which a number of theories {connected and established sets of propositions} can be derived...For some purposes it is surely advantageous to use the term in very specific ways (e.g. to facilitate certain kinds of theory development and empirical testing), but for others it is not” (p. 63).

Stakeholder theory in higher education. Scholars have applied stakeholder theory to institutions of higher education (Mainardes et al., 2010). Stakeholders are key to operating an institution of higher education, as the relationships often influence everything from enrollment numbers and teaching quality to research objectives (deFreitas et al., 2020). Unlike its corporation counterparts, higher education institutions have many groups that are allowed extensive autonomy, such as faculty and research assistants. Scholars have argued this autonomy makes stakeholder identification difficult for management at the highest level and would be more accurately identified through middle management (Mainardes et al., 2010). In response to this, scholars have suggested a reframing of the theory specific to higher education, although that has yet to occur (Jongbloed et al., 2008).

In relation to institutions of higher education, primary stakeholders have been identified as students, staff, faculty, community members, competitors, and industry-specific partners (Tetrevova & Sabolova, 2010). While students and faculty have been determined as the most prominent stakeholder groups for institutions (Cho, 2017), studies found that current students were not prepared to be involved in decision-making for the institution, which de Freitas and colleagues (2020) determined a quality to provide value in stakeholder relationships.

Situational Crisis Communication Theory (SCCT)

Based on attribution theory, which argues that people try to determine underlying causes of crisis events to understand them, Coombs developed SCCT as an audience-centered theory to understand stakeholder perceptions of crisis and how audiences respond to organization crisis communication (Weiner, 1986; Coombs, 2010; Coombs,

2012; Snoeijers et al., 2014). The theory was designed to broaden scholarship on crisis communication, which up until its creation, mainly relied on case studies (Barkley, 2020). As a mechanism to guide communication strategy during a crisis, SCCT boasts three core elements of type, strategy, and matching the strategy to the type (Coombs, 2002; Coombs, 2010).

Coombs (1995) identified several crisis types and categorized them into four possible categories, being faux pas, accident, transgression, and terrorism. Since then, scholars have decreased those categories to intentional and unintentional crises (Ulmer et al., 2007). An intentional crisis would have a high attribution for an organization and could include crises initiated by poor management or terrorism, while an unintentional crisis has a low attribution and would be in the form of a natural disaster, product failure, or economic recession (Coombs, 1995; Coombs 2007a, Ulmer et al., 2007). The more blame stakeholders place on the organization, the higher the attribution (Weiner, 1986; Coombs 2012b; Slaba, 2015).

Once crisis type has been determined by the crisis management team, SCCT articulates specific strategies to respond (Coombs, 2007a; Snoeijers et al., 2014). The theory also suggests that responses are situational and could be further categorized into three response types to a crisis, with the first two protecting the stakeholder (Coombs & Holliday, 2002; Formentin et al., 2017). SCCT originally proposed seven strategies developed through synthesizing crisis communication literature that included (a) attacking the accuser, (b) denial, (c) excuse, or minimizing organization responsibility, (d) victimization, (e) justification, or minimalizing the damage, (f) ingratiation, or reminding the publics of past accomplishments, (g) corrective action, or attempting to

repair damage and ensure a similar event doesn't occur in the future, and a (h) full apology, taking responsibility for actions and seeking forgiveness (Coombs, 1999b). Almost a decade later, Coombs revisited the strategies and grouped them into four categories: denial, diminishment, rebuilding, and bolstering (2007a).

Although SCCT gives guidelines on matching strategies to type, there are other important factors crisis managers need to take into consideration when developing a plan. For instance, the pre-existing reputation with stakeholders and the history of organization crises are important in matching appropriately (Lambert, 2015). This proved important when scholars studied athlete transgressions and how the organization's reputation was affected following their response strategy (Brown, Adamson, Park, 2020). While the theory has proved reputable in the United States, scholars have determined the theory may not cross cultures well (Barkley, 2020).

Organizational Communication and Stakeholder Satisfaction

Organizational communication satisfaction is directly associated with the quality of and amount of information given (Aryee, & Phua, 1990). Scholars suggest that when organizations communicate effectively, internal stakeholders experience higher levels of satisfaction with both the organization itself and their own personal identity within the job (Holladay & Coombs, 1993; Pavitt, 1999; Gray, 2004; Madlock, 2008; Abdien, 2019). Organizational communication satisfaction requires that organizations engage in more "bottom-up" communication and that they request input and participation from employees at all levels of the organization (Abdien, 2019). Employees reported a greater level of obligation to an organization, along with a higher level of trust, when they felt the organization leadership demonstrated care for their personal well-being (Yue et al.,

2019). When the communication satisfaction is measured, the health of an organization, along with its future, can be assessed (Downs, 1988).

Perceived job satisfaction. Employees are often found to be satisfied with their organization's communication efforts when the organization uses transparency throughout the message (i.e., not keeping secrets, being open and honest) (Rawlins, 2009). When being transparent, organizations must disclose both positive and negative information to avoid potentially manipulating the perceptions of employees' (Yue et al., 2019). If organizations are found to not be transparent or are withholding information, distrust, uncertainty, anxiety, and insecurity will likely follow among stakeholders (Men & Bowen, 2017).

When employees begin to become dissatisfied with their job, burnout is likely to occur (Egan et al., 2015). Characterized as emotional and mental exhaustion, burnout risk factors include a demanding workload, insufficient recognition, and a lack of autonomy (Brackett et al., 2010; Skoyholt, 2011; Moczydlowska, 2016). For example, a study on institutions of higher education showed that the demands of teaching, research, and service, have significantly increased the number of faculty members who claimed to be stressed and burned out (Hall et al., 2019).

Hypotheses and Research Questions

Using the best practices of risk and crisis communication, supported by the stakeholder theory and SCCT, this study hopes to fill a gap in crisis communication literature surrounding faculty perceptions in higher education during a global pandemic, by proving the following hypotheses and answering the proposed research question.

H1: An increased perception in job satisfaction, organization communication efforts, and response efficacy will yield an increased perception of trust in the respondent's organization.

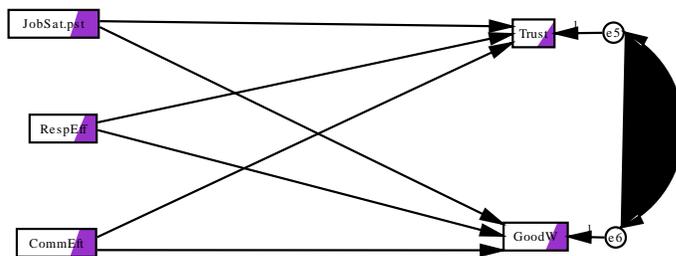
H2: An increase perception of job satisfaction, organization communication efforts, and response efficacy will yield an increase in respondent perception of organizational goodwill.

RQ1: Is there a statistical difference between participants' perceived pre-pandemic job satisfaction and their perceived job satisfaction in May 2021?

Summary

This chapter provides an extensive review of literature using the stakeholder theory, SCCT, and best practices in risk and crisis communication as a foundation. The literature also explains how scholars have found organizations can best communicate with their stakeholders during a time of crisis and plan for it ahead of time. Following the best practices, a cascading crisis is defined, exemplified, and discussed in the context of the COVID-19 pandemic. Literature explaining stakeholder theory and the relevant organizational constructs, such as trust and goodwill, are discussed, SCCT, and job satisfaction perceptions. Also included are two hypotheses, along with one research question hoped to be supported and answered through this specific study. The following section will specifically investigate the methods used in this study.

Figure 1. Proposed Model



CHAPTER III - METHODS

This study employed a cross-sectional survey design to test the proposed hypotheses and answer the research questions. The proposed hypotheses and research questions are as follows:

Hypotheses and Research Question

H1: An increased perception in job satisfaction, organization communication efforts, and response efficacy will yield an increased perception of trust in the respondent's organization.

H2: An increase perception of job satisfaction, organization communication efforts, and response efficacy will yield an increase in respondent perception of organizational goodwill.

RQ1: Are participants perceptions of job satisfaction pre-pandemic and job satisfaction in May 2021 significantly different?

Participants

Participants were recruited through purposive sampling. The purposive method is "a selection strategy in which particular settings, persons, or activities are selected deliberately in order to provide information that cannot be gotten as well from other choices" (Maxwell, 2005, p.88). Participants include faculty members continuously employed at the same institution of higher education from March of 2020 until May of 2021. To obtain participants, personal emails were sent to faculty members at institutions of affiliation with the researcher. Social media posts were also made to the researcher's personal Facebook page and to pages managed by various groups within higher

education, such as the National Communication Association (NCA) and the Association for Education in Journalisms and Mass Communication (AEJMC).

A total of 512 survey responses were collected between May 19, 2020 and June 6, 2020. For validation purposes, a total of 191 responses were deleted for being completed under four minutes and 20 seconds. This time was the least amount of time it could take someone to read through and complete the entire survey. Twelve responses were deleted for not completing 80 percent of the study. Two additional responses were deleted for repeat IP addresses. The survey included two attention checking questions with specific directions on which selection to choose and participants who did not accurately answer those questions were also removed. One of the questions asked for the respondent to select “Strongly Agree”, which fifteen people answered incorrectly and were removed. The second question used to ensure participants were paying attention asked them to select “Strongly Disagree”, which seven people answered incorrectly and were removed. Once these procedures were completed, a total of 285 responses were analyzed for this study, exceeding the a priori recommendation.

Of the 285 responses, 29% (n=83) identified themselves as an assistant professor, 26% (n=73) were associate professors, 21% (n=60) had a professor title, 20% (n=57) were instructors, and 4% (n=12) selected “other” as their professional title. Participant titles are presented in Table 2. The majority of participants, 80% (n=229), selected that they were employed by a four-year institution of higher learning during the 2019-2020 and 2020-2021 academic years. 19% (n=54) of responses came from faculty at two-year institutions, while two participants (1%) did not answer the question. Institution type is reported in Table 3. Females made up 59% (n=169) of the responses, while 39% (n=112)

were male. Three of the respondents (1%) identified as nonbinary, while one preferred not to answer the question. Participant gender is reported in Table 4. 48% (n=135) had more than 10 years of teaching experience, 28% (n=79) had 6-10 years, 23% (n=65) had 1-5 years, and 1% (n=6) had less than one year. Years of teaching experience is also shown in Table 5.

Table 2 *Institution Title*

Title	Full Sample	
	N	%
Professor	60	21
Associate Professor	73	26
Assistant Professor	83	29
Instructor	57	20
Other	12	4

Table 3 *Institution Type*

Type	Full Sample	
	N	%
Two-year	54	19
Four-year	229	80
No answer	2	1

Table 4 *Gender*

Gender	Full Sample	
	N	%
Male	112	39
Female	169	59
Nonbinary	3	1
Prefer not to say	1	1

Table 5 *Years of Experience*

Years	Full Sample	
	N	%
Less than 1 year	6	1
1-5 years	65	23
6-10 years	79	28
More than 10 years	135	48

The majority of participants (53%, n=151) claimed to be somewhat satisfied with their institution’s response to the COVID-19 pandemic. 28% (n=81) were extremely satisfied, 9% (n=25) had neutral feelings, 6% (n=18) were somewhat dissatisfied, and 4% (n=10) were extremely dissatisfied. This is presented in Table 6. During the Fall 2020 semester, 57% (n=162) did not teach an in-person class, while 42% (n=121) claimed to do so, and 1% (n=2) did not answer, shown in Table 7. Similarly, 54% (n=155) did not teach in-person during the Spring 2021 semester, while 46% (n=130) did, shown in Table 8. When asked if they had consistently taught in-person during the COVID-19 pandemic during the 2020-2021 academic year, the majority of participants had not (65%, n=184).

35% (n=101) said they had. Results from consistent teaching on-line during the 2020-2021 academic year is reported in Table 9.

Table 6 *Institutional COVID-19 communication as a whole*

Rating	Full Sample	
	N	%
Extremely satisfied	81	28
Somewhat satisfied	151	53
Neutral	25	9
Somewhat dissatisfied	18	6
Extremely dissatisfied	10	4

Table 7 *Faculty teaching in-person Fall 2020*

Response	Full Sample	
	N	%
Yes	121	42
No	162	57
No answer	2	1

Table 8 *Faculty teaching in-person Spring 2021*

Response	Full Sample	
	N	%
Yes	130	46
No	155	54

Table 9 *Faculty consistently teaching in-person during the 2020-2021 academic year*

Response	Full Sample	
	N	%
Yes	101	35
No	184	65

Measures

Organizational communication efforts. To measure communication effort perceptions of respondent's, a thirteen-item scale was used, which was a modified version of the scale created by Rawlins (2008). The scale was modified to determine how the organization complied with crisis communication best practices in their COVID-19 communication. The items were measured using a seven-point Likert scale, which ranged from 1 (strongly disagree) to 7 (strongly agree). Four of the items measured whether the respondents felt communication efforts were participative ($\alpha=0.89$) and include items such as, "My institution asked for feedback from faculty about the quality of information given." To measure information quality provided within the communication message, six items were used ($\alpha=0.95$), and include items such as, "My institution provides reliable information to faculty members." For perceptions of secretive efforts within communication messaging, three items were used as a reverse construct ($\alpha=0.85$) and included items such as, "My institution is slow to provide information to faculty."

Job satisfaction. To measure job satisfaction of respondent's, a five-item scale was used, based on the Brief Job Satisfaction Measure II scale by Judge et al. (1998). The five items used a seven-point Likert scale, which will range from 1 (strongly disagree) to 7 (strongly

agree). Two of the items are reverse-scored. The scale for job satisfaction included items such as “I feel fairly well satisfied with my present job” and “I find real enjoyment in my work”. In order to understand job satisfaction prior to the pandemic and current job satisfaction at the time data was collected, respondents were asked to answer each five-item scale thinking back to before March 2020 ($\alpha=0.87$) and again in May 2021 ($\alpha=0.89$).

Organizational trust. To measure organizational trust, a seven-item scale was used that is a modified version of the scale created by Rawlins (2008). Three of the items measured overall trust ($\alpha=0.93$) and four items measured overall transparency ($\alpha=0.94$). The scale was modified to determine the overall trust and transparency of respondent’s institutions during the COVID-19 pandemic. The seven items measured used a seven-point Likert scale, which will range from 1 (strongly disagree) to 7 (strongly agree). The scale for organization trust and transparency included items such as “I’m willing to let my institution make decisions for me in regard to how I teach courses during the COVID-19 pandemic” and “My institution wants to understand how its COVID-19 decisions affect faculty members”.

Respondents were also asked to indicate the impression of their institution’s trustworthiness using a four-item scaling instrument modified from Teven and McCroskey (1997), which presented a high reliability ($\alpha=.97$). While the Teven and McCroskey (1997) scale asked respondent’s to circle a number 1 through 7, with the number closest to the statement representing their certainty in the evaluation, it was modified to be a seven-point Likert scale to match the other survey questions. The scale include items such as “My institution has exhibited honesty during the crisis”.

Organizational construct of goodwill. To measure organizational goodwill, a two-item modified Rawlins (2008) scale was used, which presented a high reliability ($\alpha=0.86$). The scale was modified to determine whether the respondent's perceived their institution displayed goodwill towards them. The two items were measured using a seven-point Likert scale, which ranged from 1 (strongly disagree) to 7 (strongly agree). The scale for organizational goodwill included items such as "Whenever my institution makes a decision regarding COVID-19 plans, I know they will be concerned about how it will affect faculty" and "My institution is interested in the well-being of faculty members during the COVID-19 pandemic".

Respondents were also asked to indicate the impression of their institution's goodwill using a five-item scaling instrument created by Teven and McCroskey (1999), which presented a high reliability ($\alpha=.93$). While the Teven and McCroskey (1997) scale asked respondent's to circle a number 1 through 7, with the number closest to the statement representing their certainty in the evaluation, it was modified to be a seven-point Likert scale to match the other survey questions. The scale included items such as "My institution cares about me" and "My institution is concerned with my health and well-being".

Response-efficacy. To measure perceptions of response-efficacy, a modified four-item scale was used, one being reverse-scored, which was a modified version of the scale created by McGlone and colleagues (2013), and presented a high reliability ($\alpha=0.78$). The scale was modified to determine respondents' perceptions on whether their institutions communicated an appropriate and effective response to keep institution stakeholders safe from COVID-19. The four items were measured using a seven-point

Likert scale, which ranged from 1 (strongly disagree) to 7 (strongly agree). The scale for perceived response-efficacy included items such as “The protocols put in place by my institution during COVID-19 have been helpful in protecting myself and other institution stakeholders from the disease” and “Policies concerning on-campus interactions has increased the safety of institution stakeholders.”

System-efficacy. To measure perceptions of system-efficacy, a four-item scale was created. The four items were modified from Venette’s (2003) scale for high reliability organizations and use the same seven-point Likert scale. Examples of the items within the scale include, “My institution is very concerned about the possibility of failing to accomplish its mission amid the COVID-19 pandemic” and “My institution emphasizes maintaining effective operations amid the COVID-19 pandemic”. The scale for system efficacy did not perform for this particular study and was not reliable, resulting in this variable being removed from the analysis.

Data Collection Procedure

This study obtained approval from The University of Southern Mississippi Institutional Review Board (IRB), and the survey was created using Qualtrics. The Qualtrics URL was sent to participants for completion. Prior to completing the survey, participants were asked to read through the IRB consent form and clicking “Yes”, confirmed they were a faculty member during the 2019-2020 and 2020-2021 academic years, along with their willingness to participate in the study. If a participant clicked “No”, they were thanked for their time and the survey would not continue. A total of 10 demographic information, institution type, geography, and experience questions were asked first. The survey was projected through Qualtrics to take faculty no longer than 20

minutes to complete. Survey information, including the link to participate, were distributed through personal connections first. This included sharing the link on social media, and sending through personal emails. Participants were then asked to share the information with additional colleagues.

The last question on the survey asked participants if they wished to be included in an incentive drawing for the chance to win one of two \$50 gift cards. If the participant selected “Yes”, an additional browser page appeared, with a space for them to submit their email address. This ensured no identifiable information could be traced back to their answers and the survey could maintain confidentiality. If the participant did not want to be included in the incentive drawing, they would select “No” and a thank you for participating message would appear. Two respondents were selected to receive the incentive using a random number generator.

Data Analysis

The survey results were analyzed using SPSS and AMOS software. To examine the relationship of the proposed variables, path analysis was conducted using AMOS software. Specifically, the relationships examined were: (1) relationship between job satisfaction and trust, (2) relationship between job satisfaction and goodwill, (3) relationship between response efficacy and trust, (4) relationship between response efficacy and goodwill, (5) relationship between communication efforts and trust, (6) relationship between communication efforts and goodwill, and (7) relationship between trust and goodwill. Using the maximum likelihood estimation method provided in AMOS, the analysis allowed simultaneous estimates of path coefficients. Finally, a paired sample t-test using SPSS software completed the analysis for RQ1.

Summary

This chapter details the methodology for this study. A cross-sectional survey was implemented to answer the proposed hypotheses and research question. I have outlined the recruitment of study participants, strategically recruited through purposive sampling. All measures within the survey instrument were also presented, along with the data collection procedures. The data was analyzed using statistical software, which will be discussed in detail during the following chapters.

CHAPTER IV – ANALYSIS

This chapter presents the data analysis for each individual hypothesis and research question posited in previous chapters. A total of two hypotheses have been analyzed, along with one research question. The individual sections in this chapter will correlate with each.

Hypothesis 1

Hypothesis 1 states that an increase in perceptions of job satisfaction, organization communication efforts, and response efficacy will yield an increase in the respondent's perception of trust in their organization during the COVID-19 pandemic. This hypothesis was fully supported. Job satisfaction ($b = .14$, $SE = .03$, $p < .001$), communication efforts ($b = .83$, $SE = .03$, $p < .001$), and response efficacy ($b = .10$, $SE = .04$, $p = .001$) were all significant predictors of organizational trust. For every unit increase in perceived job satisfaction, there was a 0.137 unit increase in the respondent's perception of trust. Similarly, for every unit increase in perceived response efficacy, there was a 0.103 unit increase in the respondent's perception of trust. Showing the most significance in predicting a respondent's perception of trust in their organization during the COVID-19 pandemic, was perceptions of communication efforts. For every unit of increase in perceptions of communication efforts, there was a 0.827 unit increase in perceptions of trust.

Table 10 *Perception of Trust*

Path			Regression Statistics		
			Estimate	Standard Error	P value
Trust	<---	Response Efficacy	.10	.04	.001
Trust	<---	Communication Efforts	.83	.03	***
Trust	<---	Job Satisfaction	.14	.03	***

Hypothesis 2

Hypothesis 2 stated that an increase in perceptions of job satisfaction, organization communication efforts, and response efficacy will yield an increase in the respondent's perception of organizational goodwill. This hypothesis was fully supported. Job satisfaction was a significant predictor ($b = .23$, $SE = .04$, $p < .001$) of perceived organizational goodwill, as was perceived communication efforts ($b = .73$, $SE = .04$, $p < .001$) and response efficacy ($b = .11$, $SE = .05$, $p = .003$). For every unit increase in perceived job satisfaction, there was a 0.228 unit increase in the respondent's perception of goodwill. Also, for every unit increase in perceived response efficacy, there was a 0.110 unit increase in the respondent's perception of goodwill. Similar to hypothesis 1 and perceptions of trust, perceptions of communication efforts showed the most significance in predicting a respondent's perception of goodwill in their organization during the COVID-19 pandemic. For every unit of increase in perceptions of communication efforts, there was a 0.733 unit increase in perceptions of goodwill.

Table 11 *Perception of Goodwill*

Path	Regression Statistics			
	Estimate	Standard Error	P value	
Goodwill <---	Response Efficacy	.11	.05	.003
Goodwill <---	Communication Efforts	.73	.04	***
Goodwill <---	Job Satisfaction	.23	.04	***

Research Question 1

Research question 1 sought to determine if faculty reported a difference in pre-pandemic perceptions of job satisfaction as compared to their perceptions of job-satisfaction in May 2021. To answer this research question, a paired sample t-test was conducted using job satisfaction perceptions pre-pandemic ($M = 4.96$) and job satisfaction perceptions in May 2021 ($M = 5.10$). The test showed a statistically significant difference in the pair ($M = -.153$, $t = -5.285$, $SD = .490$, $p = <.001$), with respondent's having higher perceptions of job satisfaction in May 2021 than pre-pandemic. Results showed perceptions of job satisfaction in May 2021 to be .153 units higher than perceptions of job satisfaction pre-pandemic.

Table 12 *Paired Samples T-Test*

Pair	Paired Samples Test			Significance	
	M	t	S.D.	One-Sided p	Two-Sided p
Job Satisfaction Pre-Pandemic and Job Satisfaction May 2021	-.153	-5.285	.490	<.001	<.001

Summary

The findings for this study were presented in this chapter. Path analysis used multiple linear regression to analyze the model that emerged through exploratory factor analysis. Two hypotheses were posited and discussed individually, as both were supported. The chapter concluded by discussing the proposed research question, which was analyzed using a paired sample t-test. Data suggested a statistically significant difference in perceptions of job satisfaction pre-pandemic and perceptions of job satisfaction in May 2021. A detailed discussion of the results is presented in the following chapter.

CHAPTER V – DISCUSSION

The purpose of this study was to investigate the perceptions of faculty members at institutions of higher education regarding job satisfaction, communication efforts, and response efficacy during the COVID-19 pandemic. To summarize the results, hypothesis 1 was supported in that perceptions of job satisfaction, communication efforts, and response efficacy were statistically significant predictors of organizational trust perceptions. For every unit increase in perceptions of job satisfaction, a 0.14 unit increase occurred in perceptions of organizational trust, while a 0.10 unit increase occurred with every unit increase of response efficacy perceptions. Showing the largest significance, for every unit increase of communication efforts perceptions, a 0.83 unit increase in perceptions of organizational trust was shown. Hypotheses 2 was also supported in that perceptions of job satisfaction, communication efforts, and response efficacy were statistically significant predictors of organizational goodwill perceptions. For every unit increase in perceptions of job satisfaction, a 0.23 unit increase occurred in perceptions of organizational trust, while a 0.11 unit increase occurred with every unit increase of response efficacy perceptions. Showing the largest significance once again was perceptions of communication efforts, as every unit increase lead to a 0.83 unit increase in perceptions of organizational goodwill. Answering research question 1, it was found that collectively, perceptions of job satisfaction in May 2021 were higher than job satisfaction perceptions pre-pandemic. Through this study, recommendations will be made for university communication when managing future crises. These recommendations will be discussed in the following sections (stakeholder theory, SCCT, stakeholder management, organizational communication and stakeholder satisfaction,

cascading crises, and risk and crisis communication best practices). A limitations, future research, and conclusion will complete the chapter.

Stakeholder Theory

Stakeholder theory argues that stakeholders should be defined and categorized in order for organizations to strategically manage and develop quality relationships (Phillips et al., 2019; de Freitas et al., 2020). For institutions of higher education, faculty members are considered to be a primary stakeholder group (Tetrevova & Sabolova, 2010), who should be involved in institutional decision-making (de Freitas et al., 2020). These claims were supported through this study, as faculty members had higher perceptions of institutional communication efforts when they felt their opinions were valued and included in the decision-making process of plans surrounding COVID-19.

Overall, institutions of higher education provided satisfactory communication with faculty during the pandemic. This study should be considered when planning for future crises, as communication efforts were the most significant in predicting perceptions of organizational trust and goodwill. Cultivating quality stakeholder relationships (built on trust and goodwill), prior to a crisis, assisted institution's in maintaining those relationships during the crisis.

SCCT

SCCT uses a theoretical approach to understand stakeholder perceptions of a crisis and offer strategies on how organization's should respond (Coombs, 2010; Snoeijers et al., 2014). Although SCCT identifies multiple types of crises and communication strategies to accompany them, it is lacking a category based on a crisis such as a pandemic. While one may assume a pandemic could fall under the category of

natural disaster, it does not. In the case of COVID-19, it was an unintentional crisis with a low attribution for institutions of higher learning, however the four crisis communication strategies Coombs (2007a) suggests (denial, diminishment, rebuilding, and bolstering) are not applicable. Instead, this study suggests that perceptions of response efficacy, along with perceptions of trust and goodwill, impacted faculty member's perceptions on communication efforts. Taking these results into consideration, SCCT could benefit from an expansion in the form of strategies for an organization not responsible for, yet dealing with an infectious disease outbreak/pandemic.

As Boaventura (et al., 2020) articulates, having a store of goodwill is effective for organizations navigating a crisis. Keeping lines of communication open, creating clear content, and voicing empathy are all strategies that could be implemented. Additionally, SCCT expansion could certainly include effective strategies for creating and distributing messages of response efficacy, including suggestions for safety and self-protection.

Stakeholder Management

Trust. This study confirms what most stakeholder management literature suggests, that trust and goodwill are vital in an organization's ability to cultivate and maintain relationships (Barney & Harrison, 2020; Crane, 2020). Based on Rawlins (2008) and Carnevale (1995), when faculty trust their institution, they have faith and confidence in institutional leaders to act fairly, be reliable and ethical, show competence, and be nonthreatening to organizational members. Results of this study suggest that when faculty members exhibited trust in their institution, they were likely to view COVID-19 messages from their institution as effective.

Scholars have also suggested that trust is influential in influencing risk perceptions, but most risk perception studies have focused on making sense of current events through lived past experiences (Barnett & Breakwell, 2001; Das & Teng, 2004). Institutions played a vital role in providing faculty members with tangible options for self-protection. Creating trustworthy relationships with faculty, perceptions of effective communication would increase, while decreasing their perception of COVID-19 being a risk for them in performing daily duties.

Goodwill. In response to the perception of organizational goodwill, this study supports existing scholarship that claims when stakeholders perceive their organization makes decisions while showing concern for the well-being of stakeholders, stakeholders are more likely to be loyal members of the organization (McCrosky & Teven, 1999; Richmond et al., 2005; Holmes & Parker, 2018; Boaventura et al., 2020). Pre-pandemic job satisfaction and faculty perceptions of organizational communication efforts during the pandemic were significant, with communication efforts perceptions being the most significant, in predicting the faculty member's perception of organization goodwill. However, perceptions of job satisfaction in May 2021 and perceptions of organizational goodwill were greater than their pre-pandemic perceptions. This finding suggests that faculty members who perceived their institution solicited and cared about their input throughout the COVID-19 crisis, exhibited higher perceptions of that institution.

The COVID-19 crisis is unlike other crises organizations have faced in that the pandemic has continued to disrupt lives for over 18 months. New information about COVID-19 is discovered almost weekly, with a new Delta variant of the virus bringing infection rates to all-time highs in August 2021. This study can be used by crisis

management teams to understand not only how a stakeholder group thought about an organization over time, but how they can manage communication during a long-term crisis.

Organizational Communication and Stakeholder Satisfaction

Effective communication. The current study supports the literature on organizational communication satisfaction; existing literature reveals that effective communication is determined by the quality of and amount of information given, along with message transparency (Aryee & Phua, 1990; Rawlins, 2009). As previously mentioned, faculty perceptions of institutional communication efforts during the pandemic were related to the perceptions of trust in the institution and perceptions of the institution's goodwill. Similar to Yue et al. (2019), when a faculty member perceived her institution to be trustworthy and display goodwill, she was more likely to have higher perceptions of organizational communication. However, COVID-19 has not been a short-term crisis, as the pandemic has continued for more than a year and a half. It appears through this study that even in a crisis that is ongoing, communication efforts still have an impact on maintaining perceptions of trust, goodwill, and job satisfaction.

Faculty members wanted to know the institution's plans during the pandemic concerning class format, response efforts, and moving forward. It is likely that when institutional leadership exhibited honest communication, displayed empathy, reacted in a timely manner, spoke directly to faculty, and offered additional expert information, perceptions of communication efforts were higher. For institutions of higher education, this information is imperative to understanding and meeting the needs of its faculty during a health crisis.

Job satisfaction. This study also supports literature surrounding organization communication and job satisfaction. Previous literature suggests that faculty members should experience higher levels of satisfaction when perceptions of communication effectiveness were also high (Holladay & Coombs, 1993; Pavitt, 1999; Gray, 2004; Abdien, 2019). In the current study, faculty members who reported higher levels of job satisfaction prior to the pandemic were likely to consider the communication efforts of their institution to be effective. On the contrary, faculty members experiencing low job satisfaction prior to the pandemic were less likely to consider the communication efforts of their institution effective.

In addition, literature suggests that an intense workload, insufficient recognition, and a lack of autonomy, are likely to cause faculty members exhaustion both mentally and emotionally, leading to a decrease in job satisfaction (Rawlins, 2009; Brackett et al., 2010; Skoyholt, 2011; Egan et al., 2015; Moczydlowska, 2016). By the time participants reported on their perceptions of job satisfaction, nearly 14 months had passed after initial lockdowns began. Pandemic fatigue had set in for many and burnout was a major possibility. However, results of this study suggest a statistically significant difference in perceptions of job satisfaction pre-pandemic and in May 2021, with faculty exhibiting higher perceptions of job satisfaction later in the pandemic. While further research needs to be conducted, organizational communication efforts during the crisis likely assisted in maintaining high perceptions of trust and goodwill, as it was the most statistically significant predictor for both. It can be inferred through this study that effective communication efforts likely included response efficacy messages, which influenced job satisfaction later in the pandemic.

Cascading Crises

In this case, COVID-19 was a trigger event that initiated additional crises. While cascading crises are typically discussed in the context of a major natural disaster, such as the flooding and rescue efforts following Hurricane Katrina (Greenberg, 2020), an extensive series of cascading crises occurred with COVID-19 and faculty. COVID-19 escalated the challenges faculty had already been struggling with including decreased research funding and increased teaching loads, while adding frustrations in adapting to the virtual classroom. However, perceptions of job satisfaction was higher in May 2021 according to results of this study. COVID-19 was a trigger event with the potential for multiple other crises to ensue because of it. With perceptions of job satisfaction in May 2021 also being influencing more (than pre-pandemic) by perceptions of organization goodwill, it is suggested through this study that faculty members who perceived their institution showed goodwill to them during the pandemic had higher perceptions of job satisfaction in May 2021. Institutions who implemented strategies of goodwill understood that they wanted to keep faculty happy, avoiding a cascading crisis in the form of lower job satisfaction perceptions.

Risk and Crisis Communication Best Practices

The results of this study supports that the risk and crisis communication best practices are applicable during a pandemic. While many institutions had established plans for infectious disease outbreaks, no one was prepared for the quick change COVID-19 facilitated. Previous infectious disease outbreaks allowed many institutions to take existing plans and modify them to fit the COVID-19 battle. This supports the best

practice of planning ahead for potential crises, allowing for a timely response (Venette, 2006; Veil et al., 2020).

This study also suggests that accurate, timely, and honest information was part of effective communication perceptions. Doing this possibly required partnering with healthcare officials and utilizing expert sources such as the CDC, which Buama (2019) and Veil (et al., 2011; et al., 2020) also suggest is a best practice. Since honest communication helps build trust, it is likely that faculty members who trusted their institutions intentions and message, also believed they were being honest.

The results of this study also support the best practice of communicating with compassion, concern, and empathy (Veil et al., 2020; ACHA Guidelines, 2020b).

Because job satisfaction of faculty members was more likely to be related to the perception of goodwill shown to them by their institution during the pandemic, it is imperative for communication messages to speak directly to faculty members and address their concerns. This would allow the institution to connect with faculty on an emotional level (Clementson, 2020). For institutions of higher education, this could mean sending communication messages from direct administrators rather than a blanket message to the entire institution, providing faculty with an outlet to voice concerns, and provide resources to ease anxiety.

Veil et al. (2020), also suggest that organizations should update their crisis plans as new information becomes available. At the beginning of the COVID-19 pandemic in the United States, very little information was known about the disease and how to treat it, causing uncertainty and forcing faculty to seek information (Jin et al., 2019; Veil et al., 2020). As the disease spread and more information became available, it was imperative

that institutions of higher education adapted their crisis plan. Not only were institutions having to update their plan based on new disease information and resources, but also as courses transitioned to online formats, and as semesters began and ended. This study suggests communication efforts of institutions were highly significant in predicting trust perceptions of faculty members. Since honest, open, and reliable communication has been shown to build trust with stakeholders (Seeger, 2006), it can also be suggested through this study that institutions who updated their crisis plans regularly during the pandemic were perceived as trustworthy sources of information.

Literature also suggests two appeals within crisis communication, rational and emotional (McKay-Nesbitt et al., 2011). Based on the results of this study, faculty members during a pandemic would most likely prefer a mix of both appeals. Not only is it suggested that faculty members wanted to hear factual information found in a rational appeal, they also wanted the empathy, honesty, and concern found within an emotional appeal. This information, along with the connection between goodwill perceptions and communication efforts, contradicts Buama's (2019) proposed pre-crisis communication lifestyle plan. In the communication lifestyle plan Buama (2019) proposed, empathy should be expressed by organizations when a crisis initially begins, however a rational appeal should be used throughout the remainder of the crisis.

Another best practice for crisis communication, especially involving a health risk like COVID-19, is to offer suggestions for self-protection and safety (Torales et al., 2020; Tay & Watson, 2002; Schutz, 2014). The extent to which an individual believes implementing these suggestions can prevent or reduce the undesired outcome is considered their perceptions of response efficacy (Lewis, 2010) and has been suggested

by Schutz (2014) to be a major predictor in the individual's acceptance of the message. This, too, was supported, as an institution's recommendations to faculty members was suggested in this study to be directly related to communication efforts. Specifically, when faculty perceived institutions of higher learning provided sufficient and productive strategies for protection and safety during COVID-19, they were also more likely to have positive perceptions of communication efforts. According to the CDC (2020c), these messages likely included reminders about disinfecting surfaces, utilizing hand sanitizer, how to appropriately wear a face covering, why social distance can be effective in stopping the spread of COVID-19, and what procedures to take if exposed and/or infected (Veil et al., 2020). These messages could also have pertained to efficacious actions when interacting with other employees in the office or notifications of safer processes for continuing work in the midst of a pandemic.

Limitations

One limitation of the current study was the time of data collection. When data was collected, the pandemic had been active for more than a year, forcing faculty members to recall their perceptions after an extended period of time. Also, although COVID-19 affected the entire world, some parts of the United States were affected worse than others, and some individuals experienced greater losses than others. This could have altered how faculty members viewed the virus and their institutions. Receiving the COVID-19 vaccine could have also affected the respondent's mindset. Perceptions at the beginning of the pandemic could have varied from the perceptions at data collection due to a decrease in positive cases at the time, along with an increase in vaccination availability.

Second, rather than focusing on one institution, this study included faculty members from various institutions. This may have been a shortcoming in the study as areas within the United States experienced faster rates of COVID-19 spreading. For example, the virus first attacked the Northeast the hardest before moving to the South, West, and then Midwest. This study did not control location for analysis, leaving a possibility of impact to results.

Third, participant demographics could have skewed the results of this study. Participants were mainly females employed by four-year institutions. While male faculty members and two-year institutions were represented in the sample, they were the minorities. This is not a true representative sample of all faculty members within higher education.

Finally, this study removed the variable of system efficacy from analysis after it was found to be statistically unreliable. While institution's played an important role in providing faculty members with options for self-protection, there is a possibility that they did not see the organization as a threat, which is why the scale did not perform. Faculty members may not have been looking for their institution's protection, however they needed the institution to provide them with information. By doing this through their communication efforts, perceptions of trust were increased.

Future Research

Based on the current study results, there are five areas for potential research in the future. First, one of the major findings in this study was that perceptions of job satisfaction were higher in May 2021 than it was pre-pandemic. With new variants of COVID-19, including the Delta variant, and a surge in the number of positive cases,

hospitalizations, and deaths since the data was collected, participant perceptions may be significantly different at this point in time than in May before the rise of the Delta variant. Continuing to measuring perceptions of goodwill, trust, and job satisfaction each semester until the pandemic concludes would provide a clear picture of the influence of institutional communication on stakeholders.

Second, this study supported existing literature on the relationship between perceptions of goodwill, trust, and job satisfaction. Future research should focus on the content of various organizational messages during a pandemic. A thematic analysis of this type could identify message design strategies present in organizational communication during a crisis.

In addition, a third recommendation for future research would be to discuss with institutional administrators the process used to develop and implement COVID-19 messages. Specifically, administrators whose faculty perceived their COVID-19 communication to be satisfactory and include elements of goodwill. With information from a study such as this, crisis communication best practices during an infectious disease/pandemic could be proposed.

Fourth, results of this study suggest that continually updating a crisis plan when new information or resources became available continues to be a best practice through a pandemic. However, with COVID-19, there was a point in time where all information was new information, including the development of variants of the disease. Another potentially excellent thematic analysis could focus on organization case studies by studying the shifts in organizational crisis plans across the pandemic to better understand how institutions adapted their plan to the constantly changing crisis.

Finally, this study focused solely on faculty members. While faculty is a very important stakeholder group for institutions of higher learning, they are not the only group. Adaptations of this study could focus on other important stakeholder groups, including students and alumni. Additionally, a similar study could focus on stakeholders in other organizations. For example, healthcare workers within a hospital setting during the COVID-19 crisis would be a good population to consider for a study like this.

Conclusion

The purpose of this study was to investigate faculty members' organizational perceptions of trust, goodwill, job satisfaction, and response efficacy as a result of institutional communication during the COVID-19 crisis. Through this study, it has been suggested that perceptions of job satisfaction were significant in predicting perceptions of organizational trust and goodwill. Perceptions of institution communication efforts and response efficacy were also significant in predicting trust and goodwill perceptions during the pandemic.

The study also suggests that the best practices in risk and crisis communication should be followed throughout a pandemic. Institutions who employ best practices are more likely to have satisfied faculty members. In turn, these faculty members are also more likely to accept the communication message, believe that the institution is trying their best to keep everyone safe, and exhibit higher perceptions of job satisfaction. Based on study results, an extension of stakeholder theory specific to higher education has been proposed, along with an extension of SCCT to include infectious disease and/or pandemic situations.

In conclusion, COVID-19 has effected every faculty member and institution of higher learning since the 2020-2021 spring semester. The importance of building high quality and long lasting relationships with stakeholders cannot be overlooked in this context, for when a crisis such as this occurs, institutions want faculty to be committed. A stakeholder will have pre-conceived perceptions of trust and goodwill prior to a crisis. Maintaining a positive relationship with stakeholders will be easier to do throughout the crisis if these two factors are positive. Results of this study can inform institutions and practitioners on how to communicate with faculty members; using empathetic messages, speaking directly to them, and allowing input on class formats that made them feel comfortable. Results of this study will help institutions retain faculty and continue to provide top-level instruction to their students during a pandemic.

APPENDIX A – Qualtrics Questionnaire

In understand that participation in this project is voluntary, and I may withdraw at anytime without penalty. By clicking "Yes" below, I give my consent to participate in this research project.

Yes

No

What is your title? (Demographic)

Professor

Associate Professor

Assistant Professor

Instructor

Other: _____

What institution type were you employed by during both the 2019-2020 and 2020-2021 academic year? (Demographic)

Two-year

Four-year

What is your gender? (Demographic)

Male

Female

Non-binary/third gender

Prefer not to say

How many years have you taught?

Less than one year

1-5 years

6-10 years

More than 10 years

As a whole, how would you rate your institution's response to the COVID-19 pandemic?

Extremely satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Extremely dissatisfied

During the Fall 2020 semester, I taught a class in-person during COVID-19.

Yes

No

During the Spring 2021 semester, I taught a class in-person during COVID-19.

Yes

No

I have consistently taught in-person during the COVID-19 pandemic during the 2020-2021 academic year.

Yes

No

Please select the number that corresponds with your thoughts more.

My institution asked for feedback from faculty about the quality of information given during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution asked faculty members what information was needed during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided detailed information to faculty prior to announcing plans to other stakeholders during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution asked faculty members for input on making decisions about teaching online or in-person during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution made it easy to find COVID-19 plans and protocol.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided reliable information to faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided information in a timely manner to faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided information that assuaged my uncertainty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided information directly relevant to faculty for keeping the campus community safe during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided accurate information to faculty from health officials during the COVID-19.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution was slow to provide information to faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution often left out important details in the information that was provided to faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

This question is placed here to ensure you are paying attention. Please select number seven, strongly agree.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution was reactive with their communication during the COVID-19 pandemic, only providing information when absolutely necessary.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I am willing to let my institution make decisions for me regarding the way I teach courses during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I do not believe my institution would take advantage of faculty members during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I trust my institution to take care of faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution wants to understand how its decisions directly affect faculty during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution provided information that is useful to faculty for them to make informed decisions.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution wants to be accountable to faculty for its actions during the COVID-19 pandemic.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Whenever my institution makes a decision, I know they will be concerned with concerns of faculty.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I believe my institution takes faculty opinions into account when making decisions.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

This question is placed here to ensure you are paying attention. Please select number one, strongly disagree.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution is interested in the well-being of faculty.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

COVID-19 is a serious risk for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

COVID-19 is potentially harmful to me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

COVID-19 is a severe threat to me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I could die from COVID-19.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I am at risk for being a COVID-19 victim.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

It is possible that I could be a victim of COVID-19.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

COVID-19 could prove fatal for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The protocols put in place by my institution during COVID-19 have been helpful in protecting faculty from the disease.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Protocols put in place by my institution have not been helpful in protecting faculty from the COVID-19 virus.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Policies concerning campus visitors and in-person classes have increased the safety of my institution.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The protocols put in place by my institution during COVID-19 have been helpful in protecting students from the disease.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

COVID-19 prevention recommendations are easy to follow for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I have the ability to implement COVID-19 prevention recommendations.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution has exhibited honesty during the crisis.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I perceive my institution as trustworthy through the crisis.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The actions of my institution have been honorable.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I perceive my institution has operated ethically through this crisis.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution cares about me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution is concerned with my best interest.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution has been self-centered.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution has shown sensitivity towards me during the crisis.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

My institution has been understanding of my needs.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

For the following five items, please answer using a pre-pandemic (March 2020) mindset.

I felt fairly well satisfied with my faculty position.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Most days I was enthusiastic about my work.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Each day of work seemed like it would never end.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I found real enjoyment in my faculty position.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I considered my faculty position to be unpleasant.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

For the following five items, please answer using a current (March 2021) mindset.

I feel fairly well satisfied with my faculty position

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Most days I am enthusiastic about my work

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Each day of work seems like it will never end

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I find real enjoyment in my faculty position.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I consider my faculty position to be unpleasant.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

APPENDIX B –IRB Approval Letter



INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 12345678
PROJECT TITLE: How to Achieve IRB Approval at USM
PROJECT TYPE: New Project
RESEARCHER(S): Jonas Doe
COLLEGE/DIVISION: College of Education and Psychology
DEPARTMENT: Psychology
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 01/02/2015 to 01/01/2016
Lawrence A. Hosman, Ph.D.
Institutional Review Board

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