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**CRISIS COMMUNICATION IN THE HEALTH SECTOR: A STUDY OF THE
MFANTSEMAN MUNICIPAL HEALTH DIRECTORATE**

BY

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MANAGEMENT**

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this University or any other higher institute. I further declare that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Supervisor's Declaration

I hereby declare that the preparation of the dissertation was supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Media, Arts and Communication (UniMAC-IJ).

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DEDICATION

I dedicate this research paper to my parents Mr. Ransford Sakyi and Madam Helena Rockson, my brothers: Derrick, Emmanuel and Nana Sakyi respectively who have all been my source of strength and motivation throughout this programme. Respectfully, my sincere thanks also go to Mr. Patrice Amegadzie who has been a great source of inspiration throughout this journey.

ABSTRACT

This study explored crisis communication in the health sector with specific emphasis on the Mfantseman Municipal Health Directorate (MMHD). The study highlights the cholera outbreak in the central region, in the year 2025 which eventually degenerated into a crisis and how the MMHD at its level, as the sole regulator of health-related activities in the Mfantseman municipality, handled the crisis. The research identifies specific crisis response strategies, channels and the motivations for their adoption using the situational crisis communication theory (SCCT) and image restoration theory (IRT) to understand the crisis the MMHD faced. This study emphasizes the role communication plays in ensuring there is mutual understanding between an organisation and its publics. Through the qualitative approach, this study relied on the single-case study design which best suited the objective of exploring how the crisis response strategies were communicated by MMHD. Using the purposive sampling approach, this study relied on interviews and document analysis as the means of data collection about the crisis. The findings revealed that MMHD relied on strategies such as deny, specifically scapegoating and bolstering crisis response strategies like ingratiation and reminder to mitigate the crisis. The researcher recommends training spokespersons who can communicate the stance of an organization to their publics in various local dialects to avoid misinformation during a crisis. The study also proposes that organisations or departments in the health sector must learn to incorporate all forms of media channels into managing their reputation and a crisis.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.0 Introduction

This chapter provides a general orientation to the study. It outlines the background that situates the problem, clearly defines the research problem, the study's objectives and guiding questions. It also discusses the significance and scope of the research while presenting the structure of the dissertation. The chapter therefore serves as a roadmap, offering readers an understanding the importance of crisis communication in the health sector, with a focus on the Mfantseman Municipal Health Directorate (MMHD).

1.1 Background of the study

Crisis communication in all spheres plays a crucial role in allaying fears and bringing clarity to crisis situations that can have an adverse impact on individual, a sector or an organization. In essence, Zimal and Aysar (2021) aver that crisis communication is the exchange of information between an organisation and its constituents during and after the occurrence of a crisis. Crisis communication is structured in such a way that it minimizes harm to the organization's or company's reputation. Crisis communication is often associated with public relations, and their primary objective is to defend and preserve an organization's image (Zimal & Aysar, 2021).

Consequently, Zimal and Aysar (2021) notes that crisis communication is an issue that every business faces at some point. Gweh and Bekana (2021) confirm the above notion by positing that no organization is immune to sudden and catastrophic events, and such situations can lead to serious financial and human resource losses if poorly managed. The concept of crisis has

also been examined from multiple perspectives. Nteka (2021) defines a crisis as an unpredictable situation marked by instability and insecurity at different levels, whether individual, organizational, or societal. Similarly, Ciekowski et al. (2023) describe crises as abrupt incidents that interfere with the normal functioning of organizations, often triggered by natural disasters, technical breakdowns, social tensions, or political unrest.

On the characteristics of crisis, Michelow et al., (2023) highlight that crises are disruptive because they often arise with little or no warning, leaving organizations scrambling to protect their stakeholders. Interestingly, Celotto (2020) offers a more nuanced perspective, arguing that crises, though threatening, also present learning opportunities for organizations to innovate and emerge stronger. On the merit of a crisis, Hussein and Ghorbel (2024) argue that crisis presents organizations new learning opportunities, new knowledge and strategies and in the quest to help organizations emerge revitalized.

In contrast, taking a cue from the health sector, Michelow et al (2023) on the downside of a crisis, make reference to the Covid-19 crisis in South Africa by emphasizing the fact that students were unable to navigate the crisis safely, as essential information about protecting themselves from the virus and understanding lockdown restrictions was scarcely provided across the university's communication channels. The lessons from COVID-19 reinforced the idea that health-related crises require not only medical interventions but also robust communication systems to guide communities through uncertainty.

Furthermore, Al-Kallas (2023) states that crises necessitate the development of an emergency or backup plan often called a Plan "B" to guide immediate actions when a crisis arises. This emergency response plan outlines the specific steps an organization must take immediately following an incident. The greater the availability of such plans and related resources, the stronger the organization's level of emergency preparedness. This underscores the critical role

of emergency management, which comprises five interconnected components: prevention, mitigation, preparedness, response, and recovery (Al-Kallas, 2023). Without such structured approaches, institutions risk worsening crises through confusion, speculation, and mistrust. In the Ghanaian context, this is particularly relevant as municipal health directorates often serve as the first line of defence in community-level crises, yet their communication systems are not well documented or studied.

The Mfantseman Municipal Health Directorate (MMHD) offers a case in point. The 2025 cholera outbreak in the Mfantseman municipality did not only threaten public health but also tested the directorate's crisis communication systems. In light of this, the current study explores the how MMHD responded to the crisis, the strategies adopted, and the role of crisis spokespersons during the cholera outbreak in the bid to provide valuable lessons for improving crisis preparedness in Ghana's municipal health sector.

1.2 Statement of the problem

The effectiveness of crisis communication has direct consequences for public trust and institutional credibility. Poorly managed communication can intensify crises, whereas effective communication can mitigate their impact. While crisis communication is widely acknowledged as vital in managing emergencies, in practice many institutions continue to struggle with its effective implementation. Previous studies illustrate this point. Amegadzie (2024), for instance, examined the delayed implementation of new salaries for staff of the Judicial Service of Ghana, which led to a strike action by the Judicial Service Staff Association of Ghana (JUSAG). Amegadzie (2024), further notes that JUSAG adopted deny, diminish, rebuild, and bolstering strategies to communicate with the publics during the crisis.

Crisis communication plays a crucial role in crisis management by shaping stakeholder relationships and influencing public trust. Taking a cue from this, Amegadzie (2024) conducted a study on how ineffective crisis communication within Ghana's justice delivery sector contributed to a major crisis. Amegadzie (2024) notes that the strike action eventually degenerated into a crisis, which equally strained relationship between the judiciary, judicial service and the government of the day. However, Amegadzie (2024) states that the study revealed that crisis response strategies such as deny, diminish, rebuild and bolstering were used in communicating the crisis and deepening public trust in the judicial service in the long run.

On the global front, Wajahat (2024) provides additional insights by conducting a series of qualitative case studies examining crises such as the Maggi Noodles controversy, the Johnson & Johnson Tylenol crisis, and the BP oil spillage. Wajahat (2024) found that organizations that responded timeously, using empathetic communication effectively rebuilt trust with their stakeholders, while those that delayed or mishandled communication efforts suffered lasting reputational damage. Wajahat (2024) strongly recommended developing proactive crisis plans and early stakeholder engagement to prevent crises from spiralling out of control.

In the year 2024, the Mfantseman Municipality in Ghana faced a serious public health crisis when a cholera outbreak struck. Initial reports recorded seven (7) fatalities, forty-seven (47) confirmed cases, and seven hundred and twenty (720) suspected cases. Unfortunately, the situation worsened in 2025, with an additional sixty-nine (69) confirmed cases and two (2) more deaths reported (Myjoyonline, 2024, 2025).

It's also noteworthy to state that this crisis (cholera outbreak) had become a pandemic and cross-jurisdictional. Nashed (2025) confirms this by stating that Sudanese authorities and the United Nations had also observed a surge in cholera cases amidst weeks of torrential rains that displaced thousands in Sudan. The waterborne disease rapidly spread across Sudan, becoming

an epidemic in several states, including White Nile and Gadarif, and killing hundreds within two weeks. These events suggest that ineffective crisis communication during such outbreaks contributes to public distrust and hampers timely containment efforts.

In effect, although studies like those of Amegadzie (2024), Adjei (2024), and Wajahat (2024) have provided crucial insights into crisis communication across various sectors, little research has specifically addressed how municipal health directorates in Ghana manage crises. This oversight has created a contextual and knowledge gap in understanding crisis management at this level, particularly in municipal healthcare systems like that of the MMHD in Ghana.

In addressing this gap, this study explored crisis communication within the health sector, using the MMHD's crisis response to the 2025 cholera outbreak as a case study. Using the qualitative case study approach, this research examined the crisis response strategies, the communication channels and the role of crisis spokespersons during this crisis situation (cholera outbreak) in the Mfantseman municipality. Ultimately, this study sought to provide practical recommendations to enhance crisis preparedness, strengthen public trust, and improve communication strategies within Ghana's municipal healthcare system.

1.3 Research Objectives

The main objective of this study is to examine and analyze the crisis communication strategies employed by the Mfantseman Municipal Health Directorate (MMHD) during the 2025 cholera outbreak.

The specific objectives are:

- To examine the crisis response strategies adopted by MMHD during the outbreak.
- To identify the communication channels used by MMHD in disseminating crisis-related information.

- To explore the role of crisis spokespersons in MMHD’s communication efforts during the outbreak.

1.4 Research Questions

To achieve these objectives, the study seeks to answer the following questions:

1. How were the crisis response strategies of MMHD communicated during the outbreak?
2. What communication channels were employed to disseminate timely and accurate information to stakeholders and their publics?
3. What roles did the crisis spokespersons play in ensuring credibility in MMHD’s communication efforts?

1.5 Significance of the study

This research is important because it sheds light on how crisis communication actually plays out at the local level during public health emergencies, right where it matters most to communities. By exploring how the Mfantseman Municipal Health Directorate managed communication during the 2025 cholera outbreak, the research will offer practical recommendations for healthcare policymakers and crisis managers.

Consequently, these insights can help improve emergency preparedness, build stronger public trust, and create more effective communication strategies when crises occur. Most previous research has focused on national agencies or larger organizations. However, this study zooms in on municipal healthcare, a crucial area that has not been studied enough. This focus helps fill a significant gap in our understanding of how crisis communication functions within Ghana’s grassroots health systems.

Moreover, in addition to its practical value, this research will also add to existing literature on crisis communication by adding fresh, context-specific insights to the academic literature. It will subsequently serve as a useful reference for future research, encouraging scholars to explore crisis communication across different regions and healthcare settings.

Ultimately, the findings will support health officials and local governments in preparing more effectively for future outbreaks, responding in a timely manner, and keeping the public informed and confident in their crisis management efforts.

1.6 Scope and Limitation of the study

This study focused on examining the crisis response strategies and communication channels employed by the Mfantseman Municipal Health Directorate in addressing the 2025 cholera outbreak. To achieve this objective, a single case study design was adopted, which is well-suited for analyzing a defined case in depth, in this instance the Directorate's communication efforts during the outbreak. Răbu and Binder (2024) explain that the single case study approach allows researchers to gain multiple perspectives on the same case, making it valuable for exploring complex organizational responses in detail.

In contrast, in a multiple case study, the unit of analysis may involve an individual, an event, an organisation, or any other defined entity. Thus, when the focus is limited to one person, it is classified as a single case, whereas the involvement of more than one individual constitutes a multiple case study (Halkias et al., 2022).

Based on this, the present research concentrated on one health directorate (Mfantseman) within a specific geographical and administrative context, making the single case study design the most appropriate. This approach enabled an in-depth examination of how crisis communication strategies were developed and operationalised by the municipal health authorities. In line with

the methodological perspectives of Råbu and Binder (2024), as well as Halkias et al. (2022), the single case design was adopted to generate a contextualised and comprehensive understanding of the communication strategies used during the 2025 cholera outbreak.

1.7 Organisation of the Study

This dissertation is structured into five chapters. Chapter one introduces the research by outlining the background, problem statement, objectives, research questions, significance, scope, and the overall organization of the work.

Chapter two provides a review of related literature. It examines definitions and perspectives on crisis, crisis communication, and crisis management. The chapter also discusses the theoretical framework, mainly the Situational Crisis Communication Theory (SCCT) and presents empirical studies relevant to crisis communication, especially within healthcare.

Chapter three explains the methodology adopted for the study. It describes the research design, approach, sampling procedures, data collection methods and the techniques used for data analysis, particularly thematic content analysis. Ethical considerations are also outlined in this chapter.

Chapter four presents and analyzes the data obtained. It highlights the views of respondents, identifies emerging themes, and discusses the findings in relation to the study objectives and the reviewed literature.

Finally, Chapter five summarizes the key findings, draws conclusions, and provides recommendations. This chapter emphasizes practical steps for strengthening crisis communication strategies within municipal health directorates and suggests areas for further research.

1.8 Chapter Summary

This chapter introduced the study by outlining the relevance of crisis communication during public health emergencies, using the 2025 cholera outbreak in the Mfantseman Municipality as the focal point. It emphasized that poor communication practices, such as delayed messaging, unclear directives or weak coordination, can intensify the impact of a crisis and undermine public trust in health institutions.

The chapter also presented the problem the study seeks to address, along with the objectives and research questions that guide the investigation. It highlighted the significance of the study for strengthening crisis communication practices within Ghana's health sector.

Additionally, the scope of the research was defined in terms of geographical setting, timeframe and thematic emphasis. The chapter concluded with a brief outline of the structure of the remaining chapters. Overall, Chapter One established the foundation and direction for the rest of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, the researcher focuses on providing a comprehensive review on crisis, crisis management, crisis communication, crisis response strategies and other relevant existing literature in relation to this field of study. This chapter also lays emphasis on the situational crisis communication theory (SCCT) and Image restoration theory (IRT) which underpin this study and other previous studies in relation to this current field of study.

2.1 Review of related literature

This section reviews previous studies, theories, and empirical findings related to crisis, crisis communication among others, while highlighting key perspectives that inform the current study. It further situates the research within existing academic discourse to provide a clear theoretical grounding.

2.1.1 Crisis and types of crises

According to Coombs (2023), a crisis occurs when organizations are perceived to have violated salient stakeholder expectations thereby creating negative consequences for stakeholders and the organization-in-crisis, including the potential to disrupt operations. In the same vein, Ciekanowski et al. (2023) also argue that a crisis is a sudden, an unexpected event which threatens the normal functioning of an organization. This event may be natural, technical, economic, social or political.

A crisis situation, on the other hand, according to Savić and Krivokapić (2022) is significant event with potentially negative consequences that impacts an organization, company or industry, as well as its target public, products, services, or goodwill.

Consequently, a crisis may have various results, such as disruption of activity, financial losses, damage to reputation or even liquidation of the organization (Ciekanowski et al., 2023). Coombs and Holladay (2022) also aver that there have been discussions of different types of crises since the advent of crisis management. In effect, a crisis type is a frame that is used to interpret a crisis (Coombs & Holladay, 2022).

In an effort to clarify the different types of crises, Seymour and Moore (2000) as cited in Amegadzie (2024) posit that there are two types of crises comprising; cobra and python type of crisis. “The former, often termed sudden crisis, can be described as a disaster that hits suddenly, takes the company completely by surprise, and leaves it in a crisis situation, while the latter is a collection of issues that sneak up on the company one by one, slowly crushing it, and also referred to as the slow burning or crisis creep (Amegadzie, 2024).

Importantly, the first fundamental step a crisis manager should take during challenging times such as a crisis is to identify the specific type of crisis the organization is experiencing. It is noteworthy to indicate that Coombs (2020) argues that, understanding the type of crisis is crucial because it influences the organization’s response and how responsibility is perceived by stakeholders. Coombs (2020) further identifies three main crisis types based on the level of responsibility attributed to an organization during a crisis. Namely:

- **Victim Crises**

In this category, the organization is viewed as a victim rather than a perpetrator. Its level of responsibility is minimal because the crisis is triggered by external factors beyond its control. Examples include natural disasters, product tampering, workplace violence, and the spread of rumors (Coombs, 2020).

- **Accident Crises**

Accidental crises involve situations where the organization is assigned low levels of responsibility. These crises are typically unintentional and may stem from technical failures, operational breakdowns, or unforeseen product-related issues. Examples include product recalls due to defects, accidents caused by technical errors, and environmental harm resulting from system failures (Coombs, 2020).

- **Preventable Crises**

Coombs (2020) states that preventable crises carry the highest level of responsibility for the organization. These situations arise from negligence, poor practices, or deliberate wrongdoing. They may involve human errors, product harm caused by organizational oversight, or intentional misbehavior such as misleading stakeholders, exposing individuals to avoidable risks, or violating legal standards. Coombs (2020) further emphasizes that in such instances, accountability is clearly assigned to the organization.

Taking a cue from the above, it must also be noted that the ability of a leader to turn crisis to an advantage will depend on the leader's ability to adopt appropriate risk mitigation strategies and best business practices (Gweh & Bekana, 2021).

Nonetheless, in dealing with a crisis, Ghani and Gordon (2022) aver that as digital data sources proliferate, machine learning can enhance how policymakers anticipate and monitor emerging crises. For example, the use of AI in flood warning and mapping has already demonstrated significant potential, with real-world applications currently in use (Ghani & Gordon, 2022). However, Ghani and Gordon (2022) caution that local contexts and disaster types vary greatly in terms of reliable signals. As a result, the crisis response field is still far from possessing a "crystal ball" for accurately predicting all crises (Ghani & Gordon, 2022).

Essentially, irrespective of the type of crisis an organisation faces, Musheke and Phiri (2021) maintain that ineffective communication in such an organization may result in uncertainty, apprehension and dissatisfaction; these result in, poor productivity. Thus, effective communication enhances organizational relationship and minimizes crisis situations such as strikes and lockouts. (Musheke & Phiri, 2021).

2.1.2 Crisis Management

In the rapidly evolving landscape of the digital age, effective crisis management has become more complex and imperative than ever before (Abduraimov, 2024). Thus, it can be deduced that failure of an organisation to manage a crisis situation effectively to cause unrepairable damage to its reputation. Matías and Cardoso (2023) confirm the above assertion by positing that when conflict hardens in an organization, it can lead to a crisis situation. Crisis periods are phases that compromise the organization's credibility, trust and reputation, and during which communication becomes a more necessary factor than ever. (Matías & Cardoso, 2023).

Subsequently, in an effort to manage a crisis situation, there is the need to craft swift and strategic responses in a clear and concise manner to be communicated to an intended audience. Coombs (2022), therefore asserts that crisis management, is a process with many parts such as preventative measures, crisis management plans, and post-crisis evaluations. Frandsen and Johansen (2020) therefore argue that crisis management is the art of removing the risk and uncertainty to allow you to achieve more control over your own destiny. Harake (2024) also avers that a crisis management plan is a framework within which sound decisions can be made during critical events.

On the substance of why crisis management strategies are needed, Tella et al. (2020) explain that such strategies, when deployed, are purposefully aimed at protecting the organization's reputation. Coombs (2019) alludes that most of the crisis management frameworks involve

three, four or five stages. However, they can largely be scaled down to pre-crisis (prevention and preparedness), crisis (response) and post-crisis (recovery and learning) (Coombs, 2019).

- **Pre-crisis phase (prevention and preparedness)**

Coombs (2019) states that prevention with respect to this phase often includes monitoring for crises, picking up on warning signals and taking actions to mitigate or prevent them.

Preparation,

on the other hand, involves developing a crisis communication plan, training teams and spokespersons, testing plans and refining systems (Coombs, 2019). Crandall et al., (2021) also aver that as a function of crisis management, crisis preparedness focuses on prevention and planning by addressing and preparing for the threats that an organization faces which may trigger a crisis. Kalogiannidis et al., (2023) emphasize that the cornerstone of this stage is crisis planning. A carefully designed plan allows organizations to respond swiftly and seamlessly, reducing the possibility of an isolated incident escalating into a larger crisis (Kalogiannidis et al., 2023).

- **Crisis Phase (response)**

The second stage, referred to by Coombs (2012) as the crisis phase, begins once a threat materializes. This stage involves two crucial steps: recognizing the crisis and actively working to contain it. The way an organization responds at this moment is decisive, as stakeholders are closely evaluating its competence and reliability (Coombs, 2012).

At this stage, the response transcends mere acknowledgment, requiring the active implementation of preparedness strategies, including the deployment of the crisis communication plan. As Coombs (2019) articulates, the objective is to secure outcomes that minimize the crisis's adverse effects on stakeholders and the organization alike. This also

entails measures to safeguard public safety, mitigate reputational damage, preserve brand integrity, and curtail financial losses, such as declines in revenue. Ultimately, the crisis phase is not solely about damage limitation but also about upholding organizational legitimacy and fostering sustained stakeholder trust (Coombs, 2019).

- **Post-crisis phase**

This begins after the immediate crisis subsides and focuses on reflection, evaluation, and rebuilding. It is also noteworthy to state that at this phase, organizations assess their responses, identify lessons learned, and strengthen systems to prevent future occurrences of the crisis (Coombs, 2010; 2012).

Taking a cue from the above, it can be deduced that the three (3) stages of a crisis can be synthesized into pre-crisis phase which entails planning and preparation which are all geared towards preventing a crisis. The crisis phase, also known as the active stage deals with managing the crisis and crafting responses. The last but not the least, the post-crisis phase thrives on repairing the damage caused by the crisis and learning from it (Coombs, 2010; 2012).

In line with the above, a crucial perspective is offered by Zakari (2020), who examined the relationship between communication and effective crisis management emphasising that crises are universal phenomena that transcend geographical and institutional boundaries, hence no organization or community is immune.

According to Zakari (2020), successful crisis management hinges on early planning, internal communication, and risk assessment. Zakari (2020) further argues that understanding both internal and external risks allows organizations to anticipate threats and formulate coordinated, evidence-based responses.

To respond appropriately in times of crises, Rofkar (2020) also suggests that one must remain consistent and rely on a strategic roadmap. Therefore, Rofkar (2020) underscores the

importance of honesty and empathy in messaging during a crisis. Thus, cautions leaders against evasive responses such as “no comment,” which can imply concealment or guilt. Instead, the study recommends the use of transparent phrasing like “the matter is under investigation,” which conveys openness without speculation (Zakari, 2020).

Building on these preceding discussions, this study therefore sought to explore how the Mfantseman Municipal Health Directorate (MMHD) managed the 2025 cholera outbreak, with a focus on its crisis communication strategies which were used to bring the crisis situation back to normalcy.

2.1.3 Crisis communication and the role of crisis spokespersons

In order to a curtail a crisis, there is the need to communicate effectively hence the need for crisis communication. Coombs and Holladay (2022) accordingly assert that crisis communication is an agile response to the disruption, designed to return the organization to a focus on its chosen goals.

According to Koller (2023), the effectiveness of crisis communication largely depends on the suitability and accessibility of the communication channels employed. Messages should be framed in a manner that considers the target audience’s cultural background, literacy levels, and preferred media platforms. Koller (2023) further stresses that crises require a deliberate alignment between message design and audience characteristics to ensure comprehension, credibility, and trust.

A crucial element of crisis communication is the role of the spokesperson. Căprărin (2023) explains that the spokesperson serves as the public representative of an organization’s leadership when addressing the media. To fulfil this function effectively, the individual must possess the same competencies expected of communication or press office personnel, including

strong public speaking abilities and the capacity to respond promptly. These qualities help build and sustain the credibility that the organization seeks to project to the public (Căprărin, 2023).

From a practical standpoint, De Waele et al. (2020) note that leaders who take on the spokesperson role should receive proper training in crisis preparedness to ensure they can respond appropriately under pressure. Căprărin (2023) further stresses that credibility must be reinforced internally and externally. In effect, a spokesperson must enjoy the trust of the organization's leadership, as they serve as the primary bridge between the institution, the public, and the media. Furthermore, the spokesperson's relationship with journalists should be based on respect and collaboration, as this supports the accurate and timely flow of information (Căprărin, 2023). This is particularly critical in a context where, as Stănescu (2020) warns, misinformation has become a global threat that can undermine public safety and distort crisis narratives.

For instance, on the score of the credibility of a spokesperson during a crisis, De Bres and Dawson, (2021) argue that Taiwanese President, Tsai Ing-wen strategically allowed media coverage of her COVID-19 vaccination to demonstrate trust in the vaccine, hence leveraging her position as a credible public figure to model behaviour and encourage widespread vaccination among Taiwanese citizens. This act ultimately helped shaped the narrative and how people received the message of getting vaccinated during the Covid-era in Taiwan.

Capurro et al. (2022) further contend that training in risk and crisis communication is not optional but essential. They maintain that effective spokespersons rely on established protocols that guide their messaging, allowing them to communicate calmly, empathetically, and consistently during uncertainty. Collectively, these perspectives underscore that crisis communication is an intentional, managed process rather than a reactive effort. Spokespersons

must blend factual accuracy with emotional intelligence, as their credibility directly influences stakeholder perceptions, cooperation, and trust.

Based on the above, this study also sought to understand the key role the spokespersons at the Mfantseman Municipal Health Directorate (MMHD) played during the crisis situation (cholera outbreak) in the year 2025.

2.1.4 Crisis Response Strategies

To effectively communicate during a crisis, Coombs and Holladay (2022) posit that the key tasks that must be executed strategically entail building agility or resilience and crafting crisis responses. Dike (2025) explains that crisis communication or response strategies are essential tools that organizations rely on to manage crises while preserving trust, credibility, and stability. Such strategies enable organizations to communicate effectively with stakeholders, minimise reputational harm, and support a swift recovery. Similarly, Marker (2020) notes that the strategies an organization adopts can be pre-emptive, proactive, responsive, or reactive, depending on the nature of the crisis and the extent of the threat involved.

Coombs (2007) outlines a range of strategies that organizations may use when responding to crises. These include the following:

- **Attack the Accuser:** In this approach, the organization challenges or confronts the individual or group making the allegations, implying that the claims lack merit.
- **Denial:** Here, the organization maintains that no crisis exists, rejecting the premise of wrongdoing or harm.
- **Scapegoat:** This strategy involves shifting responsibility to an external party by blaming another person or group for the situation.

- **Excuse:** The organization attempts to limit its responsibility by arguing that the harm was unintentional or that the situation was beyond its control.
- **Justification:** The organization seeks to downplay the seriousness of the crisis or the degree of damage caused.
- **Compensation:** The organization offers financial or material support to those affected as a means of addressing harm and restoring goodwill.

These strategies reflect varying levels of acceptance or avoidance of responsibility and are applied based on how much blame is attributed to the organization and the expectations of its stakeholders.

Building on the aforementioned, Jong and Broekman (2021) examined how repeated crises influence stakeholder perceptions by analyzing the two Boeing 737-Max disasters. The first occurred in October 2018, when Lion Air Flight 610 crashed, claiming 189 lives. Five months later, Ethiopian Airlines Flight 302 went down under similar conditions, resulting in 157 deaths (Jong & Broekman, 2021). Initially, the first incident was viewed as an isolated accident; however, the second tragedy prompted stakeholders to reconsider their earlier judgments, perceiving both crashes as evidence of a deeper systemic issue rather than independent events (Jong & Broekman, 2021).

Subsequently, drawing on Boeing's public communications and reports from major international media outlets, the authors assessed how the company managed its crisis response (Jong & Broekman, 2021). Moreover, after the second crash, Boeing adopted a denial-based strategy, asserting that the aircraft remained safe and downplaying potential internal faults. This defensive approach, combined with limited openness, led to negative reactions from stakeholders, including widespread aircraft groundings, lawsuits by victims' families, and intense global criticism of the company's communication practices (Jong & Broekman, 2021).

Ultimately, as Jong and Broekman (2021) observed, this strategy backfired when new evidence revealed that the crisis was preventable. In effect, earlier corporate statements were reinterpreted in hindsight, which magnified the reputational damage and eroded public trust in Boeing's crisis communication efforts.

In light of these discussions, this study examines how the Mfantseman Municipal Health Directorate (MMHD) responded to the 2025 cholera outbreak. It assesses whether the strategies adopted were appropriate to stakeholder expectations and consistent with recognized crisis communication response strategies.

2.1.5 Communication channels

The effectiveness of crisis management is shaped by how communication channels operate during a crisis since these channels help in the coverage, information dissemination, and directing people as to what to do (Hassooni & Al-Naffakh, 2023). Building on the above notion, Koller (2023) states that crisis communication needs to be effected through available, accessible and appropriate channels, considering the media use, literacy and language proficiency of various parts of the population.

Savić and Krivokapić (2022) describe communication channels as the conduits through which information is delivered to specific audiences. They further explain that formal channels typically include press statements, media interviews, news publications, advertisements, bulletins, press conferences, infographics, and other officially issued communications (Savić & Krivokapić, 2022).

Abu (2021) notes that widely used mass communication channels for reaching broader audiences include television, radio, social media, and print media. In a wider sense, mass media serves as a conduit through which the general population accesses information and remains

informed about developments (Abu, 2021). Reflecting on their function during crisis situations, Adediran (2023) argues that the media should serve as a platform for preventing escalation and resolving crises. This can be achieved through factual, objective, and unbiased reporting and by ensuring that the public receives trustworthy and clear information.

Savić and Krivokapić (2022) observe that when selecting a communication channel, the characteristics of the target audience and the resources available should be carefully considered. In support of this, Koller (2023) examined crisis communication practices in Ghana during the COVID-19 pandemic and emphasized the importance of recognizing that different audiences have varying needs. The study recommends choosing a suitable media mix that includes community leaders and established institutions such as the National Commission for Civic Education (NCCE). Koller (2024) further stresses the need to tailor messages to account for variations in literacy, numeracy, and language, ensuring that communication remains accessible and relevant to all segments of the population. In line with these realities, the present study examines the specific communication channels adopted by the Mfantseman Municipal Health Directorate (MMHD) during the 2025 cholera outbreak, and how these channels shaped information flow and stakeholder engagements.

2.2 Review of Related Studies

Adjei (2024) examined the contribution of human resource management (HRM) to crisis communication in Ghanaian hospitals, with particular attention to its role during public health emergencies such as pandemics. Using a mixed method design, the study combined semi-structured interviews with healthcare administrators and HR managers with quantitative surveys of hospital personnel. Adjei (2024) found that strong HRM practices, including targeted training programmes, clear communication protocols and comprehensive employee support systems, significantly improve an institution's ability to communicate during crises.

These measures not only enhance staff performance and coordination but also contribute to better patient outcomes and smoother overall crisis management by ensuring healthcare teams are prepared and aligned when quick action is required.

At the same time, the study also shed light on several persistent challenges that can weaken these efforts. These include limited training opportunities, resource constraints like understaffing and budget shortfalls, and cultural barriers that stem from rigid, hierarchical organizational structures (Adjei, 2024). The study notes that, tackling these obstacles is crucial for making crisis communication truly effective. In conclusion, Adjei (2024) recommends that by focusing on structured communication, continuous training, and strong support systems, hospitals can be better prepared to handle crises, protect patients and support the well-being of their staff.

Consequently, Ogunyombo, Odunlami and Oredola (2024) conducted a qualitative case study that explored how the Situational Crisis Communication Theory (SCCT) was applied during the MTN Nigeria SIM card registration crisis. The incident occurred between October 2015 and June 2016, when MTN Nigeria was sanctioned by the Nigerian Communications Commission (NCC) for failing to deactivate 5.2 million improperly registered SIM cards. As a result of this non-compliance, the company received a historic penalty of US\$5.2 billion (N1.4 trillion), which at the time represented the largest fine ever imposed on a telecommunications provider worldwide (Ogunyombo et al., 2024). Furthermore, the crisis was categorized within SCCT's preventable (intentional) cluster, as MTN's non-compliance with regulatory directives, exacerbated by a high-profile kidnapping case linked to an unregistered SIM, heightened perceptions of negligence.

Importantly, the study by Ogunyombo et al., 2024 also relied on interviews with public relations professionals and equally employed qualitative content analysis of media outputs

from newspapers such as This Day, Vanguard, The Nation, and content from MTN's YouTube page to ascertain how the company managed the fallout. The findings also revealed that that MTN employed various SCCT strategies such as reminder, ingratiation, excuse, apology, and compensation (free airtime and data) to navigate the crisis and influence public perception. These strategies were applied in specific contexts in the bid to adapt to specific moments in the crisis rather than adhering to a rigid sequence of primary or secondary crisis responses (Ogunyombo et al., 2024).

Gweh and Bekana (2021) also carried out an exploratory case study on Ethiopian Airlines' approach to risk management during the COVID-19 pandemic. Their analysis was guided by the Situational Crisis Communication Theory (SCCT) alongside the Team Leadership Model (TLM), which together provided the conceptual basis for examining the strategies that enabled the airline to sustain its operations during the crisis. Moreover, the study highlighted the leadership's situational awareness and decisive decision-making, which allowed the airline to identify and seize opportunities amidst the crisis (Gweh & Bekana, 2021). In essence, the easy accessibility and the presence of their leaders fostered engagement between employees and clients during the crisis which ultimately enhanced trust and confidence, supported by a decision-making approach that moved from the bottom up. Subsequently, the use of strategic internal communication channels also ensured effective dissemination of critical decisions to over a thousand employees, while transparent public communication preserved the airline's reputation and public trust in the long run. In summary, the research also underscored that proactive risk management, supported by a robust governance system and skilled human resources, is essential for organizational resilience in global crises (Gweh & Bekana, 2021).

Similarly, Ciekanowski et al. (2023) conducted a study exploring crisis management and crisis situations within organizations, emphasizing that crises are an integral part of organizational functioning. Employing a qualitative approach, the findings of this study underscored that

crises, though inevitable, can have their effects mitigated or reduced completely through preparedness. The study also notes that organizations with robust crisis management strategies, including regular plan reviews and employee training, are better equipped to navigate disruptions effectively (Ciekanowski et al., 2023). These strategies enhance resilience, enabling organizations to maintain operations, safeguard reputation, and potentially transform crises into opportunities for growth and innovation.

However, the study also highlighted several challenges that can undermine crisis management efforts. These include internal issues such as management errors, financial problems, and ineffective communication, as well as external factors like economic downturns, technological disruptions, and natural disasters (Ciekanowski et al., 2023). The research advocates that addressing these challenges is critical for minimizing crisis impacts. In conclusion, Ciekanowski et al. (2023) recommend that organizations prioritize defined crisis procedures, risk identification, and swift response mechanisms to neutralize negative effects, while fostering resilience through integrated programs, particularly inspired by sectors like energy, technology, and healthcare, to ensure continuity and adaptability in crisis situations.

Building on this, Citrawijaya et al. (2024) conducted a qualitative study examining crisis communication practices across the healthcare, finance, and technology sectors. The researchers relied on semi-structured interviews with crisis communication specialists and public relations professionals, as well as document analysis of relevant organizational case studies. Their findings emphasized that transparency, timeliness, and empathy are central to building and maintaining stakeholder trust during crises (Citrawijaya et al., 2024). The study also identified a few challenges that can hinder effective crisis communication. For example, the finance industry often experiences delays due to stringent regulatory requirements, which can affect perceived transparency. In the same vein, the technology sector also struggles to simplify complex technical information for public understanding (Citrawijaya et al., 2024).

In a related inquiry, Abduraimov (2024) examined the integration of digital technologies in crisis management and highlighted how digital tools have reshaped organizational crisis responses. Drawing on a qualitative analysis of reports, case studies, and previous literature, the study found that platforms such as social media facilitate rapid information flow and real-time engagement with stakeholders, while data analytics offers predictive insights and early warning signals (Abduraimov, 2024). The study further identified misinformation and limited institutional capacity for digital monitoring as major challenges that undermine crisis communication efforts. In conclusion, Abduraimov (2024) underscored the need that while the integration of digital tools enhances organizational resilience, effectively managing misinformation and the scarce resources of an organisation is essential to maximizing their impact.

Koller (2023) also conducted a study on crisis communication during the COVID-19 pandemic by analyzing former Ghanaian President, Nana Akufo-Addo's fourth national address. The study found and revealed that His excellency Akufo-Addo effectively projected authority while making direct appeals for public cooperation. However, the communication lacked inclusivity, particularly in reaching rural communities. The study concluded that effective crisis messaging must be comprehensive, context-sensitive, and disseminated through varied credible communication platforms to ensure equitable access. Koller (2023) therefore, recommended diversifying communication channels to better serve all segments of the population in future crises.

In summary, the preceding literature review has outlined current knowledge on crisis management and crisis communication, highlighting insights gained from studies of various organizations and their communication strategies in line with best practices across the world.

2.3 Theoretical framework

This study is grounded in the Situational Crisis Communication Theory (SCCT), developed by Timothy Coombs in 2007 and the Image Repair Theory (IRT) as theorized by William Benoit. These theories are widely applied in crisis communication because they link the nature of a crisis to the organization's communication response.

2.3.1 Situational Crisis Communication Theory (SCCT)

Jong (2025) explains that Situational Crisis Communication theory (SCCT) views crises as adverse events that trigger public attribution of responsibility toward the organization involved. In other words, SCCT is fundamentally concerned with how much blame stakeholders assign to the organization or individual experiencing the crisis. The responses recommended within the theory depend on how much responsibility is attributed within the specific crisis context (Kuipers et al., 2023).

Coombs (2020), therefore categorize crises into three responsibility clusters that reflect different levels of stakeholder attribution:

1. **Victim Cluster:** The organization is seen as affected by external factors beyond its control. Crises such as rumors, product tampering, workplace violence, and natural disasters typically fall in this group.
2. **Accidental Cluster:** In this category, the organization is assigned limited responsibility because the incidents are viewed as unintentional. This includes technical failures, unplanned product harm, or operational errors.
3. **Intentional Cluster:** Here, the organization is considered largely responsible, as the crisis is linked to preventable actions or misconduct. Examples include human-error accidents, organizational wrongdoing, and deliberate negligence.

Kuipers et al. (2023) further argue that these attributions are influenced by the organization's history with stakeholders and its reputation prior to the crisis. Stakeholders may judge responsibility more harshly if there is a record of similar incidents or prior dissatisfaction. In such cases, an organization initially perceived as a victim or unintentional actor may instead be viewed as culpable, which heightens the reputational threat (Kuipers et al., 2023).

Citrawijaya et al. (2024) add that SCCT places importance on tailoring crisis communication to the expectations of stakeholders and the specific demands of sectors such as healthcare and aviation, where regulatory oversight is more intense. Liu et al. (2025) observe that SCCT outlines three primary and one secondary response strategies that organizations can use to address crises according to the level of responsibility attributed. They comprise;

- **Primary crisis response strategies**

1. **Deny:** Here, attempts are made to remove any connections to the crisis. An organization may attack the accuser, simply deny or find scapegoats which are all techniques under this strategy.
2. **Diminish:** The aim here is to reduce perceptions of responsibility or the seriousness of the crisis through excuses or justification.
3. **Rebuilding:** These strategies focus on restoring organizational reputation by offering apologies or compensation.

- **Secondary crisis response strategies**

1. **Bolstering:** This is a secondary set of strategies aimed at building some positive connection with publics. An organization can remind about past good deeds, praise some stakeholder group or claim to be a victim of the crisis as well.

In buttressing the above viewpoints, Dike (2025) notes that such crisis communication or response strategies enable organizations to communicate effectively with stakeholders, minimise reputational harm, and support a swift recovery.

In summary, while SCCT provides practical guidance on managing reputational threats, the theory emphasizes the need for contextual awareness, stakeholder sensitivity, and adaptability in real-world application. This study therefore applies SCCT to examine the crisis response strategies used by the Mfantseman Municipal Health Directorate (MMHD) during the 2025 cholera outbreak.

2.3.2 Relevance of the Situational Crisis Communication Theory (SCCT) to this study

The focus of this study aligns with the core assumptions of the Situational Crisis Communication Theory (SCCT), as it examines how crisis communication unfolds within an organizational setting.

Subsequently, SCCT is relevant and underpinned this study since it served as a framework for the researcher to explore the type or cluster of crises which affected Mfantseman Municipality in the year 2025. Mawusi (2025) reinforces this position by emphasizing that SCCT links the suitability of a crisis response to both the nature of the crisis and the organization's existing reputation. By highlighting the need to align communication strategies with these variables, the theory underscores how trust can be preserved or restored when responses are appropriately matched to the crisis context.

This theory also helped the researcher to explore the various crisis response strategies and channels which were used during and after the cholera outbreak (crisis) in the municipality and how it affected the Mfantseman municipal health directorate and its stakeholders. Coombs (2007c) substantiates the above viewpoint by emphasizing that choosing suitable crisis

response strategies is important to effectively manage the situation and protect the organization's public image.

Furthermore, the guiding principles of this theory (SCCT) informed the recommendations which emerged from this study, especially regarding best practices for crisis communication in the health sector in Ghana. By drawing on SCCT, the research contributes to strategies that can better prepare institutions for such predictable and unpredictable crises in the near future.

2.3.3 Image Restoration Theory (IRT)

Chen et al. (2023) observe that during the 1990s, William Benoit, an American scholar, introduced the Image Restoration or Repair Theory (IRT), emphasizing that a corporation's reputation is one of its most valuable assets. From this perspective, Benoit (1995a) explains that image restoration focuses on how individuals or organizations react to accusations or perceived misconduct through the systematic design of crisis response messages. The theory rests on two foundational assumptions: that communication is purpose-driven and that its ultimate aim is to safeguard or improve reputation (Benoit, 2018).

In practical terms, Chen et al. (2023) argue that once a crisis occurs, an organization should promptly accept responsibility and initiate measures to rebuild its public image. Correspondingly, Wang et al. (2024) describe image restoration strategies as communicative methods used to regain public confidence after a reputational threat. These may include denial, evading responsibility, reducing offensiveness, corrective actions, and expressions of remorse (Chen et al., 2023).

Accordingly, the first approach: denial, involves the accused completely rejecting involvement in any wrongdoing. This method has two key variations: simple denial, where the accused

insists that the event never occurred, and shifting blame, which attributes the problem to an external source (Benoit, 2015; Zannat et al., 2024).

Nonetheless, where denial is impossible, the accused may adopt the evasion of responsibility strategy, which seeks to lessen culpability by emphasizing factors beyond control. In line with this theme, Sayed and Mohammed (2022) identify four subcategories of this approach. Namely: provocation, defeasibility, accident, and good intentions. Zannat et al., (2024), notes that provocation attributes the act to a response to external provocation; defeasibility claims a lack of control or information; accident frames the event as unintended; and good intentions highlight that the actions, though misguided, were motivated by positive aims (Zannat et al., 2024).

The reduction of offensiveness strategy accepts that harm may have occurred but attempts to minimize the perceived severity through reframing. Rather than rejecting responsibility, communicators use techniques such as bolstering, which emphasizes positive qualities or past achievements; minimization, which downplays the seriousness of the act; differentiation, which compares the act with more serious offenses; and transcendence, which presents the act as serving a greater purpose. Additional tactics include attacking the accuser to question their credibility and compensation, in which the offender offers restitution to those affected (Zannat et al., 2024).

Corrective action and mortification constitute the final components of IRT. Corrective action involves taking concrete steps to resolve the issue and prevent future occurrences, while mortification entails openly admitting fault and apologizing to express sincerity and restore trust (Benoit, 2015).

Sayed and Muhammad (2022) applied Benoit's framework in their qualitative analysis of Facebook's response to its privacy breach crisis. Their findings revealed that Facebook,

through its CEO Mark Zuckerberg, utilized multiple image restoration techniques. These included bolstering, which emphasized the platform's societal benefits such as promoting global connections and social advocacy, followed by mortification, through which Zuckerberg acknowledged the company's shortcomings and issued a public apology. The company also pursued corrective action by conducting internal investigations, informing affected users, and implementing policies to prevent data misuse. Collectively, these steps demonstrate a strategic effort to rebuild trust and rehabilitate Facebook's public image.

Benoit (1997) concludes that individuals and organizations can rely on all the above mentioned to maintain or restore their reputations when confronted with crises.

2.3.4 Relevance of the Image Restoration Theory to this study

The Image Restoration Theory (IRT) developed by Benoit (2015a) focuses on how organizations or individuals accused of wrongdoing communicate to prevent or reduce reputational damage. The theory emphasizes that reputation is a valuable asset that must be protected through strategic messaging and appropriate response actions. Sayed and Muhammad (2022) explain that IRT presents a structured approach to understanding the communicative dimensions of crisis management, particularly within public relations and crisis communication research.

In this study, the Image Restoration Theory is applied together with the Situational Crisis Communication Theory (SCCT). While the SCCT assists in examining how stakeholders of the Mfantseman Municipal Health Directorate (MMHD) interpret and respond to crisis events, the IRT provides guidance on effective image repair strategies that can restore public confidence after a crisis. Combining these two frameworks allows the researcher to assess MMHD's crisis communication practices against established best practices in the field.

Additionally, relying on this theoretical foundation enables the researcher to identify the specific strategies adopted by the Directorate to manage the cholera outbreak that escalated into a crisis. It also offers a basis for evaluating whether the principles proposed by Benoit (2015) are applicable in helping the MMHD regain its public image over time. This integration therefore provides both a diagnostic and prescriptive tool for understanding and improving institutional crisis communication performance.

2.4 Operational definition of terms and concepts

- **Crisis:** A crisis arises when an organization is perceived to have breached important stakeholder expectations, resulting in adverse effects for both the affected stakeholders and the organization itself. Such situations may also disrupt normal operations (Coombs, 2023).
- **Crisis situation:** A crisis situation is a major event with potentially harmful consequences that affects an organization, company, or industry, as well as its stakeholders, services, products, public image, or goodwill (Savić & Krivokapić, 2022).
- **Crisis management:** Crisis management is the art of removing risk and uncertainty in order to gain greater control over outcomes and organizational direction (Frandsen & Johansen, 2020).
- **Crisis management Plan:** A crisis management plan is a framework within which sound decisions can be made during critical events (Harake, 2024).
- **Crisis Communication:** Crisis communication involves an adaptive response to disruption, aimed at helping the organization refocus on its intended goals (Coombs & Holladay, 2022).
- **Crisis response strategies:** Crisis communication or response strategies are essential tools that organizations rely on to manage crises while preserving trust, credibility, and stability (Dike, 2025).

- **Communication tools/channels:** Communication tools or channels are the means through which messages are delivered to target audiences (Savić & Krivokapić, 2022).

2.5 Chapter summary

This chapter provided a detailed examination of scholarly perspectives on crisis, crisis management and crisis communication. It highlighted the various classifications of crises and underscored the importance of correctly identifying the kind of crisis an organization is facing. Moreover, doing so enables the selection of an appropriate response strategy and minimizes reputational or operational damage. Importantly, this chapter also highlighted the role of crisis spokespersons in shaping public perception in the event of a crisis and the need to use accessible and appropriate communication channels during such difficult moments.

The chapter also explored the Situational Crisis Communication Theory (SCCT) developed by Coombs, which categorises crises based on perceived organisational responsibility and recommends suitable response strategies such as denial, diminishment, rebuilding and bolstering. In addition, emphasis was also placed on the operational definitions and core concepts that serve as the foundation for this study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains the methodological choices that guided the study and provides justification for each. It presents the research paradigm, approach, design, target population, sample size, sampling technique, data collection methods, and procedures for handling and analyzing the data. Ethical considerations were also observed throughout the process to ensure credibility and integrity.

3.1 Research Paradigm

Turin et al., (2024), aver that research paradigms form the structural basis upon which the research process is built, directing the approaches used in data gathering, analysis, and interpretation. They also shape researchers' perspectives on what constitutes knowledge and the processes through which it is obtained. In line with this study, the researcher adopted the interpretivist paradigm. Turin et al. (2024), therefore explains that the interpretivist paradigm assumes that reality is subjective and socially constructed by individuals based on their experiences and social interactions. In effect, this study adopted this paradigm because the researcher sought to understand the experiences of the professionals at the Mfantseman Municipal Health Directorate who were at the forefront during the crisis (cholera outbreak) their outfit dealt with in the year 2025.

3.2 Research Approach

This study adopted the qualitative approach since the researcher sought to explore and understand the lived experiences of the people during the crisis (cholera outbreak) in the Mfantseman municipality in the year 2025. Oranga and Matere (2023) confirm the above

notion by indicating that the aim of qualitative research is to explore and provide deeper, comprehensive and detailed description of phenomena from non-numeric data, rather than quantifying and testing hypotheses using numeric data as is the case with quantitative research.

3.3 Research design

This study adopted a qualitative research design to explore the crisis response strategies and communication channels used during the 2025 cholera outbreak in the Mfantseman Municipality. As Bhandari (2022) notes, qualitative research is particularly suitable when the aim is to understand opinions, experiences, and social contexts through non-numerical data such as spoken words and documents. Oranga and Matere (2023) also emphasize that the goal of qualitative research is to offer a deeper, more comprehensive description of a phenomenon using non-numeric data, rather than testing hypotheses through statistical measurement as is common in quantitative research. This aligns with the purpose of the study and justifies the choice of design.

To provide a detailed account of the situation, the study employed a single case study design. Coombs (2022) notes that a case study approach is well-suited for gaining an in-depth understanding of a contemporary issue within a bounded setting. In this research, the Mfantseman Municipal Health Directorate's communication efforts during the cholera outbreak served as the defined case of interest. Råbu and Binder (2024) further explain that the single case study method allows researchers to gather multiple perspectives on the same case, making it especially valuable for examining complex organizational responses in detail. In effect, employing a single case study design enables researchers to engage deeply with a specific context, uncovering rich and detailed information about individuals lived experiences. This method provides a level of understanding that is difficult to achieve through larger-scale

studies, emphasizing the significance of intensive, case-focused research (Råbu & Binder, 2024).

3.4 Population

According to Ahmad et al. (2023), in research, the population refers to the entire group of individuals, objects, or events that share a common characteristic and are the focus of the study. The population for this study was twenty-five (25) staff members of the Mfantseman Municipal Health Directorate (MMHD) who work at the Directorate and one external consultant (Senior Physician Assistant) who works with the Directorate. These individuals possess experiential knowledge of the events and were directly involved in coordinating crisis communication during the period under review.

3.5.1 Sample Size

According to Sarfo et al. (2021), sample size in qualitative research is determined by how the researcher defines and sets the boundaries of the case, with the primary aim being to develop an in-depth and context-rich understanding of the phenomenon under investigation. Consequently, it is both common and methodologically acceptable for a single case study to operationalize its sample as a small, focused group, and in some instances, even a single participant (Sarfo et al., 2021).

In line with this approach, this study selected four (4) respondents from a total population of twenty-five (25) individuals within the Mfantseman Municipal Health Directorate. The selection was not based on statistical representativeness but on the relevance of their roles and the depth of insight they possessed regarding the Directorate's communication strategies during the 2025 cholera outbreak. Accordingly, they were purposively selected.

Furthermore, the decision to include four respondents aligns with the scope and design of the study. As previously indicated, the research adopted a single case study approach to explore, in depth, the Directorate's crisis communication efforts. Råbu and Binder (2024) observe that single case studies enable researchers to gain multiple perspectives within a defined context, making them appropriate for examining complex organizational responses. Therefore, the inclusion of four respondents was adequate to achieve the study's objective of investigating the communication strategies employed during the cholera outbreak in a credible and methodologically justified manner.

3.5.2 Sampling Procedure

The purposive sampling method was applied to obtain insights from individuals within the Mfantseman Municipal Health Directorate (MMHD) who had direct experience with the cholera outbreak. As a non-probability approach, purposive sampling does not involve random selection, and not all members of the population have an equal chance of being chosen (Ahmed, 2024). It is particularly appropriate when the entire population cannot or does not need to be accessed.

Purposive sampling, also referred to as expert sampling, enables the researcher to intentionally select participants based on their relevance to the phenomenon under study. Andrade (2020) notes that this method is appropriate when individuals possess the familiarity or expertise required to provide meaningful contributions. Ahmed (2024) further explains that purposive sampling is often used when research targets participants with specific knowledge, characteristics, or experience.

In line with this study, four respondents were selected from the Mfantseman Municipal Health Directorate out of a total population of twenty-five. Their involvement in coordinating communication and managing the 2025 cholera crisis in the municipality made them

appropriate for inclusion. Shukla (2023) adds that purposive sampling relies on the researcher's judgement to identify individuals capable of adequately representing the case. The selected participants were therefore engaged based on their firsthand knowledge, experience and ability to contribute insights relevant to the study's objectives.

3.6 Data Collection Instrument

Mazhar et al. (2021) describe data collection as the process of gathering, examining, and interpreting relevant information using credible and recognized procedures. In line with this, the study relied on both primary and secondary data to obtain a comprehensive understanding of crisis communication during the cholera outbreak. In gathering data for this study, the main instrument used was semi-structured interviews and document analysis.

3.6.1 Semi Structured Interviews

Based on the fact that this study adopted a qualitative approach and sought to explore a specific phenomenon, primary data were gathered through semi-structured interviews focusing on the cholera crisis that affected the Mfantseman Municipality. Mazhar et al. (2021) explain that primary data refers to information collected for the first time, which is original and not previously recorded. In effect, primary data can be obtained using interviews, observations, and questionnaires are among others (Mazhar et al., 2021).

Ugwu and Eze (2023) note that semi-structured interviews offer flexibility; although guided by a general framework or set of questions, the interviewer may adjust the wording or order to suit the flow of the conversation. Magaldi and Berler (2020) also describe the semi-structured interview as an exploratory method that is typically organised around an interview guide. They explain that the guide is structured around a central theme, which directs the conversation while

still allowing the interviewer the flexibility to probe for depth and clarity. Thus, the key participants or informants who were interviewed include;

- (a) The Municipal Disease Control Officer.
- (b) A Senior Physician Assistant.
- (c) A Disease Control officer.
- (d) The head of the Public Health nurses unit in Mfantseman.

Building on this approach, a semi-structured interview guide was used to facilitate data collection for the study. Sahoo (2022) adds that this method is appropriate when the interviewer prepares questions in advance but retains the flexibility to reframe or reorganise them during the session to enhance the quality and relevance of the responses.

3.6.2 Document Analysis

Notwithstanding, this study also relied on document analysis. Kiral (2020) defines this as the examination of documents related to the researched subject in accordance with scientific principles. Similarly, Sak et al. (2021) stress that researchers must ensure that documents used are reliable, valid, and preferably primary sources relevant to the research topic. In line with these views, the researcher carefully read and reviewed all documents provided by interviewees, particularly those detailing how the Directorate communicated during the cholera outbreak. Documents intend can be classified as secondary data.

Therefore, Pederson et al. (2020), aver that secondary data refer to information gathered by someone other than the researcher or data that are being used for a purpose different from the one for which they were originally collected. Similarly, Ajayi (2023) explains that common sources of secondary data include government publications, institutional documents, websites, books, journal articles, and internal records. In line with this, relevant documents provided by

the participants during the interviewing phase were carefully reviewed to gain insight into how communication was managed during the cholera outbreak.

The use of both techniques (semi-structured interviews and documents) enhanced the depth and credibility of the findings. This approach reflects data triangulation, which Donkor and Mensah (2023) describe as the use of multiple sources or techniques to validate information, reduce bias, and identify inconsistencies.

Similarly, Suhendra, Ivana, and Mahdiana (2025) emphasize that triangulation strengthens the validity and reliability of research outcomes by combining various datasets, methods, theoretical perspectives, and researchers. In this study, semi-structured interviews were conducted with key informants, and both internal and external documents received from the participants or informants were also reviewed. The triangulated use of these diverse sources and perspectives reinforced the interpretation of the data and contributed to the overall trustworthiness of the study's findings. These processes provided a comprehensive understanding of how crisis communication was managed during the cholera outbreak in the Mfantseman Municipality.

3.7 Validity and Reliability of data collection instrument

Andersson et al. (2024) assert that validity and reliability are fundamental to producing credible research, as they shape how findings are interpreted and applied in both academic inquiry and practical decision-making. Careful evaluation of these elements is therefore essential for advancing knowledge and ensuring that research outcomes can meaningfully inform practice across diverse fields. Chhetri and Khanal (2024) describe validity as the degree to which an instrument accurately captures what it is intended to measure. In contrast, reliability concerns the consistency of measurement across time, instruments, or observers and is crucial for ensuring that research results are dependable and replicable (Andersson et al., 2024).

In the context of this study, a needs analysis approach was adopted as part of the methodological process. Aung, Razak, and Nazry (2021) define needs analysis as a systematic technique for gathering and evaluating information relevant to designing or refining programmes and interventions. They note that interviews, particularly structured and semi-structured guides are central to needs analysis because they allow researchers to ask in-depth questions that help uncover participants' perspectives and experiences.

The primary instrument used in this study was a semi-structured interview and an interview guide which was approved by my supervisor. According to Aung, Razak, and Nazry (2021), semi-structured interviews offer flexibility in the sequencing of questions and enable the researcher to probe further based on participants' responses, thereby producing richer and more contextually grounded data. The participants engaged in this study were staff of the Mfantseman Municipal Health Directorate (MMHD) who possessed the requisite knowledge and practical experience concerning the cholera outbreak that escalated into a crisis.

To enhance the validity and reliability of the instrument, the researcher conducted a pilot exercise in which pre-interviews in the form of discussions were held individually with some selected participants at the Directorate. The data from these preliminary sessions were reviewed and analysed to determine whether the interview guide required revision. After assessing the clarity, relevance, and effectiveness of the questions, the researcher concluded that no modifications were necessary. This outcome affirmed that the interview guide was suitable for both the pilot and the main phase of data collection.

On the basis of the pilot results and the consistency observed across participants' responses, the semi-structured interviews and the guide were deemed reliable and valid for the purposes of this study.

3.8 Data Collection Procedure

Dewi (2021) notes that the data collection process requires researchers to clearly define the boundaries of their study and gather relevant information using a variety of techniques. These may include observations, interviews conducted in either structured or unstructured formats, reviews of documents, and the use of visual materials (Dewi,2021).

In relation to this research, the data collection process followed a clear sequence of steps to ensure systematic engagement with participants and adherence to ethical standards. The process began with the distribution of introductory letters from the University of Media, Arts and Communication (UniMAC) to all selected participants. These letters outlined the purpose of the study and assured participants that the highest level of confidentiality and anonymity would be maintained throughout the research. As Mizra et al. (2023) observe, consent documents are expected to clearly communicate the aims of a study and emphasize core ethical principles, particularly confidentiality and anonymity.

Following this initial contact, the researcher sought permission from each participant to audio-record the interviews and to take notes to enhance the accuracy and completeness of the data collected. These recordings were later transcribed. Dewi (2021) supports this stance by arguing that there is the need for appropriate procedures to manage and record data. Thus, a researcher must plan ahead to transcribe audio recordings to support a detailed and reliable analysis (Dewi,2021). Moreover, once consent was granted, interviews were scheduled at locations convenient to the participants. Three of the interviews were conducted at the offices of the Mfantseman Municipal Health Directorate (MMHD) in Saltpond, while an additional session with a senior physician assistant affiliated with the Directorate took place at a hospital in Abandze. These interviews focused on how the Directorate managed communication during the 2025 cholera outbreak.

The duration of the interviews varied. The interview sessions with the first, second, and third participants lasted approximately sixteen minutes each, while the interview with the fourth participant lasted approximately twenty-seven minutes. Overall, the interviews were conducted in a respectful and cordial atmosphere, creating an environment that encouraged open and honest responses.

3.9 Data Analysis Procedure

Data analysis, as defined by Mezmir (2020), involves classifying and interpreting linguistic or visual material to reveal both explicit and implicit meanings. With respect to analysing the data collected, thematic analysis was one approaches employed in this study. Mwita and Mwilongo (2025) explain that thematic analysis is a qualitative method that involves carefully examining collected data to identify, classify, analyse, and report patterns observed within it. This approach simplifies the process of addressing research questions by focusing only on themes essential to the study.

Guided by this understanding, the study systematically organized and examined data from interviews and documents to draw meaningful insights. Participants also shared relevant internal reports and communication briefs. Accordingly, the researcher analyzed these documents to complement and validate the interview data. Furthermore, identifying themes allows researchers to determine whether the findings confirm or challenge the postulations of a particular theory (Mwita & Mwilongo, 2025). In essence, the interviews were transcribed, reviewed, and coded into themes aligned with the study objectives. The same approach was applied to the documents to ensure consistency.

Nevertheless, in this study, the thematic analysis followed a deductive approach aimed at confirming the assumptions of the Situational Crisis Communication Theory (SCCT) and the Image Repair theory (IRT) which underpinned the research. This aligns with the assertions of

Sandhiya and Bhuvanewari (2025) that, in deductive thematic analysis, the researcher begins with existing concepts and theories, applying them to the data to formulate themes. Through deductive reasoning, the researcher builds a solid analytical foundation grounded in established theory rather than relying solely on raw data (Sandhiya & Bhuvanewari, 2025). In effect, the deductive thematic approach was used to confirm the assumptions of the SCCT in this study.

3.10 Ethical Considerations

In the context of research, ethics represent the principles and value systems that shape how investigators make decisions about collecting data, analysing it, and communicating their findings. Gedutis et al. (2022) observe that much of this ethical consideration is often implicit, functioning as a form of tacit understanding that guides researchers' actions throughout the investigative process.

In line with the above, ethical principles were strictly observed throughout the conduct of this study to ensure the protection, dignity, and rights of all participants. Prior to data collection, ethical approval was sought from the appropriate institutional authorities, and permission was obtained from the Mfantseman Municipal Health Directorate (MMHD) to engage its staff and access relevant information. The purpose of the study was also clearly explained to all the participants and their consent was sought before the interviews were conducted. On the score of confidentiality and anonymity, the participants' identities were not disclosed and no personal identifiers appear in the final findings on this research. Thus, the researcher used aliases to depict their responses in respect of this study. As noted by Subedi (2025), the practice of using pseudonyms is fundamental to maintaining confidentiality and ensuring that participants' identities remain anonymous in qualitative research settings. Through these measures, the study met the ethical standards required for responsible research involving human participants.

Ethically, Wang et al. (2024) also add that anonymity involves concealing participants' identities to protect them from potential harm, while Kang and Kwang (2023) emphasize that when participants feel protected, they are more open and contribute richer data. Subedi (2025) further advises maintaining confidentiality by keeping locations and contexts unidentifiable. Based on these principles, this study used aliases such as Interviewee 1 and Interviewee 2 to safeguard the participants' identities.

3.11 Chapter summary

This chapter outlined the methodological framework that guided the study, highlighting the research paradigm, design, sampling, data collection instruments, data collection procedure, data analysis methods, and ethical considerations.

Accordingly, the study adopted a qualitative case study design to explore the crisis response strategies and communication channels employed during the 2025 cholera outbreak in the Mfantseman Municipality. The purposive sampling technique was also used to select participants from the Mfantseman Municipal Health Directorate (MMHD) based on their expertise and involvement in the outbreak response.

Moreover, data was collected through semi-structured interviews and document analysis. The interviews provided firsthand insights from key participants who were interviewed, while document analysis involved reviewing documents and other communication materials received from the participants during the interviewing phase to support and validate the interview data.

For analysis, the study employed thematic analysis and document analysis techniques. Thematic analysis helped identify and interpret recurring patterns and themes, while document analysis confirmed and enriched these findings. Finally, the chapter emphasized adherence to ethical principles, including informed consent, confidentiality, and anonymity.

CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.0 Introduction

In this chapter, the researcher presents and discusses the findings obtained from the interviews conducted with five participants, along with insights gathered from the document analysis carried out at the Mfantseman Municipal Health Directorate (MMHD).

4.1 Findings, Interpretation and Discussions

In analysing the data collected, the data were organized into key themes and sub-themes, which were examined and interpreted using the Situational Crisis Communication Theory (SCCT) and Image Repair theory (IRT) in relation to relevant literature reviewed in the earlier chapters. To preserve the confidentiality and anonymity of the study participants, their responses are represented with alphanumeric identifiers such as Interviewee 1, Interviewee 2, and so forth. In addition, the research questions have been abbreviated as RQ throughout the analysis.

4.1.1 RQ1. How were the crisis response strategies communicated by Mfantseman municipal health directorate?

The research question above sought to explore the different crisis response strategies adopted by the Mfantseman Municipal Health Directorate (MMHD) in communicating information about the cholera outbreak within the municipality.

The main themes that emerged from the participants' responses centred on the use of primary and secondary crisis response strategies. It is worth noting that crisis response strategies refer

to the deliberate words and actions employed by managers to address and manage crisis situations (Coombs, 2007).

These themes were further categorised under sub-themes such as deny, rebuild and bolstering crisis response strategies. This view is supported by Singh et al. (2020), who explain that crisis response strategies vary according to the degree of responsibility accepted by an organization and the measures it takes to manage the situation. In effect, the MMHD employed various crisis response strategies and their accompanying techniques in relation to the cholera outbreak in the Mfantseman municipality.

- **Deny crisis response strategy**

A review of the interview data collected indicated that the Mfantseman Municipal Health Directorate (MMHD), firstly employed the scapegoating technique which can be classified as a deny crisis response strategy. This approach aligns with the notion by Coombs (2007), who explains that scapegoating involves attributing blame for a crisis to an external person, group, or organization. In essence, it shifts responsibility away from the affected institution to another party.

Similarly, Dai (2024) suggests that the deny strategy is appropriate when an organization's level of responsibility for a crisis is minimal. Within this framework, shifting contradictions, is typically used to mitigate reputational harm. This perspective was echoed by one participant, who confirmed during the interview that such an approach was indeed adopted by the MMHD by asserting that:

“...There was a festival going on in Abandze...we were doing education...wash your hands. Eat food which is hot. Don't do that. Don't do this. They didn't listen. Some of them came in. They were just chilling. They were just doing things they were not supposed to do. And then, we had the cases...so, how do you blame us? We did our best...”

- (Interviewee 3)

Another participant also expressed a similar sentiment by asserting that:

“...before you had the cholera, it means that you have taken in water or food, which is contaminated...a lot of our community members, what do we see? You will see people selling at where we have choke gutters and then you see people eating without even washing their hands...people like shaking other people a lot. So, if the person...the hands are contaminated, you might not know...People will just buy things from outside and they eat them like that...the district in which we are, a lot of people don't even think of communal labour...from Abandze, we decided to go see the opinion leaders. We had a lengthy talk with them. Slated a date for communal labour but at the end of the day...we couldn't do anything there...at the end of the day...we ended up doing the communal labour, but the people, the indigenous didn't come...So, they also have a part to play...cannot just say we want to overlook shortage of water, is one thing. If the water is not there, how will the people wash their hands...”

- (Interviewee 2)

Another participant who was interviewed intimated that:

“...the sanitation people should have worked ahead. They should have come into the community to sensitise the community members how to keep the environment clean to prevent the outbreak. So the health directorate only comes in when the occurrence has already happened and then they will try to tame or calm the situation as well as giving education at the same time... So...the environmental...too should have worked ahead by helping the people or teaching them to tidy up their places, cleaning their gutters, ...or just use clean waters and others. So the blame shouldn't be only on the health sector...”

- (Interviewee 1)

In the same vein, another participant mentioned that:

“...It was due to sanitation. Actually, we had a shortage of water from November 2024 through to 2025. That was the problem, and then people were not getting water to do their normal rounds, normal duties...but that is...the major cause of the outbreak...the community members were having issues with their toilet facility. So, they were saying if the community leaders can help them with the toilet facility, they...will go there, instead of going to the beach side to do their things there...yes, the Assembly, the Environmental, they also have a role to play...when we had a shortage of water everywhere, maybe the Assembly could have put it upon themselves and then get water for the people or maybe the Environmental people could have gone around to see the impact of water sanitation...as at that time...”

- (Interviewee 4)

Taking a cue from the above, MMHD implied that the crisis (cholera outbreak) cannot be attributed to their organisation since as part of their mitigating efforts, they consistently engaged the people in the Mfantseman municipality prior to the crisis. In essence, the MMHD attributed or shifted the blame to the indigenes in the constituency for failing to observe good

personal hygiene and the Mfantseman Municipal Assembly (MMA) for failing to provide the indigenes with water during the crisis.

The decision by the MMHD to blame the indigenes for not taking their personal hygiene seriously and other institutions also aligns with the shifting the blame tactic as theorised by Benoit (1997) in the image repair or restoration theory (IRT) which underpinned this study. This revelation further affirms the findings of Sayed and Mohammed (2022) who asserted that shifting blame can be more effective during times of crisis, as it directs the audience's negative perceptions toward another party, while reducing attention on the accused.

In line with the above, a careful analysis of the responses also revealed that MMHD strongly denied being responsible for the crisis. Rather, it scapegoated institutions like the Environmental and Sanitation department at the Mfantseman Municipal Assembly (MMA) for failing to educate the indigenes on the need to keep their environment and the municipality clean and the Ghana Water Company (GWCL) for their inability to provide potable water all year round, hence the cholera outbreak (crisis). Thus, in this case, the MMHD makes a strong case that it is not supposed to be blamed for the crisis, hence, it scapegoated other institutions and requested that they should be held accountable.

Further analysis of this theme or findings also confirms some of the key principles of the Situational Crisis Communication Theory (SCCT), which underpinned this research. Coombs (2007) supports this position by emphasizing that the SCCT shifts focus from internal organizational strategies to how the public perceives a crisis, introducing the concept of attribution from social psychology. Attribution, in this context, refers to the extent of blame stakeholders assign to an organization following a crisis event (Coombs,2007). In the same vein, the MMHD's application of this strategy reflects the observations made by Mosio et al. (2020), whose study examined scapegoating as a crisis communication approach. Their

research, which also employed the SCCT framework, revealed that such strategies can significantly influence an organization's reputation and stakeholders' word-of-mouth behaviour. The findings indicated that scapegoating can lessen the degree of responsibility attributed to an organization, even when the crisis originates from its own actions.

Invariably, this supports the position of Moisiso et al. (2020), who argue that although denial strategies may not always be completely effective, the introduction of a potential scapegoat often helps divert part of the blame away from the organization. A tactic similarly employed by the MMHD in this instance by shifting blame to other institutions and the indigenes in the municipality.

Nonetheless, the use of the deny strategy, further corresponds with the qualitative study by Faisal and Zannat (2024). The analysis in this study revealed that shortly after the incident (crash), the US-Bangla airline's CEO publicly attributed the cause of the crash to miscommunications from Tribhuvan International Airport's air traffic control, while strongly defending the pilot's competence and the airline's overall safety record during press briefings and media engagements. Faisal and Zannat (2024) further notes that this approach, widely covered in multiple news articles, highlighted the airline's effort to shift blame to external factors, hence scapegoating them. Particularly, citing errors in air traffic communication and the adverse weather conditions present at the time of the crash (Faisal & Zannat, 2024).

As a result, it can further be deduced that the above assertions align with the scapegoating strategy or technique employed by the Mfantseman Municipal Health Directorate (MMHD) since it sought to blame the indigenes, the Mfantseman Municipal Assembly (MMA), specifically its environmental health department and its officers. Likewise, Zoomlion Ghana Limited who are in-charge of sanitation related activities in the constituency rather than itself.

In contrast, on the demerit of this deny crisis response strategy, Amegadzie (2024) states that scapegoating can momentarily absolve an organization of blame, but if the organization is ultimately discovered to be at fault, it may escalate stakeholder resentment. In this regard, it can also be concluded that the views expressed by the MMHD sought to cause disaffection for other organisations such as the MMA, GWCL and the indigenes while absolving itself from blame.

- **Bolstering crisis response strategy**

The bolstering crisis response strategy, as described by Coombs (2022), serves as a supplementary approach that organizations can employ to remind stakeholders of their past positive contributions and achievements. It can also be used to express appreciation to individuals or groups who offered support to the organization during the crisis period (Coombs, 2022).

A thorough examination and interpretation of the data gathered revealed that the Mfantseman Municipal Health Directorate (MMHD) relied on reminder and the ingratiation crisis response strategies to communicate the crisis.

- **The ingratiation crisis response strategy or technique as used by MMHD**

Do and Nham (2021) emphasizes that ingratiation which can classified as bolstering crisis response strategy deals with building relationships with stakeholders by maintaining positive traits and praising them. A thorough analysis and careful evaluation of the data collected, particularly the documents obtained and the responses analysed with respect to this study revealed that the above strategy was used by the Mfantseman Municipal Health Directorate (MMHD). In practice, a participant who was interviewed maintained that:

“...our people actually did well. They did the education and other things. They were doing it in churches, they were doing it in schools and other places...the imams and

those people, they all gave us the opportunity to do the health education in their various churches and their mosques. So, I think they also played a part and their involvement helped us to be able to handle the situation...

- (Interviewee 2)

Building on this, another participant observed that:

“...We need to thank the Ghana Health Service, the World Health Organisation and the Ghana Health Service for mobilizing the cholera vaccine for us on time to vaccinate the people...the finance department too...because when we do the outreach programmes...the nurses who do the vaccination had to be paid...also the medical superintendents at our hospitals, the public health nurses...doctors and nurses who were at the emergency units day and night too. They helped us a lot...”

- (Interviewee 1)

Another participant also stated that:

“...Then I must be grateful to the assemblymen around those places. They helped us with the CICs. Even though we paid a certain amount, but it was okay...”

- (Interviewee 3)

Notwithstanding, another participant also echoed a similar sentiment by stating that:

“...I remember we went to Nankaesido, one of the suburbs of Saltpond, to do education and then they really helped, the chief there, the elders, the assemblymen, they organised people for us to do the sensitisation. So, they have a very greater role to play...”

- (Interviewee 4)

In light of the above statements and after analysing the various documents (**see Appendices A & B**) received from some of the participants, it is evident that the Mfantseman Municipal Health Directorate (MMHD) did actively employ the ingratiation crisis response technique which is a bolstering strategy as part of its broader crisis communication efforts during the cholera outbreak. This was evident in the manner in which some of the respondents praised the Assembly men, the Chiefs, health workers and other health organisations like the Ghana Health Service (GHS) among others who assisted them during the crisis period. This approach aligns with Coombs' (2007) concept of ingratiation, which emphasizes praising stakeholders, a

principle consistent with the Situational Crisis Communication theory that underpinned this study.

Similarly, this technique also upholds the view expressed by Alambo (2020), that ingratiation strategies may also involve commending others, as the affected organization seeks to win the support and goodwill of its key stakeholders. The use of the ingratiation technique by the MMHD also aligns with the study by Amegadzie (2024) which reviewed how the Judaical Service Staff Association of Ghana (JUSAG) dealt with the salary review impasse with the Government of Ghana in the year 2023. The study revealed that the ingratiation strategy was used to heap praises on some of JUSAG's stakeholders such as the Chief Justice of the Republic of Ghana and staff of the Judicial Service for their patience during the impasse (Amegadzie, 2024).

Subsequently, the use of the ingratiation technique by the MMHD which is a secondary crisis response strategy also reflects findings from a qualitative study by Ogunyombo et al. (2024), which looked at how MTN Nigeria applied the SCCT during the SIM card registration crisis. The study suggested that ingratiation was used as a smart way to heap praises on the government of the day and its officials for proposing the registration of sim cards. Thus, Ogunyombo et al. (2024) aver that the ingratiation strategy was interpreted as a deliberate effort to appeal to the conscience of policymakers and authorities, portraying MTN Nigeria as an organization willing to comply with governmental directives and regulations.

In the case of the MMHD, it can be concluded that the expressions of gratitude and the public acknowledgment of the contributions of various stakeholders such as its staff members, the Ghana Health Service, the Ministry of Health, the World Health Organisation (WHO) (**see appendix A**) among others during those difficult moments (Cholera outbreak) strategically positioned the MMHD as a collaborative, appreciative and a community-oriented organisation.

Furthermore, it must be noted that the decision by the MMHD to praise both its internal and external partners also helped in managing its image and relationships with its publics in the long run.

▪ **The reminder crisis response strategy or technique as used by MMHD**

A methodical examination of the recorded and obtained data also revealed that the Mfantseman Municipal Health Directorate (MMHD) also relied on the reminder technique during the crisis in the year 2025. According to Rozanov et al., (2020), the reminder strategy encompasses the crisis manager reminding stakeholders of the organization's previous positive contributions and achievements. In the context of MMHD, a participant who was interviewed maintained that:

“...we dealt with a similar cholera outbreak in the year 2024, so we already knew what to do when it occurred again this year...the basic procedures to follow was already known to us...our staff were already equipped with what to do based on our past experiences...”

- (Interviewee 4)

Another participant also mentioned that:

“...so, every year, you need to make sure that you prepare this emergency preparedness plan...based on the previous plan that we are having, you know that at this peak period, these are some of the diseases that can happen. So, you need to prepare for them...”

- (Interviewee 2)

Another perspective was provided by a participant who said:

“...see even in 2024 when the cholera happened, our superiors at Ghana Health Service (GHS) were emphatic that potable water had to be provided to the people even in the press release...”

- (Interviewee 1)

Another interviewee further expressed that:

“... last year, we managed it such that we did not record any deaths in our municipality and this year too, the same...no death was recorded by the Directorate. This is because we did the sensitisation well...”

- (Interviewee 3)

A further analytical assessments of the data collected above revealed that the Mfantseman Municipal Health Directorate (MMHD) effectively used the reminder crisis response strategy or technique during the 2025 cholera outbreak. Grounded in the Situational Crisis Communication Theory (SCCT), this strategy emphasizes highlighting an organization’s previous achievements to reinforce stakeholder confidence during the crisis (cholera outbreak).

The analysis revealed that MMHD referenced its successful handling of previous health emergencies such as the 2024 cholera outbreak and COVID-19 pandemic as proof of their professionalism, preparedness and competence in such instances. Likewise, the MMHD also referenced an earlier press release (see appendix C & C1) issued in 2024 indicating the steps it proposed in handling the cholera outbreak which they believed was applicable under the circumstances in 2025.

The way in which the MMHD commended its stakeholders, mainly its staff members and past efforts also align with Benoit’s (2015) reduction of offensiveness strategy, particularly the bolstering approach, which forms part of the Image Restoration Theory (IRT) underpinning this study. According to Zannat et al. (2024), bolstering involves emphasizing the positive qualities and commendable past actions of the party accused in order to mitigate negative perceptions. In this instance, MMHD highlighted its past efforts as enumerated above.

The use of the reminder strategy by the MMHD is also consistent with the qualitative case study conducted by Ogunyombo, Odunlami, and Oredola (2024) in relation to Nigeria SIM card registration crisis, which unfolded between October 2015 and June 2016 which is also

anchored in this theoretical perspective. The analysis in this study revealed that although MTN Nigeria was fined US\$5.2 million (₦1.4 trillion) for failing to deregister improperly registered SIM cards on its network, the company adopted the reminder strategy to highlight its previous positive contributions, such as its humanitarian initiatives and community development projects. Through this strategy, Ogunyombo, Odunlami, and Oredola (2024) aver that, MTN Nigeria also reminded stakeholders that approximately 80% of its management team consisted of Nigerians, reinforcing its identity as a locally integrated organization. Likewise, reminded the general public that shutting down the businesses of MTN will result in job losses for indigenes the taxes that would accrue to the government of the day (Ogunyombo, Odunlami & Oredola, 2024).

Nevertheless, the use of this strategy by the MMHD helped strengthen its reputation, reassured its stakeholders, and portrayed that the Directorate as an outfit that can be trusted to handle repeated public health challenges efficiently and effectively. Therefore, confirming the analogy by Tian and Yang (2022) that bolstering strategies consists of expressing appreciation for government actions, offering praise, providing emotional support, and ensuring information transparency.

In conclusion, the use of primary crisis response strategies such as scapegoating, combined with bolstering strategies like ingratiation and reminder, affirms the tenets of the Situational Crisis Communication Theory (SCCT). Coombs (2007, 2013), in effect, emphasizes that bolstering strategies should not be used in isolation but rather in conjunction with other crisis response approaches as seen in the case of the Mfantseman Municipal Health Directorate (MMHD).

4.1.2 RQ2: What crisis response channels were used by Mfantseman Municipal Health Directorate to communicate the crisis (cholera outbreak) in the year 2025?

In response to the above research question, a critical evaluation of the data that was collected uncovered that the Mfantseman Municipal Health Directorate (MMHD) relied on diverse communication channels to communicate the crisis. These channels ensured that the stakeholders were engaged timeously and helped in the dissemination in the municipality. They comprise;

- **Community Information Centre (CIC)**

Obeng-Fosu (2021) asserts that Community Information Centres (CICs) are locally established facilities designed to enable people within communities to access, create, and share information that supports their development and communication needs.

This assertion was further confirmed by the participants whose views were sampled and analysed in relation to this study. A participant interviewed maintained that:

“...The CIC is in the community and then everybody in the community listens to whatever they say or whatever goes on there. So, we used the CICs, yes, we did use them because all the information everybody is listening to the most now is the CICs, especially when they are talking at dawn or late in the evening. No matter where the person goes, the person will come back and meet the same information and...even with children that are in the house, they can relay the information to their parents when they are back from their normal duties...”

- (Interviewee 4)

Another participant also stated that:

“...So, the CICs are mostly listened by the communities daily. Early in the morning, that is what they listen to, because you have no choice. They open it up to you. Even if you have a radio station, because of the noise, you have to listen to them. So, that way, in the morning, in the evening...”

- (Interviewee 3)

Subsequently, another participant also confirmed these assertions by indicating that:

“...we used...Community Information Centres. You know, we have a lot of communities more than the towns...but when you go to the communities, you

see that we have these Community Information Centres there. That is where they do their announcements, either at dawn or in the evening...so when you give them whatever information, they can easily listen and then in the evening too, they might have come back from their daily activities and then they will be home. So, whatever announcements you do, people will be ready to listen..."

- (Interviewee 1)

Another participant also alluded to the above assertions by stating that:

"...looking at our setting here, the communities have CICs, that is the Community Information Centres and that's where they get most of their information. So we go into the communities, sometimes talk to the operators or we pay and we educate them through it so that they hear from this information system..."

- (Interviewee 2)

The findings clearly demonstrate that the Community Information Centres (CICs) played a pivotal role in reaching the indigenes in the Mfantseman Municipality during the crisis. Importantly, the announcements on the cholera outbreak were delivered in local languages, often using loudspeakers in strategic locations within the municipality.

The findings of this research also correspond with those of Akueteh et al. (2024), who examined how Community Information Centres (CICs) function as vital communication platforms for community development in the La Nkwantanang Madina Municipality of the Greater Accra Region. Their research revealed that CICs serve as essential sources of information, helping residents stay informed about local events, government initiatives, health campaigns, educational activities, and religious programs. According to Akueteh et al. (2024), the information disseminated through these centres was largely viewed as relevant, dependable, clearly presented, timely, and responsive to the needs of community members.

Invariably, this study also revealed that the Community Information Centres (CICs) as used by the Mfantseman Municipal Health Directorate (MMHD) were highly effective in reaching residents who lacked access to digital media or formal education. These centres played a vital

role in quickly and consistently raising public awareness about the cholera outbreak by broadcasting messages at regular intervals throughout the municipality. Overall, while CICs are crucial for disseminating community information, Obeng-Fosu (2021) cautions that frequent power outages can limit their effectiveness.

- **Posters**

A systematic analysis of the gathered information from the various participants also revealed that posters also served as a channel of communication during the cholera outbreak (crisis) in the Mfantseman municipality in the year 2025. Simply, Utoyo et al., (2021) aver that a poster is a single-page, two-dimensional medium designed to convey information in a clear and visually appealing way. It can be used to share data, schedules, announcements, or promotions, as well as to attract attention to people, causes, events, products, services, organizations, or places (Utoyo et al., 2021).

With respect to the merit of posters, Hasanica et al (2020) suggest that a poster stays in the long term in the place where it is set up, which allows for a long-term retention of knowledge and positive attitudes at approximately the same level as after the education

In light of this, a respondent acknowledged the same stance by arguing that:

“...the posters...we have to put them at the vantage areas so that people can look at it and read. So, that was the reason but we don't print them...”

- (Interviewee 3)

A participant interviewed also mentioned that:

“... We gave some to the assemblymen. They posted some in the community's vantage points and, in the hospital, we have some around. At every vantage point in the community, we make sure some were available so that those who can read can and even without reading, we have pictures and signs on it so that it will give them information about how to tidy the environment and also keep themselves clean...”

- (Interviewee 1)

Another participant also indicated that:

“...so, posters...were used...they say that seeing is believing. So, people were watching the posters, reading what was written, the...short messages that were on the posters, and then it was helping them to know what to do. They know that when they see any one of the signs of cholera, they have to rush to the hospital...”

- (Interviewee 4)

Another respondent also maintained that:

“...we used posters...so, they prepare the posters depicting maybe signs of cholera, causes of it, and then the preventive measures. So, these posters are posted at vantage points...we also had to design our own posters that will show that if for instance, they have a poster with a picture of a nurse or a health practitioner who resides in Mfantseman here, when people say...I know this person, so what is the person talking about...so, they can easily take it...”

- (Interviewee 2)

These findings underscore the critical role communication channels such posters play in health emergencies or crisis as recounted by the various respondents at the Mfantseman Municipal Health Directorate (MMHD). It must be noted that these posters contained (**see appendices A&B**) educational and preventive health messages on the symptoms of cholera and prevention. Importantly, some of these posters were clearly placed at vantage points in hospitals, schools, marketplaces, and lorry stations among others to constantly reinforced the verbal messages delivered by the crisis spokespersons at MMHD.

Nonetheless, the use of the posters by the MMHD also substantiates the stance by Hasanica et al., (2020) who aver that the distribution of health-educational posters is recommended in situations where it is necessary to reach a wide audience for a long period of time. In the same vein, Hasanica et al., (2020) further proposes that the site where a poster is cited, must be

protected, though it does not guarantee that there will be an increase in knowledge if the poster is there.

- **Radio**

In the quest to effectively deal with the cholera crisis in the Mfantseman municipality in the year 2025, it is vital to state that the Mfantseman Municipal Health Directorate (MMHD) also relied on communication channels such as radio to communicate the crisis. A respondent during the interviewing phase argued that:

“...we did use the radios...and then they gave us slots. They gave us air time to come and then talk about the disease, how far the disease is going, and then let people be aware that it's really going on...”

- (Interviewee 4)

Another participant who was interviewed stated that:

“...the radio stations also helped a lot...during the outbreak, we were going there more often...ordinarily, we would have paid for the airtime but nowadays because they see it as part of their social corporate responsibility so they also give us the opportunity to come and then help educate the people...we went to Coastal fm, Odumankuma, kasmite...”

- (Interviewee 2)

Another participant also stated that;

“...They gave us radio stations to do campaigns, do announcements, do education...we used radio...”

- (Interviewee 3)

In the same vein, another participant opined that:

“...And other bigger communities like Mankessim...they also have radio stations there so that makes it a bit easy when we go to the radio stations to make the education there...”

- (Interviewee 1)

Taking a cue from the above theme, an in-depth analysis and evaluation of the data collected also pointed out that the MMHD used radio stations in the municipality to communicate the crisis (cholera outbreak). Nevertheless, Rodero (2020) argues that radio is a medium that adapts easily to crisis situations and has historically played important roles in times of natural disasters and health emergencies.

The MMHD's use of radio to communicate during the crisis, along with its chosen response strategies, aligns with the findings of Kalogiannidis et al. (2023), who examined the role of media in crisis management during uncertain times. Their study emphasized that battery-powered or hand-crank radios are essential components of an emergency preparedness kit.

Similarly, the MMHD's reliance on radio during the cholera outbreak, along with some radio stations' acknowledgment of their responsibility to educate the public, supports the findings of Bethy, Pawito, and Utari (2023), who highlight that radio has a clearly defined social role under broadcasting law. Licensed stations are obligated to allocate airtime for the benefit of the wider community, a responsibility that becomes particularly crucial during public health crises (Bethy, Pawito & Utari, 2023).

Awofadeju and Akintayo (2023) also confirm the above notion by opining that radio is a mass medium that can be harnessed to enhance an education campaign since it can span great distances and reach a large number of listeners. Furthermore, Awofadeju and Akintayo (2023) also note that because of its wide coverage, relatively low unit cost, ability to reach those who are illiterate and without the use of mains power, it has proved to be an effective educational medium. The fact that it is non-visual can be harnessed to improve education quality since the listener is compelled to support the sound message by using his or her own imagination (Awofadeju & Akintayo, 2023). In effect, the MMHD used this channel as a medium to also

reduce its severity of the crisis by educating the masses on the steps it had taken to prevent the crisis.

- **Messaging Platforms (WhatsApp)**

A detailed analysis of the data collected also indicated that the Mfantseman Municipal Health Directorate (MMHD) in its quest to communicate among its staff members during the cholera outbreak used Whatsapp, which is a messaging platform to do same. WhatsApp enables users to send encrypted messages, share multimedia content, and make voice or video calls in real time. Its group chat function also makes it possible to communicate with as many as 256 participants simultaneously (WhatsApp, 2020a). According to Weaver et al. (2020), the widespread popularity and usage of WhatsApp among smartphone users can be attributed to its flexibility and convenience, allowing people to interact easily through text, audio, video, and group discussions regardless of device type. During the interviewing phase, a participant confirmed same by opining that:

“...We created a WhatsApp page. We have one WhatsApp page that is housing all the health workers. So, if there is anything, we put it there. So, all the health workers in the district... so, whatever information that we want to communicate, we just put it on that platform. Either you do audio or you write, and then at the end of the day, you will all get the information...”

- (Interviewee 2)

Another participant also mentioned that:

“...actually, here in our facility, we have a platform that whenever we have information, anything that is coming to go on, we put it there for every staff to be aware and then those that went out for their vaccinations too, they were using the WhatsApp, Some, not all, were using the WhatsApp to give us their reports...”

- (Interviewee 4)

Similar sentiments were also shared by a participant who indicated that:

“...so, the Directorate has a Whatsapp page for all nurses...so once we didn't get funds to train all of them, all the bits and pieces of information were put on the page so that we can be abreast with the current information, and some were even using them as status. So, during the vaccination... somebody will call you, I heard you are going to do vaccination, when are you starting?... then you can just give the person the date and the time. So, yes, we use...WhatsApp ...”

- (Interviewee 3)

A respondent also acknowledged same by stating that:

“...we used our WhatsApp platforms to educate ourselves and give updates on whatever that is going on. On referrals, on discharging, everything that went on, we used our WhatsApp platforms and also having meetings in the clinics and the hospitals when needed...”

- (Interviewee 1)

The analysis above uncovered that the messaging platform called WhatsApp was used by the MMHD to communicate with its internal publics during the crisis. It also allowed MMHD to provide updates and reports on the situation on the ground. It is essential to state that the platform allowed for two-way communication. This observation aligns with the findings of Weaver et al. (2022), whose study highlighted how WhatsApp has been instrumental in transforming healthcare delivery and empowering health workers, particularly in low- and middle-income countries. Weaver et al. (2022) makes the point that WhatsApp served as an effective tool for supervisors to share administrative updates with their teams while simultaneously creating a space for interns and other staff members to seek clarification and receive guidance from their superiors. In effect, the use of the WhatsApp platform by MMHD allowed their outfit to receive feedback and updates in real time from their internal publics, mainly health workers during the cholera outbreak.

In contrast, Duys et al., (2021) advocates that although messaging platforms such as WhatsApp use encryption to secure message content, the accompanying metadata can still be accessed

and potentially utilized by the service provider for commercial purposes. Moreover, the issue of data sovereignty has become increasingly significant, as information generated on these platforms is often stored and processed in other countries that operate under different data protection laws. Therefore, data privacy must be given a critical consideration on this platform (Duys et al.,2021).

In summary, the reliance on this channel (WhatsApp) by the MMHD during the crisis greatly improved its coordination of activities among various health posts and practitioners.

- **Noticeboards**

Analysis of the data collected also brought to light that the Mfantseman Municipal Health Directorate (MMHD) also relied on notice boards to communicate the crisis and the corresponding remedies to it. A participant acknowledged same by stating that:

“...with the notice board, we put important information there. So, the daily activities, sometimes you may be having a plan for what you will be doing, but if there is a change, that is what we put there on the notice board for everybody to read...”

- (Interviewee 4)

Another respondent responded that:

“...when you go to the facility, you have some with notice boards so that is where some of the posters... they paste them there for people to read and then at the Directorate too we also have a notice board for our people so when you go to certain areas like the Assembly, they also have notice boards so all they need is to get the posters and then they paste them there for people to read...”

- (Interviewee 2)

A respondent also argued that:

“...we also used the notice boards. We also used them at the various hospitals. We placed the essential protocols on them for every health worker to know what to do when a case comes or know what to do at a particular time...”

- (Interviewee 1)

Penmetcha et al. (2020) explain that notice boards serve as designated spaces for sharing public information, including event announcements, advertisements, and other messages intended to capture public attention. In the case of the MMHD, it equally used the notice board at its premises and other health facilities to educate the general public about the cholera crisis.

Although notice boards play an important role in information dissemination, Manchala et al. (2024) caution that maintaining traditional notice boards can be challenging. Updating information often demands a tedious and time-intensive process, which results in the unnecessary use of materials such as paper and ink, as well as increased time and human effort. In conclusion, the MMHD used several channels of communication comprising digital and traditional channels in the bid to ensure that both their internal and external publics had the necessary information about the crisis and how to prevent it. The use of the multiple channels in the long run helped the MHHD to reach diverse audiences while fulfilling its mandate.

4.1.3 RQ3. What was the role of crisis spokespersons at the Mfantseman municipal health directorate during the crisis situation (cholera outbreak) in the year 2025?

The analysis with respect to this research question highlights the key role the crisis spokespersons played during the cholera outbreak (crisis) in the Mfantseman municipality in the year under review above.

According to Clementson and Page (2023), when organizations face a crisis, it is usually the spokesperson who engages with the media and responds to their inquiries. In line with this, Nigmatulin (2023) explains that the role of spokespersons role in such situations involves delivering accurate and timely information, addressing public concerns, and helping to sustain trust and credibility. In essence, the case of the crisis spokespersons at Mfantseman Municipal Health Directorate (MMHD) was not different. A participant confirmed same by stating that:

“...So, for the main person, it was the director, the municipal director, who serves as the spokesperson. When it comes to the region, the regional director was a spokesperson. But at any point...can delegate anybody to speak on his or her behalf...”

- (Interviewee 3)

Another participant mentioned that:

“...So, Director was the main person who was in charge of it... sometimes, you have the surveillance officer talking to issues and then sometimes, I also get the opportunity to talk to issues and then Director also does that but in all, the Director will have to give you the opportunity before you talk.

- (Interviewee 2)

A participant also intimated that:

“...with the outbreak...so from the Director to the disease control officers at the Directorate, the public health nurses, the health information officers, the physician assistants, the medical officers, the nurses, everybody got involved and I would say they all worked as spokespersons...”

- (Interviewee 1)

Based on the above theme, the findings in relation to this research question clearly highlight the crucial role that spokespersons played during the 2025 cholera outbreak in the Mfantseman municipality. Though the Director of the Health Directorate was identified as the official spokesperson, it became evident that communication during the crisis was not the responsibility of just one person. Consequently, it was a collaborative effort since the community health nurses, disease control officers, doctors, and other staff members were also involved in sharing vital information, promoting preventive practices, and building trust with the people in the municipality. This confirms the observation by Amegadzie (2024) who argued that having clearly designated spokespersons and backup communicators helps strengthen both internal coordination and external engagement. Ultimately, this structure enhances transparency,

promotes unity among team members, and helps rally community support when it is most needed.

This approach reflects Coombs's (2007) view that, in times of crisis, organizations should construct media narratives that influence public perception, communicate their perspective effectively, and garner attention and support from the public. The Mfantseman Municipal Health Directorate demonstrated this effectively by having several trusted health professionals communicate directly with the public, ensuring their message was heard and understood at various levels of society.

The findings also support the view of Clementson and Page (2023), who argue that a spokesperson's role goes far beyond responding to media inquiries. They play a central part in building and maintaining public confidence through honest, timely, and consistent communication. Similarly, Nigmatulin (2023) emphasizes the importance of spokespersons in addressing public concerns, correcting misinformation, and reinforcing institutional credibility. In Mfantseman, this role was embraced by a diverse and well-coordinated team who took ownership of communication across most of the health posts in the municipality. In addition, the accounts by the participants reflect Przybysz's (2020) argument that spokespersons need strong language and communication skills to ensure their messages are clear, accessible, and resonate with diverse audience groups. The ability of MMHD's workers to simplify health messages and speak in relatable terms was key to securing cooperation from the public during the outbreak.

In conclusion, the Mfantseman Municipal Health Directorate's experience during the 2025 cholera outbreak reinforces the idea that effective crisis communication requires more than just one authoritative voice. In essence, it depends on teamwork, professional competence and communicating in a clear and precise manner during a crisis.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary, conclusions, and recommendations derived from the findings discussed in Chapter Four. It highlights how the Mfantseman Municipal Health Directorate (MMHD) managed the 2025 cholera outbreak which degenerated into a crisis using various crisis response strategies, communication channels, and various spokespersons. The analysis is anchored in the Situational Crisis Communication Theory (SCCT) and Image Restoration or Repair Theory (IRT), which served as the guiding frameworks for interpreting the findings.

Consequently, the chapter offers an integrative discussion that connects the empirical findings with theoretical insights and suggests practical steps for strengthening crisis communication within Ghana's health sector.

5.1 Summary of Key Findings

The findings of the study are summarized along the three major themes that emerged from the analysis: crisis response strategies, communication channels, and the role of spokespersons.

Apparently, the study revealed that the Mfantseman Municipal Health Directorate predominantly relied on deny and bolstering crisis response strategies. Under the deny strategy, the Directorate adopted the scapegoating technique by attributing responsibility for the outbreak to external actors such as the Ghana Water Company, the Environmental and Sanitation Department, and the residents themselves, whom it accused of disregarding hygiene protocols. This approach aligns with Coombs's (2007) assertion in the Situational Crisis

Communication Theory (SCCT) that denial and scapegoating can be effective when an organization's responsibility for a crisis is minimal.

Similarly, the scapegoating strategy corresponds with Benoit's (1997) Image Restoration Theory (IRT), particularly the shifting the blame technique, which allows organizations to redirect public attention away from themselves. Moreover, the MMHD's adoption of this strategy helped protect its image and reduced the level of blame attributed to it by the public, by extension the indigenes in the Mfantseman municipality. However, as Amegadzie (2024) cautions, scapegoating can potentially create disaffection among stakeholders if subsequent investigations contradict the claims of innocence.

In addition to deny strategy, the Directorate adopted bolstering strategies such as ingratiation and reminder techniques. Through ingratiation, the MMHD publicly expressed gratitude to its staff, assembly members, health workers, and partner institutions such as the Ghana Health Service, the Ministry of Health, and the World Health Organization. This gesture of appreciation helped foster goodwill and strengthened collaborative relationships. Similarly, the reminder technique involved the Directorate highlighting its past achievements, including its effective management of previous health crises like the 2024 cholera outbreak and the COVID-19 pandemic. This strategy reinforced public trust and portrayed the Directorate as competent and experienced in handling health emergencies.

Collectively, these strategies reflect the theoretical principles of both SCCT and IRT. The MMHD balanced defensive (deny) and reinforcing (bolstering) approaches to maintain credibility while protecting its institutional reputation. Nonetheless, the Directorate's communication pattern demonstrated a context-sensitive application of crisis management principles suitable for public health institutions operating in resource-constrained settings. For example, in relation to financial constraints, since the Directorate did not get enough funds to

train most of the nurses in person, it resorted to messaging platforms like Whatsapp which can host several participants to brief and educate the nurses. Thus, the nurses who were responsible administering the cholera vaccines could also express their opinions via the platform. In effect, this helped to save time, reduced the risk of the nurses travelling long distances to the Directorate in Saltpond and the undue cost the Directorate would have incurred in transporting all the nurses in the locality to the Directorate just to train them.

The study also uncovered that the MMHD used multiple communication channels to disseminate information during the crisis. The most frequently used channels included Community Information Centres (CICs), radio, posters, noticeboards, and WhatsApp messaging platforms.

The Community Information Centres (CICs) were especially effective because they reached residents who lacked access to formal education or digital media. Announcements were broadcast in local languages and repeated at intervals, ensuring that the messages were widely heard.

Significantly, some radio stations in the municipality also provided free airtime for public education, thereby expanding the Directorate's reach and reinforcing its messages about how to prevent the cholera outbreak (crisis). Invariably, the use of posters and noticeboards complemented the efforts of the Directorate by serving as visual reminders of how to practice good personal hygiene and prevent contracting cholera in the long run. These materials, particularly the posters were strategically placed in markets, schools, lorry stations, hospitals among others to reinforce and augment the sensitization drives which were done verbally by the various spokespersons used by the Directorate.

Additionally, WhatsApp served as an internal communication tool among staff members, facilitating real-time coordination and updates during the outbreak. This platform enabled two-

way communication, ensuring that nurses, disease control officers, and coordinators could receive instructions and share feedback promptly.

Importantly, the Directorate's reliance on both traditional and digital channels ensured a broad and inclusive communication network. This multi-channel approach proved critical in maintaining information flow, addressing misinformation, and coordinating response efforts effectively throughout the municipality.

The study further revealed that multiple spokespersons were involved in communicating during the crisis. The Municipal Director served as the lead spokesperson, communication responsibilities were shared with the surveillance officers, Disease Control Officers, doctors and other Public Health Nurses. This collaborative structure enhanced consistency and reach in message delivery.

The findings indicated that spokespersons played vital roles in simplifying technical information, addressing public concerns, and maintaining transparency. Their empathetic and relatable communication style strengthened public trust and encouraged compliance with preventive measures. This approach reflects Coombs's (2007) proposition that credible spokespersons are central to framing messages that influence public perception during crises.

Furthermore, the Directorate's use of multiple communicators aligns with Przybysz's (2020) argument that spokespersons must possess strong communication and language skills to ensure that messages resonate with different audience groups. In the same vein, the MMHD's strategy of decentralizing its communication function ensured that messages were consistent, timely, and accessible to all sections of the community.

5.2 Conclusions

The Mfantseman Municipal Health Directorate (MMHD) handling of the crisis (cholera outbreak) which affected the Mfantseman municipality in the year 2025 can be described as a deliberate, coordinated, and theory-driven effort grounded in both primary and secondary crisis response strategies. As the findings reveal, the Directorate's crisis communication approach was shaped significantly by the Situational Crisis Communication Theory (SCCT) and complemented by the Image Restoration Theory (IRT), which together provided a structured framework for understanding how MMHD crafted and delivered its messages during the outbreak. Consequently, the Directorate relied on a combination of denial-based strategies and bolstering techniques to manage public perception, clarify its role, and reinforce stakeholder confidence during the crisis.

To begin with, the analysis shows that MMHD prominently used the deny crisis response strategy, particularly through the scapegoating technique, which allowed the organisation to distance itself from direct responsibility for the outbreak. Participants consistently indicated that the Directorate attributed the crisis to external factors such as the failure of community members to adhere to proper hygiene practices, lapses in sanitation by the Municipal Assembly, and prolonged water shortages caused by the Ghana Water Company. This approach corresponds with Coombs' (2007) assertion that denial strategies are appropriate when an organisation perceives its level of responsibility to be minimal. Subsequently, the scapegoating tactic reflected Benoit's (1997) IRT proposition that shifting blame can serve as a means of protecting the organisation's image during critical situations. The MMHD's emphasis on the negligence of residents and lapses by other institutions demonstrates how denial strategies were strategically used to reduce perceived organisational culpability. Nevertheless, the analysis equally acknowledges that overreliance on such strategies may have long-term reputational implications if the organisation is later found to share responsibility.

Furthermore, the findings indicate that MMHD supplemented its deny strategy with bolstering crisis response strategies, specifically ingratiation and reminder techniques. Through ingratiation, the Directorate repeatedly expressed gratitude to internal and external stakeholders including health workers, assembly members, the Ministry of Health, and international partners such as the WHO whose contributions supported the outbreak response. This approach subsequently positioned MMHD as a collaborative and appreciative institution, consistent with Coombs' view that bolstering enhances relational goodwill during crises. Likewise, the use of the reminder strategy enabled MMHD to highlight its successful management of previous health emergencies, including the 2024 cholera outbreak and the municipality's strong record during COVID-19. By drawing attention to these achievements, the Directorate reinforced stakeholder trust, projected competence, and demonstrated institutional memory, all of which, according to SCCT and IRT, support an organisation's strengthened crisis posture.

Notwithstanding, the MMHD's crisis communication during the 2025 cholera outbreak reflects a blended application of theoretically grounded crisis response strategies. Accordingly, through scapegoating, the Directorate attempted to shift the locus of responsibility outward, while through bolstering, it sought to enhance its credibility and reaffirm its commitment to public welfare. Taken together, these findings illustrate a crisis communication approach that was not only reactive but also strategic, balancing reputational protection with collaborative engagement.

In conclusion, the MMHD's use of denial, ingratiation, and reminder strategies underscores a multifaceted crisis response that corresponds with established crisis communication theories. The Directorate's actions demonstrate how public health institutions facing sudden outbreaks may rely on both defensive and relationship-building tactics to maintain legitimacy, safeguard public trust, and mould how the indigenes operate in their communities. Ultimately, the

analysis affirms that the MMHD's crisis communication efforts during the cholera outbreak were shaped by a combination of contextual realities, institutional experience, and strategic communication principles designed to navigate the demands of a high-pressure public health emergency.

5.3 Recommendations

Based on the above conclusion, the researcher proposes the following recommendations to enhance crisis communication within the Mfantseman Municipal Health Directorate (MMHD) and similar public health institutions in the years to come.

- The Ghana Health Service (GHS), in partnership with the MMHD, should prioritize meeting nurses and vaccinators in person rather than relying solely on WhatsApp training. Personal engagement is essential, as challenges with connectivity, limited data access, and varying digital literacy levels may hinder effective virtual training. In-person sessions would ensure clearer instruction, better preparedness, and stronger team coordination during vaccination exercises.
- Health workers across the country and in other parts of the world should be encouraged to pursue professional training in Public Relations, particularly courses that cover crisis management and related areas. Indeed, such training would enhance their ability to communicate effectively during health emergencies.
- Policy makers must ensure that the MMHD and other health institutions strengthen their crisis preparedness efforts by developing a user-friendly crisis communication handbook for staff, outlining steps to follow during outbreaks which can degenerate into a public health pandemic.
- The MMHD should also prioritize organizing continuous capacity-building programmes for all category of spokespersons and communication officers in the health

sector in the municipality. These spokespersons should be trained in addressing the media, media relations, risk communication, and empathy-based message delivery to improve clarity, credibility, and public engagement.

- The MMHD should also organise regular simulation exercises and mock crisis drills should be organized to test the effectiveness of communication strategies and improve staff responsiveness.
- Furthermore, the Directorate should leverage social media platforms more effectively to counter misinformation and engage younger audiences. By doing so, it can complement traditional communication approaches and expand its reach.
- Lastly, it is important for the MMHD, the Ghana Water Company, and the Environmental and Sanitation Health Department to build a more structured and consistent way of working together. Strengthening this partnership would help all agencies share responsibility more evenly during future outbreaks. It would also promote coordinated action and reduce public perceptions that the institutions are shifting blame rather than working collectively to address the crisis.

5.4 Suggestions for further Study

Taking into consideration that this study provided valuable insights into crisis communication practices in the Mfantseman Municipal Health Directorate (MMHD), future research could explore similar practices across other municipal health directorates to allow for comparative analysis.

Secondly, subsequent studies should examine whether salience can be adopted as a crisis response strategy during health emergencies and likewise, researchers should examine the long-term effects of denial and bolstering strategies on public trust in health institutions.

Additionally, further research could investigate the role of social media and digital influencers in shaping public perception during health crises. In effect, the researcher also proposes that further studies should be conducted to ascertain whether traditional or new media serves as the best ally for health institutions during such public emergencies or crisis.

Furthermore, the mixed-method approach could also be employed to measure the effectiveness of specific crisis communication channels and spokesperson attributes in influencing behavioural responses.

In conclusion, further research in these areas will deepen the existing body of knowledge on crisis management and crisis communication as a whole.

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APPENDIX 1

INTERVIEW GUIDE

My name is **Barbara Baah Sakyi**, a graduate student pursuing a Master of Arts in Strategic Public Relations Management at the University of Media, Arts and Communication (UNIMAC).

As part of my dissertation, I am conducting a study titled: **“Crisis Communication in the Health Sector: A Study of the Mfantseman Municipal Health Directorate.”**

This interview seeks to understand how the **Mfantseman Municipal Health Directorate (MMHD)** managed communication during the **2025 cholera outbreak**. All responses will be kept strictly confidential and used only for academic purposes.

To begin, could you please introduce yourself and briefly describe your role within the Directorate?

RESEARCH QUESTION 1:

How were the crisis response strategies communicated by the Mfantseman Municipal Health Directorate?

1. Can you describe how the Mfantseman Municipal Health Directorate (MMHD) communicated its crisis response strategies during the 2025 cholera outbreak?
2. Would you say the MMHD was also responsible for the cholera outbreak (crisis) or other insitutions are to be held liable?
3. What specific communication approaches or techniques were adopted to engage the affected communities?

RESEARCH QUESTION 2:

What crisis response channels were used by the Mfantseman Municipal Health Directorate to communicate the crisis (cholera outbreak) in the year 2025?

4. Which communication channels were used to reach your internal and external publics?
5. What informed the choice of these channels?

RESEARCH QUESTION 3:

What was the role of crisis spokespersons at the Mfantseman Municipal Health Directorate during the crisis situation (cholera outbreak) in the year 2025?

6. Who served as spokesperson(s) during the cholera outbreak response, and what roles did they play in managing the communication process?
7. How were the spokesperson(s) selected or designated, and how effective were they in conveying information to the public?

APPENDIX A



MFANTSEMAN MUNICIPAL
HEALTH DIRECTORATE



**CHOLERA VACCINATION
CAMPAIGN**

DATE: 4TH - 7TH APRIL 2025


ELIGIBILITY: 1 year and above
NB: Pregnant women, Lactating mothers, and children under 1 year are excluded!

VACCINATION SITE: Houses, Schools, Market, Churches, Mosques, Lorry Station, All Health Facilities.

Cholera vaccine is safe! Get vaccinated now!





APPENDIX B


M FANTSEMAN
MUNICIPAL HEALTH DIRECTORATE

PRESENT


CHOLERA VACCINATION CAMPAIGN

 **4th-7th**
APRIL, 2025

 **Eligibility**
1 year and above

PREGNANT WOMEN, LACTATING MOTHERS AND CHILDREN BELOW 1 YEAR ARE EXCLUDED FROM THIS VACCINATION

Vaccination Teams will visit:

 Houses Markets Schools Churches Mosques
All Health Facilities Lorry Stations

APPENDIX C



**GHANA
HEALTH
SERVICE**
HEADQUARTERS

PMB Ministries - Accra

Digital Address: GA-144-5506

Quote this number and date on all correspondence

My Ref. No. GHS/PRU/PR/24/8

Your Ref. No. _____

Date. October 14, 2024

TO ALL MEDIA HOUSES

For Immediate Release

PRESS RELEASE

ALERT OF CONFIRMED CHOLERA CASES IN GREATER ACCRA REGION

The Ghana Health Service confirmed a case of cholera in the Ada West District of Greater Accra region on 4th October 2024. The person presented to the health facility with vomiting, diarrhoea and abdominal pain a couple of days after attending a funeral in Ada East. Subsequently, Ada East District also reported confirmed cases of cholera.

As of 11th October, nine cholera cases had been confirmed in both districts (Ada West and Ada East).

Following the notification, the public health response activities undertaken include:

- Public Health Emergency Management Committees (PHEMCs) at all levels (National, Regional and Districts) have been activated.
- A joint multi-sectoral Public Health Emergency Rapid Response Team (PHERRT) from the national, regional and district levels, as well as representatives from the National Commission for Civic Education (NCCE), the Ghana Education Service (GES), the National Disaster Management Organisation (NADMO), and Environmental Health Units from the two affected districts has been activated.
- An ongoing outbreak investigation and environmental assessment are being conducted.
- An 'Alert' has been sent to all health facilities across the country.
- Contact identification, tracing and follow-up are being done.
- Healthcare workers in the affected areas have been sensitised on case definitions for cholera, sample management and case management.
- Daily active community case search is being conducted.
- Strict Infection Prevention and Control practices in all health facilities have been enforced.
- A cholera oral re-hydration centre for cases with mild symptoms has been set up.

-1-

APPENDIX C1

- Public education on cholera prevention with emphasis on safe drinking water, sanitation and hygiene practices through deployment of mobile vans, radio sessions etc. in the affected areas is ongoing.
- Rumour monitoring, misinformation and disinformation management are being conducted.
- Access to potable water and environmental sanitation is being assessed, however, potable water is being distributed to affected districts.
- Water sampling for microbiology and culture from all affected districts is being conducted.

The Ministry of Health and the Ghana Health Service, in collaboration with the relevant sectors and partners, wish to assure the general public of its continuous effort to promptly detect and respond early to public health emergencies.

SIGNED
DR PATRICK KUMA-ABOAGYE
DIRECTOR GENERAL

-END-