CRISIS COMMUNICATION FOR MANAGEMENT OF GOVERNMENT DISASTER: THE CASE OF LIFE ESIDIMENI IN GAUTENG PROVINCE, SOUTH AFRICA

by

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DECLARATION

D E C L A R A T I O N

I Maahlo Toditjane Lydia, declare that this research titled - **CRISIS COMMUNICATION FOR MANAGEMENT OF GOVERNMENT DISASTER: THE CASE OF LIFE ESIDIMENI IN GAUTENG PROVINCE, SOUTH AFRICA** is my work and has not been submitted before for any other degree at any institution.

---------- 01 November 2024 ----------

Signature Date

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ABSTRACT

In 2015, the Gauteng Department of Health announced the termination of its contract with Life Esidimeni, a private healthcare provider which had been outsourced by the department to provide specialised psychiatric care to state patients. Within months of this announcement, more than 1500 patients had been transferred to the care of over 100 facilities including non-profit organisations (NPOs) and state-owned psychiatric hospitals. These facilities had inadequate resources including infrastructure and care workers, ultimately resulting in the deaths of 144 psychiatric patients. The purpose of this study was to investigate how government officials managed the Life Esidimeni crisis from the perspective of crisis communication. Using qualitative textual and thematic analysis, this study adopted Coombs' Situational Crisis Communication Theory (SCCT) and Seegers' Best Practice Model as frameworks to examine how the government communicated during the Life Esidimeni crisis. The study adopted a qualitative research approach and document analysis method for data collection. The study revealed that during the Life Esidimeni crisis, communication and stakeholders' active participation were inadequate. Furthermore, the use of combined crisis communication strategies by government health officials demonstrated a misunderstanding of the nature of the crisis. The study recommends that organisations should refine their crisis communication plans based on the recommendations by the Situational Crisis Communication Theory and Best Practice Model to promote stakeholder engagement and develop unique crisis communication strategies for crises in different clusters.

Keywords: Crisis Communication, Government Crisis Management, Life Esidimeni Crisis, and Crisis Communication Strategies.

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1.1. INTRODUCTION AND BACKGROUND OF THE STUDY

This study investigated how government officials communicated with stakeholders during the Life Esidimeni crisis from the perspective of crisis communication. Life Esidimeni Care Centres were part of the community-based facilities that provided care for mental healthcare users (MHCUs) lacking both family support and resources for private care (Manamela, 2022). In 1970, Life Esidimeni and the Gauteng Department of Health (GDOH) linked a contract to provide care facilities for the care, treatment, and rehabilitation of the MHCUs (Teffo, 2024). Early 2015, Ms Qedani Mahlangu, the former Member of the Executive Council for Health, informed Life Esidimeni of her plans to terminate the Service Level Agreement (SLA) between the GDOH and Life Esidimeni by the end of March 2016 due to financial constraints (Teffo, 2024). Following the termination of the Service Level Agreement between the Gauteng Department of Health and Life Esidimeni Care Centre, the officials transferred approximately 1500 mental healthcare users from Life Esidimeni where they resided for many years, to various non-governmental organisations (NGOs), homes, and hospitals. As a result, 141 MHCUs died between the end of April 2016 and January 2017 and the whereabouts of the 44 MHCUs remained unknown (ibid).

According to Moseneke's (2017) report on Life Esidimeni arbitration, the deaths of these mental health care users were "not natural but caused unlawfully and negligently" by the Gauteng Department of Health officials (provincial government officials). Therefore, this study focussed on how the government communicated with the affected stakeholders during this crisis. This approach allowed the study to evaluate the type of crisis communication strategy the government used and identify avoidable factors contributing to ineffective crisis communication and management of government crises. There is a growing realisation that human error contributes significantly to morbidity and mortality in healthcare worldwide (Bashir, Kong, Buitendag, Manchev, Bekker, Bruce, Laing, Brysiewicz, & Clarke, 2019). However, despite the burgeoning number of preventable crises that result in loss of life in the healthcare sector, numerous research on crisis communication focuses on crisis communication during victim crises such as natural disasters, pandemics, and disease outbreaks (Lyu, Chen, Wang, & Weng, 2013; Bastide, 2018; Kim & Kreps, 2020;

Ozanne, Ballantine, & Mitchell 2020; Wodak, 2021). Research reveals that between April 2017 and August 2018, there have been over 100 incidents in the healthcare sector in South Africa, most of which relate to negligence or hospital mismanagement (Roodt & Fleming, 2018). These incidents underscore systemic flaws that put patients at risk and erode public trust in the healthcare system. Thus, the number of preventable incidents that have occurred in healthcare organisations in a short period has provided the basis for this study.

The limited research on the Life Esidimeni crisis focussed on strategies of blame avoidance (Brokensha, Conradie, & Greyling, 2023), ethical and legal issues (Dhai, 2018; Thani & Louw, 2021), and human rights violations (Dhai, Gardner, & Mohomed, 2021). No research has investigated how the Gauteng Department of Health Officials communicated with stakeholders during the Life Esidimeni crisis in Gauteng. Consequently, this prompted this study which has a specific focus on the Life Esidimeni crisis because neglecting to address this issue would have serious implications for future healthcare crises. This is because valuable lessons from this tragedy might go unnoticed, leading to recurring mistakes and ineffective crisis communication and management.

This study aims to assist crisis-stricken organisations to recognise the importance of communicating effectively with affected stakeholders during preventable crises. Moreover, recognising the significance of being mindful of crisis communication strategies that organisations employ during crises can assist organisations in preventing future healthcare crises and the prolonged occurrence of minor crises. Although this study is limited to the Life Esidimeni crisis in the Gauteng province, the findings apply across the healthcare sector and government organisations.

1.2. RESEARCH PROBLEM

As stated, between 2015 and 2016 Gauteng Department of Health moved about 1 500 MHCUs out of the Life Esidimeni care centre to various NGOs. However, this move led to the deaths of an estimated 144 MHCUs in Gauteng. Upon learning about the deaths of MHCUs, Professor Malegapuru Makgoba ("*the Health Ombud*") was requested to investigate the circumstances that led to the deaths of the MHCUs (Moseneke, 2017). His report focussed on the cause of deaths and the effects of the crisis on the MHCUs and their relatives (Makgoba, 2018). No report was given on how

the Gauteng Department of Health communicated with the stakeholders during the Life Esidimeni crisis. The Life Esidimeni crisis affected a lot of people including MHCUs, their families, Civil society, Professional bodies, and clinicians. Mosekene's (2017) report revealed that some of the affected stakeholders were against this transfer but somehow the Department forged ahead with it. Therefore, it is important to understand how the organisation communicated with them before and during the crisis. To fill this gap, this study explored the inadequacies in crisis communication by the Gauteng Provincial Government during the Life Esidimeni crisis. It also identified the key factors that contributed to the communication breakdown and examined how these failures impacted the management and resolution of the crisis.

1.3. PURPOSE OF THE STUDY

1.3.1. Aims and Objectives

The study aims to explore the Gauteng Department of Health's crisis communication during the Life Esidimeni crisis.

The objectives of the study are as follows:

- To examine how government officials communicated with mental health care users, their families, and employees during the Life Esidimeni crisis.
- To evaluate the type of crisis communication strategy government officials used to communicate during the Life Esidimeni crisis.
- To identify avoidable factors contributing to ineffective communication and management of government crises.

1.4. PRELIMINARY LITERATURE REVIEW

1.4.1. GOVERNMENT CRISIS COMMUNICATION IN HEALTH ORGANISATIONS

Over the past decade, there has been a massive increase in crisis communication research in health organisations (Coombs, 2002). This increase is driven by the rise of global health crises. Reflect on just a few instances: the Ebola crisis, the Listeriosis crisis, the HIV/AIDS epidemic, the Severe Acute Respiratory Syndrome outbreak (SARS), and the COVID-19 pandemic. The aforementioned examples highlight both the strengths and weaknesses of crisis communication practices. As Kuntzman & Drake (2016) note, analysis from these case studies illustrates actions organisations

should take and avoid during a crisis. In support, Coombs (2002) indicates that some crisis communication research includes analysis of organisational crises to illustrate points that seemed effective and ineffective to serve as guidelines for future crisis managers to know what to avoid when embroiled in a crisis.

The current study undertakes a case study approach to investigate crisis communication aspects during the Life Esidimeni crisis in Gauteng Province. According to Makgoba (2018) and Teffo (2024), the *Life Esidimeni* crisis, which resulted in the untimely deaths of 144 psychiatric patients, resulted from a significant failure in communication between health officials and the affected stakeholders, negligence, and mismanagement. Out of concern, Claeys & Opgenhaffen (2016) state that the issue of inadequate crisis communication persists despite the existing ample research on crisis communication practices and theories that provide guidelines on how to effectively manage a crisis. For instance, there is the Situational Crisis Communication Theory developed by Coombs (2007a), which offers guidelines on how to tailor crisis communication based on the crisis type and crisis responsibility. Additionally, there is also the Best Practice Model by Seeger (2006) that provides 10 best practice guidelines for crisis communication. To ensure that the application of these practices is well understood, Seeger (2006: 243) illustrated that “if crisis planning, one of the best practices, is not followed, implementing the other best practices would be difficult. Thus, failure to be open and honest will undermine efforts to build strategic partnerships.

It is for this reason that the study chose the Life Esidimeni crisis as a case study to assess the Gauteng Department of Health’s crisis communication through Situational Crisis Communication Theory and the best practice model. The aim is to demonstrate how they applied crisis communication theory in practice and contribute to future improvement in the practice of crisis communication. Additionally, Sanjeev, Neerja, & Santhosh (2021) state that such improvement is needed as crisis communication is critical for successful crisis management. Crisis communication plays a crucial role throughout the crisis management process because of the need to generate and share crisis-related information and manage stakeholders' reactions (Coombs, 2020). Similarly, Coombs (2015) emphasises that communication protects stakeholders and organisations from crises. For instance, during the COVID-19 pandemic, the president of South Africa, Cyril Ramaphosa, issued instructive information designed to help

people protect themselves physically from the crisis. The instructions included measures to avoid the spread of the virus such as maintaining social distancing, sanitising, and wearing masks. The worst could have happened in the absence of such crucial COVID-19 imperatives. In support of this view, Su, Zhang, McDonnell, Ahmad, Cheshmehzangi, & Yuan (2022) assert that the absence of COVID-19 imperatives would have led to public confusion and poor compliance with safety measures.

1.4.1.1. Crisis communication strategies in health organisations

A crisis is a "time of ambiguity, uncertainty, and struggle to regain control" (Millar & Heath, 2004:247). When a crisis hits an organisation, the organisation makes an effort to minimise ambiguity and organisational crisis responsibility by responding to the crisis and the public through appropriate crisis communication strategies (Heath, 2010). Moreover, crisis communication strategies seek to protect an organisation by eliminating or reducing reputational damage through transparency (Allen & Caillouet, 1994; Coombs, 2014; 2007). This suggests that crisis communication strategies play a huge role in reputation management as they are used to mitigate the impact of the crisis on the organisation's reputation. Heath (2010) emphasised that organisations in crisis should be mindful of how they communicate and what they communicate to avoid putting their reputation in jeopardy. However, some organisations, when in a crisis, often confuse being cautious with their communication with concealing information. Hence, there is often a case of mismatched crisis communication strategies.

According to Coombs (2014), mismatched crisis communication strategies refer to strategies that do not fit the nature of the crisis and are sometimes used to deliberately hide facts. Additionally, he mentions that when used strategically, an organisation may successfully manage a crisis but in most cases, this is a short-term relief. Despite SCCT's suggestion, some organisations believe that crisis communication strategies from different crisis clusters can still be utilised synergistically and manage a crisis effectively (Im, Youk, & Park 2021). To illustrate, one can add an explanation of the mistake, take ownership of the situation, make amends, and deflect blame while expressing regret. This was exemplified during the Daystar University (DU) crisis when the university experienced two boycotts between 2017 and 2018. The university initially applied the deny response strategy utilising the corresponding scapegoating

tactic (Muindi & Kiarie, 2021). But later, a deal strategy was applied, although ineffectively. Although the deal strategy seems to have helped resolve the issue, it was not applied effectively as the management failed to identify the correct cluster. They have tried all three crisis response strategies and denial was the main strategy as the university affiliated itself with the victim cluster. Muindi & Kiarie (2021) found that the Vice-chancellor of Daystar University did not acknowledge the crisis initially when he issued a letter about the closure of the university. Instead, he blamed the closure of the university on the students while the issues that led to the crisis were mainly academic, finance, and administration which all belong in the preventable cluster. This shows that matching crisis response strategy to the nature of the crisis is still a pressing issue despite the available literature on the use and application of crisis response strategies.

1.4.1.2. Stakeholder engagement in health organisations

The term stakeholder engagement is inclusive of various stakeholders such as individuals, communities, and entities who in some way have a stake in the health issue in question (Silberberg & Bianchi, 2019). In this context, stakeholders are defined as individuals or groups that can affect or are affected by the achievement of the organisation's objectives and the organisation's decisions (Freeman, 1984; Fassin, 2009; Li, Zhang, Hua & Wang, 2021). Moreover, Li *et al* (2021) classified stakeholders as primary, secondary, and tertiary stakeholders and further stated that the level of involvement and the type of connection that a primary stakeholder may have varies from that of a secondary and tertiary stakeholder. In support of this, Miles (2012) and McGrath, Stephen, & Whitty (2017) define primary stakeholders as those individuals or groups that are affected immediately by a crisis; secondary stakeholders are those that are affected once the crisis has unfolded; and tertiary stakeholders are those impacted by the post-crisis response. However, in this study, the focus is on the primary stakeholders such as the Life Esidimeni (health facility) patients, their families, health providers, and representatives. These are the people who were directly impacted by the government's decisions regarding the health facility.

Walker *et al* (2013) define stakeholder engagement as a method by which an organisation involves significant participants for a clear purpose to achieve accepted results. In agreement with the literature, the Gauteng Department of Health involved

some families in meetings before the closure of the Life Esidimeni Facility. However, the families concurred that they attended a few meetings and argued that none of the promises made during the meetings were kept including providing quality care to the patients. This proves that the engagement was meaningless as the officials did the opposite of what they agreed on with other stakeholders. They failed to meet the needs and expectations of the stakeholders involved. However, this is not new as most studies show that health officials have normalised taking decisions on behalf of the stakeholders even in matters that involve them, and this needs to be reconsidered (Kanangele *et al*.,2020; Masefield *et al*., 2021).

Nevertheless, Yang, Sun, & Taylor (2022) state that the reason for normalising this might be justified as engaging with stakeholders does not always lead to favourable engagement outcomes due to public scepticism. Furthermore, while organisations may not mind engaging stakeholders, they are concerned with how much or little to say publicly, how to deal with the media, how to engage with their legal counsel, and how to deal with the stakeholders (Sadler & Stewart, 2015). This was proved to be true by severe acute respiratory syndrome (SARS) which hit Singapore in 2003. The outbreak resulted in 800 deaths worldwide. Menon & Goh (2004) revealed that the maintenance of the principle of transparency was a major challenge during the Singapore crisis. Furthermore, they were worried about stakeholders' reactions towards the organisation in case things took an unexpected turn. Such concerns force organisations in crisis to risk not involving stakeholders in decision-making processes despite knowing the damage that may follow.

To avoid this, Waters (2018) recommended that organisations should introduce health communication professionals to Crisis and Emergency Risk (CERC) training programs and webinars offered by the Disease Control and Prevention (CDC). According to CDC Senior Health Communication Specialist Kellee Waters, the information taught within the CERC programs is utilised by communication professionals to develop effective messages that "help people do the best they can in trying times". Additionally, Waters (2018) explains that the reason this is necessary is because the right message and the right information given at the right time from the right person really can save lives.

This might be an appealing solution but unfortunately, it cannot be supported in the context of South African health organisations especially public ones which struggle with limited budgets, scarce resources, and infrastructure issues (Maphumulo & Bhengu, 2019). Considering all these struggles, this would not be achievable in South African health organisations as CERC (2018) confirmed that the requesting organisation is responsible for all costs related to travel and logistics for the CERC trainers. Corroborating this, Radebe (2024) added that South Africa struggles to deliver basic community services such as healthcare, making it financially impossible to fund training for health providers. For instance, during the COVID-19 pandemic, training was not provided to community leaders and outreach community workers who were expected to educate communities (Goldstein, Coulson & Pillay, 2021). In addition to the training gap, a risky situation arose during the pandemic where community health workers had to interact with the public to communicate prevention methods, yet they lacked sufficient personal protective equipment (PPE) for medical personnel in healthcare facilities or door-to-door campaigns involving community workers Radebe (2024). Given these challenges, health organisations need to adhere to crisis communication practices before and during a crisis to avoid unnecessary spending that could otherwise be used to improve our health systems. According to Moseneke (2017), the government paid millions of rands to the families of deceased MHCUs. Because the crisis was identified as a preventable crisis, the money spent here could have been used for something to improve the health system.

1.4.1.3. Communication channels in health organisation

Organisations experience unique crises as they vary in nature for example, natural disasters such as earthquakes and floods, and public emergencies such as the Covid-19 pandemic (Dier-Lawson, 2019). During these different types of crises, communication plays a huge role in controlling and preventing misinformation. According to Muhamedi & Ariffin (2017), to ensure that communication reaches relevant stakeholders, it is essential to select an appropriate communication channel that establishes a feeling of contentment and good relationship between health authorities, patients, and their families. During health crises, health official utilises various communication channels to disseminate information, provide updates, and address concerns during crises (ibid).

However, Thorson (2017) argued that while diverse information sources deliver more information to individuals, this does not mean that organisations should be too comfortable and assume that everything is in order as each channel has its disadvantages and needs monitoring, especially social media. In today's digital age, social media is the most preferred channel regardless of its hiccups. Authors have urged and encouraged organisations to use social media in a crisis because of its speed, synchronicity, participation, interaction, timelessness, and spacelessness (Ochega, 2020; Snoussi, 2024). On the other hand, Fashoro & Barnard (2021) caution against the extensive use of social media as they found that social media platforms in provincial and local government departments are used mainly for information dissemination and as an extension of government websites. Likewise, Mawela (2016) who examined the social media accounts of provincial government departments and municipalities found that social media is indeed used for one-way communication from government to stakeholders. To substantiate this, Radebe (2024) cited the Tweet sent by the late businessman Shonisani Lethole, who allegedly died in hospital after spending two days without food at Tembisa Hospital as an example. He revealed that Mr. Lethole's Tweet to the then Minister of Health, Dr Zweli Mkhize, in June 2020, sparked widespread attention but received no response from the government's Twitter account (Ngqakamba, 2020; Tlou, 2020). This confirms that the government uses digital and social media for informational purposes only, with limited engagement.

Nevertheless, Taylor & Kent (2007) suggest that in addition to social media, having a crisis website is also the best practice for using the internet during a crisis. Furthermore, they mentioned that placing crisis-related information on the organisation's website will save stakeholders from confusion and misinformation. The use of the internet and social media can be used to effectively deliver information to diverse audiences worldwide. On the other hand, due to the digital gap in South Africa, relying solely on the internet and social media will never be enough as not everyone has internet access (Radebe, 2024). For example, in the Global Citizen (2021) article on South Africa's Digital Divide, it was reported this gap became apparent during the COVID-19 pandemic after about 2.2 million people lost their jobs and about 750000 students dropped out of school because of lack of access to remote education. Macliam & Barker (2009) concur that social media has a strong local focus and open access, but it is available to those with a data connection, which limits its reach across

geographical areas. This implies that South African organisations when embroiled in a crisis, as mentioned earlier in the study, digital communication channels should be used with traditional media channels to accommodate those without internet access. For example, the South African government was lauded for using mass media in combination with interpersonal message sources such as health professionals in clinics and community-based workers during the COVID-19 pandemic. They also used text messages to ensure that many messages related to COVID-19 reached everyone who has a South African mobile phone, irrespective of internet connectivity (Radebe, 2024).

1.4.2. AVOIDABLE FACTORS THAT CONTRIBUTE TO INEFFECTIVE CRISIS COMMUNICATION AND MANAGEMENT IN HEALTH ORGANISATIONS

Managing crises is a challenging task. Health crisis managers face significant challenges when it comes to making effective decisions regarding crisis management due to various factors, including organisational dysfunction, media scrutiny, anxiety, and the presence of unreliable information. Nevertheless, according to Horsley (2014), to effectively manage a crisis, it is crucial to possess knowledge of crisis management before its occurrence. This indicates that successful crisis management depends on being proactive with preparations such as establishing a crisis management plan, identifying potential risks and knowing the appropriate crisis response strategies.

1.4.2.1. Poor Organisational Planning and Preparedness

Earlier in the study it was mentioned that communication is an important component of managing a crisis. However, Tomić, Vegar, & Radalj (2024) state that successful crisis management depends on crisis planning as communication without proper planning and preparation may still fail. Further, they asserted that the ability to deal with crises is conditioned by crisis planning (ibid). It is for this reason that emphasised the need for a crisis plan to prepare for a crisis before it occurs (Mazaraki & Kasianova 2015). According to (Payton, 2020), a lack of a crisis communication plan often leads to further harm. For instance, Masadak's (2021) study, it was revealed that the Exxon Valdez oil spill in 1989 had a prolonged impact that persisted for years due to lack of planning. In 1989, the Exxon Valdez oil tanker collided with a reef near the Alaskan coast, spilling approximately 11 million gallons (42 million litres) of crude oil into Prince William Sound. This resulted in the deaths of thousands of animals and caused

environmental damage (Thorne & Thomas, 2008). In his research on the importance of crisis communication, Szczepanik (2004) found that Exxon made several communication errors, including:

- The management's inadequate planning, organisation, and structure during the crisis.
- Exxon did not have a crisis communication strategy.
- Exxon officials were not open and transparent.
- Communication was delayed as stakeholders complained about being kept in the dark.

1.4.2.2. Avoiding Pre-Warning Signs

The pre-crisis warning phase is often a difficult and generally short, inactive period from when a looming threat is detected until it fully manifests (Tomić, Vegar, & Radalj, 2024). Hence, organisational crises often arise from either overlooking or misinterpreting the early indicators of potential failure (Macrae, 2014). Consequently, authors suggest that organisations should be vigilant regarding any signal, application, behaviour, intuition, prediction, experience, or decision that may indicate the onset of a crisis environment, as these elements constitute part of the early warning system (Çelik, 1995). According to Ndlela (2018), the primary aim of warning signals is to furnish insights into potential exposure scenarios and strategies to mitigate or evade such risks. However, in sudden crises, this period may often not appear at all; such sorts of crises emerge or better erupt without previous warning signs (Zafeirakis & Efstathiou, 2020).

Corroborating this, Macrae (2014) indicates that this usually happens when failures are ambiguous and hard to identify. Ataman (2001) argues that although crisis warning signals may vary in timing, visibility, strength, and nature (physical or informational), crisis managers are capable of disregarding these warnings and failing to take precautionary measures until a crisis unfolds. This argument is supported by Rosenblatt & Sheaffer (2002) who observed that in certain instances, warning signals are disregarded even when they are glaringly obvious, or identified warning signs are intentionally or unintentionally blocked from reaching the appropriate management level of attention. This is exemplified by a study on the Bristol Royal Infirmary crisis between 1990-2000. The findings revealed that “clues that things were not going as

well as they seemed were abundant. Concerns about paediatric performance began to surface as early as October 1986 when a professor at the University of Wales wrote to the Regional Health Authority to report: “It is no secret that their [BRI paediatric cardiac] surgical service is regarded as being at the bottom of the UK league for quality.” Government officials investigated the issue, but in the absence of supporting evidence, they concluded that the problem was related to the volume of cases, not the quality of care. As events unfolded there were at least 100 formal concerns raised about the quality of care being delivered, including those raised by Dr Stephen Bolsin, a consultant anaesthetist who joined BRI in 1988. (Sutclifee & Weick, 2003:76). A similar case was highlighted by the preventable crisis at Stafford Hospital in central England, as highlighted in Francis's (2013) study. According to Macrae (2014), patients and their families complained about the conditions; however, the complaints were disregarded. Additionally, they deterred whistleblowers who tried to warn them about matters of great concern that required swift action such as patient safety and hospital conditions.

1.5. VALUE OF THE SITUATIONAL CRISIS COMMUNICATION THEORY AND BEST PRACTICE MODEL

This study was guided by Coombs’ (2007a) Situational Crisis Communication Theory (SCCT) and Seeger’s (2006) Best Practice Model (BPM). These theories were chosen for the study because they align with the objectives of this study, which are: to examine how government officials communicated with mental health care users, their families, and employees during the Life Esidimeni crisis; to evaluate the type of crisis communication strategy government officials used to communicate during the Life Esidimeni crisis.; to identify avoidable factors contributing to ineffective communication and management of government crises. SCCT was deemed relevant for this study because it helps in comprehending how organisations respond to different crises (Coombs 2007a). Applied to healthcare crises, SCCT provides new insights into how to effectively manage unique crises (Liu, 2016). Moreover, the Best Practice Model was used because it provides guidelines on how organisations can best respond to crises (Seeger, 2006).

By applying these theories, the study intends to ascertain whether Gauteng Department of Health officials’ crisis communication during the Life Esidimeni crisis

adhered to the crisis communication practices and guidelines as suggested by the theories. The theories are widely used in crisis communication. For instance, Rensburg, Conradie, & Dondolo (2017) used SCCT to assess how staff members perceived crisis communication activities at one South African University of Technology. The results indicated that the university mainly used the justification crisis response strategy when communicating with the university stakeholders. On the other hand, researchers mention that the best practice model has been widely used by scholars to assess crisis communication (Covello, 2003; Seeger, 2006; Lin *et al*., 2016; Jarreau *et al*., 2017; Seeger & Sellnow, 2019). For instance, Liu *et al* (2021) used the Best Practice Model to examine the crisis communication of U.S. colleges and universities in response to the COVID-19 pandemic. Their findings indicate that higher education institutions have employed communication consistent with best practices, with some important modifications.

In this study, the frameworks were used to assess the Gauteng Department of Health's crisis communication during the Life Esidimeni crisis.

1.6. RESEARCH METHODOLOGY

This study employed the qualitative approach which is designed to provide the means of understanding a phenomenon by observing or interacting with the population affected by it (Denzin & Lincoln, 2008). It is "concerned with meaning in context and involves the interpretation of data" (Willig, 2017:149). This approach was selected as the study delved into human behaviour and experience Mohajan (2018) and Sovacool *et al* (2018), which in this case was in relation to how government health officials managed the Life Esidimeni crisis. By employing this approach, the study was able to understand how government officials communicated with stakeholders during the Life Esidimeni crisis, with a focus on how they communicated with stakeholders and the reasons behind the official's choice of crisis communication strategies. This study also followed an exploratory research design guided by a case study approach.

As Saunders *et al* (2015) state, qualitative research has various options for selecting research designs. For this study, an exploratory research design was adopted. This design was considered the most suitable for this type of qualitative research due to its evolutionary and historical nature, and because it seldom requires large samples or structured questionnaires (Saunders et al., 2003; Asika, 2004). This design was

utilised as it provided the researcher with a deep understanding of how government health officials managed the Life Esidimeni crisis. The study utilised a purposive sampling approach to select documents non-randomly. For data collection, the researcher applied the document analysis method using sources such as the *Daily Maverick* and *Eyewitness News* websites, as well as the Health Ombudsman's website. Following data collection, qualitative textual analysis, as described by McKee (2003), was employed to analyse media interview recordings and the health ombudsman's reports. Refer to Chapter 3 for an in-depth discussion of the research methodology.

1.7. SIGNIFICANCE OF THE STUDY

The significance of the study relates to its ability to advance knowledge on the management of health crises (LoBiondo-Wood & Haber, 2002). The body of research on crisis communication at the micro (organisational) level is still being developed and this study contributes to it. The results of this study, therefore, would contribute to the existing knowledge of crisis communication in healthcare organisations. It is anticipated that crisis managers will be provided with information on how to avoid or manage preventable healthcare crises using the lessons learned from the Life Esidimeni crisis, as the research results will provide insights into the challenges and best practices in government crisis communication. The findings are anticipated to equip organisations and crisis managers to better deal with future healthcare crises to avoid the recurrence of the Life Esidimeni crisis.

1.8. ETHICAL CONSIDERATION

Ethics are important aspects that should be adhered to when conducting research. In this study, the following ethical aspects were considered when conducting the research:

1.8.1. Permission to undertake the study.

Permission to undertake this study was obtained from the Turfloop Research Ethics Committee (TREC) of the University of Limpopo.

1.8.2. Giving credit to the authors

The researcher is aware of the ethical standards and has averted copying others' work and passing it off as her own. An in-text citation and reference lists were used to acknowledge original authors.

1.8.3. Availability and Accessibility

The documents analysed were publicly available and did not need approval.

1.8.4. Protection of data

No personal or sensitive information is shared

1.8.5. Maintaining confidentiality

Name of persons were omitted

1.9. CHAPTER SUMMARY

This chapter laid the foundation for a comprehensive analysis of the Life Esidimeni crisis from a crisis communication perspective. The chapter provided a background and introduction to the study. It further outlined the rationale and significance of the study, as well as the value of the guiding theoretical foundation and critical definitions. By focusing on this tragic event, the study aimed to provide valuable insights into how government crisis communication can be improved to manage crises more effectively, protect vulnerable populations, and maintain public trust. The next chapter of the research will delve into the literature review of the study.

CHAPTER TWO: LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter provided a comprehensive background of the study. This chapter provides the literature review of the study. The literature review explores the existing knowledge on the role of crisis communication in the management of government crises to contribute valuable insights into the challenges and best practices in government crisis communication. Coombs (2007b) suggests that effective crisis communication can significantly mitigate the negative impact of a crisis, but this requires well-established protocols and clear communication channels. In the context of government, especially during crises involving public health or safety, the failure to communicate effectively can lead to widespread public mistrust and exacerbate the crisis (Reynolds & Seeger, 2005). Liu, Austin & Jin (2011) posit that media plays a critical role in shaping public perceptions during a crisis. Governments often rely on both traditional and social media to disseminate information rapidly. However, the effectiveness of this communication depends on the accuracy, consistency, and clarity of the messages. Crisis communication is a component of effective crisis management, particularly in government healthcare organisations (Boin & Lodge, 2016).

Literature on the Life Esidimeni crisis, such as the report by the Health Ombudsman (2017) emphasises the critical failures in communication that occurred at multiple levels of government. The lack of a coordinated communication strategy, failure to engage with affected families, and delayed public statements were identified as key factors that aggravated the crisis (Makgoba, 2018; Manamela, 2022). This chapter focuses on how the government managed the Life Esidimeni crisis and begins by exploring the government crisis communication during the healthcare crisis. The chapter also explores crisis communication strategies, communication channels, as well as stakeholder engagement in government crises. The chapter further provides a comprehensive literature analysis of factors contributing to ineffective crisis communication and management. A theoretical framework is provided.

2.2. GOVERNMENT CRISIS COMMUNICATION IN HEALTH ORGANISATIONS

Crisis communication research has grown steadily, and it is fuelled by an increasing number of global health crises (Falkheimer & Heide, 2009). Coombs (2002) states

that Health organisations often find themselves in situations we would define as a crisis. A crisis is a scenario that presents a major risk to people, organisations, or societies and demands immediate attention and resolution (Coombs & Holladay, 2004). For this reason, organisations need a well-developed crisis communication plan to respond effectively to a crisis. According to Zaremba (2014), crisis communication involves the development, evaluation, and dissemination of information and messages to the impacted stakeholders in times of crisis. In a crisis, managers use crisis communication to send and receive crisis-related information ‘‘to prevent or lessen the negative outcomes of a crisis and thereby protect the organisation, stakeholders, and the industry from damage” (Coombs, 1999:4; Reynolds & Seeger, 2005). This highlights the importance of crisis communication in ensuring that information about or concerning a crisis is effectively communicated. On the other hand, Fearnley, Winson & Pallister (2018) argue that crisis communication remains the challenge in effectively managing a crisis. Coombs (2018) points out that this challenge arises because some organisations might know that crisis communication can have positive effects on crisis outcomes but fail to understand that these positive outcomes are only achieved when crisis communication is properly executed.

To improve crisis communication outcomes, Coombs (2015) recommends that it is important to note that crises have phases, and each phase requires different communicative demands for crisis managers. This suggests that crisis communication sometimes fails because the information disseminated might not align with the crisis phase. For instance, in an acute phase, when stakeholders are expecting messages of self-efficacy, crisis managers provide information about rebuilding trust and reputation. This does not mean that information is the least important but might not address stakeholders' immediate concerns. This illustrates that as the crisis progresses, the organisation’s communication should also evolve in alignment with the crisis phase for effective crisis communication. During the Covid-19 pandemic, Senegal health officials were applauded for their effective crisis communication. According to Su *et al* (2022), stakeholders thanked Senegal’s health and government officials for their transparent, clear, and consistent communication that aligned with the crisis phase. On the other hand, during the Ebola outbreak, countries such as Guinea, Liberia, and Sierra Leone were criticised for inadequate crisis communication and the delay in response (right information during the wrong phase of a crisis) to the crisis.

Further, they added that the delay in response contributed to the spread of the disease (Cobum, 2014; Benton & Dionne, 2015). This indicates that the countries did not adhere to the Centers for Disease Control and Prevention (CERC) principles as they highlight the need for swift response during health crises. However, the results show that there was a delay in response to the crisis. The following section illustrates crises that were effectively and ineffectively managed. These examples confirm what Coombs (2018) mentioned earlier in the study that communication contributes to effective crisis management when properly executed and ineffective crisis management when poorly executed.

Stafford Hospital in United Kingdom Healthcare Crisis

Between January 2005 and March 2009 about 1,200 patients are estimated to have died needlessly at Stafford Hospital in central England (Francis, 2013). According to Entwistle & Doering (2024), poor standard of care has led to this mortality rate that is markedly above that expected for a hospital of its type. Francis (2013) states that communication with the affected stakeholders was top-down which discouraged stakeholders from raising issues. Additionally, the study revealed that at first, the officials mentioned that there were no warning signs of the poor situation. However, it was subsequently discovered that staff, whistle-blowers, and external bodies had been raising concerns about the impact on patients which were ignored or insufficiently understood (ibid). Furthermore, it was reported that government officials had a lot to conceal, and they were defensive in their response to the crisis. This crisis revealed numerous crisis communication issues including failure to listen, heed concerns, and communicate with affected stakeholders. The implication of this poor management of crisis communication was the trust deficit that arose, which led to several scholars and reporters (raising questions about the entirety of the National Health System (NHS) that has historically been lauded for being a model of universal health coverage (Triggle, 2013).

HIV/AIDS Crisis in Uganda

Uganda is often cited as a success story in government crisis communication during the HIV/AIDS crisis in the late 1980s and 1990s (Parkhurst, 2002). The Ugandan government, under President Yoweri Museveni, launched a comprehensive public awareness campaign known as the "ABC" strategy: Abstinence, Be Faithful, and

Condom Use. The government's communication was characterised by openness and transparency, with the President playing a significant role in disseminating information. The use of local languages and engagement with community leaders were key components of the strategy. These efforts led to a significant reduction in HIV prevalence rates and are considered one of the most successful public health communication campaigns in Africa (Gumede, Durden, & Govender, 2022).

Life Esidimeni Crisis in South Africa

South Africa witnessed a national tragedy between October 2015 and June 2016 when the Gauteng Department of Health moved about 1400 MHCUs with severe and profound intellectual disabilities out of facilities managed by a private company, Life Esidimeni, mainly to non-governmental organisations (Manamela, 2022). This decision by the provincial health department led to the untimely deaths of 144 psychiatric patients at the said facilities across Gauteng. According to Makgoba (2017), the plan was called the Gauteng Mental Health Marathon Project and was presented by the Department of Health as a cost-cutting initiative during the closure of Life Esidimeni (Manamela, 2022). According to Lamb (2021:56), cost-saving measures are frequently put in place to cut expenses for a specific service; however, in the case of Life Esidimeni's closure, it had severe consequences.

During Manamela's (2022) study on nurses' lived experiences after the closure of Life Esidimeni, it was revealed that during this crisis there was a lack of communication. One of the psychiatric nurses shared that they were given short notice to relocate to other hospitals. All along, they only heard rumours about Life Care Centres' closure from the unions. Additionally, Rensburg (2017) states clinicians' voices revealed that clinicians' communication remained submerged before and during the Life Esidimeni crisis. As a result, Teffo (2024) and Makgoba (2018) labelled Life Esidimeni as a failure to listen. This crisis revealed significant shortcomings in crisis communication such as a lack of transparent and timely communication and failure to prioritise stakeholder engagement. This is against the basic principles of crisis management which insist that organisations should always be ready to communicate because communication demands change each time a crisis escalates.

Once a crisis escalates, organisations should act swiftly and respond to the crisis. In this stage, direct communication with the impacted stakeholders should be prioritised

(Reynolds & Seeger, 2005). This includes victims, potential victims, close family members, emergency workers, first responders, and others directly affected by the event (ibid). Additionally, others added that early and transparent communication with this group is crucial as it may help mitigate or contain harm by dispelling fears and uncertainty (Su, McDonnell, Wen, Kozak, Abbas, Šegalo, Li, Ahmad, Cheshmehzangi, Cai, Yan & Xiang 2021). This was most clearly demonstrated by the Chinese government during the COVID-19 pandemic. As noted by Xu, Wu, & Cao (2020), since the initial outbreak, the Chinese government has been providing prompt COVID-19 updates customised to address the needs and preferences of the general public to increase their relevance. As a result, the procedures taken to combat the COVID-19 pandemic from spreading were highly complied with. This suggests that effective crisis management is influenced by the organisation's prompt communication and response during a crisis.

This is supported by crisis communication literature that highlights that crises are time-sensitive, and communicating information quickly is crucial as early crisis communication contributes to early containment (WHO, 2005; Quinn, 2018; Tibbs, 2024). Likewise, Coombs (2015;2020a) points out that the crucial element to consider when communicating during a crisis is the speed of communication. This implies that organisations in crisis should be mindful of the rate at which they communicate with the public because if the organisation in crisis takes time to issue an update, the public may perceive the information as outdated or irrelevant. Even worse, when information about a potentially harmful situation is not immediately provided, people naturally begin to speculate, which can cause negative emotions, like fear and anxiety (Reynolds & Lutfy, 2018). Earlier in this study, authors noted that organisations need to be aware of stakeholders' need for information in a crisis to prevent the possibility of developing such emotions (Coombs, 2007c; Holladay, 2009). However, it was argued that some organisations do not communicate early as they mistakenly feel that maintaining silence is the key to successful crisis management (Coombs, 2007b). The maintaining of silence was condemned by Le *et al* (2019) who suggested that if there is nothing to say, organisations should avoid saying “no comment” or walking away. Rather, they could inform stakeholders that the situation is ambiguous and that they will disseminate information once a sufficient amount is gathered. This aligns with one of the best practices for crisis communication by Seeger (2006) which encourages

stakeholders to accept uncertainty and ambiguity. It indicates that organisations should give an update even when there is no new information or information is unavailable. This was epitomised by Johnson and Johnson during the Tynelol crisis. In 1982, seven people in the Chicago area died after taking Johnson and John Tylenol capsules after it was tampered with. According to Szczepanik (2004), Johnson and Johnson management informed the public of what they knew and was also clear about what they did not know. Consequently, they gained stakeholders' trust and successfully managed the crisis.

Crandall, Parnell & Spillan (2013) agree that transparent communication with the public and involved stakeholders enhances the credibility of the organisation and builds trust. They also mentioned that discussing uncertainties allows stakeholders to pose questions and offer advice. The authors advised that during such times, organisations should respond to inquiries promptly, accurately, transparently, and consistently to effectively address the crisis (Seitel, 1983; Sen & Egelhoff, 1991; Ray, 1999; Coombs, 2007). Furthermore, Cheng (2013) highlighted that this period is ideal for organisations to clarify causes, assign faults, define responsibilities, and explain consequences. Nonetheless, this approach was not followed during the Life Esidimeni crisis, where leading health officials purposefully disregarded stakeholders' questions. The absence of adequate responses about the closure and patient deaths led stakeholders to apportion blame and depend on less reliable information sources. Additionally, Kyun, Kim & Kreps (2020) commented that such actions are not unexpected, as typically, when organisations neglect queries, society becomes disordered and chaotic. Accordingly, others stressed the importance of timely and open communication, as a lack of it creates a gap for rumours and speculation from unreliable sources and further agitates stakeholders (Curuba, 1994; Fink, 2005; & Coombs, 2014). Winch, Morris & Pinto (2007) noted that rumours and speculation lead to misinformation. Conversely, Reynolds & Lutfy (2018) stated that to prevent misinformation, the organisation in charge should swiftly release precise statements across various platforms to ensure the public is informed of the crisis facts. Also, Cheng (2013) pointed out that when presenting facts about the crisis, responsible organisations should also be ready for the following stakeholder questions before issuing an update: what occurred before and during the crisis, and who should be

accountable after the crisis. Consequently, this preparation will enhance speakers' confidence and reduce concerns about making inappropriate statements.

As Bloom (2008) suggests, during a crisis, organisations should ensure their initial communication addresses the necessary questions promptly, as the optimal moment for this is within the first hour after a crisis or tragedy strikes. This period is known as the 'golden hour,' providing an organisation opportunity to engage with vital stakeholders before the media gains access to the information. Should organisations fail to communicate during this critical timeframe, misinformation becomes unavoidable. Additionally, Coombs (2015) noted that in earlier times of crisis communication, it was typical to wait 24 hours post-crisis for an update from an organisation. However, Quin (2018) contends that in the current digital age, waiting 24 hours is excessive. Researchers support this view, pointing out that today's social media landscape floods people with both information and misinformation, making it more challenging for individuals to discern reliable information sources and determine appropriate actions (Choukou, Sa Sanchez-Ramirez, Pol, Uddin, Monnin, & Syed-Abdul, 2024). To illustrate the importance of timely action during a crisis, Cheng's (2013) research on communication failures highlighted the case of Typhoon Morakot. As the deadliest typhoon in Taiwan's history, Typhoon Morakot led to approximately 700 fatalities. Cheng's study revealed that survivors accused the central government of insufficiently initiating rescue and relief efforts within 72 hours of the 2009 disaster, a crucial window for saving lives. This underscores the necessity of prompt information and actions during crises to prevent stakeholders from resorting to varied information sources for guidance (Sutton *et al*., 2008; Starbird *et al*., 2015). To counter this, the World Health Organisation (2005) emphasised the government's duty to provide timely updates to affected stakeholders and the public to prevent misinformation.

While researchers claim it is the government's duty to keep stakeholders informed to prevent misinformation, it is noted that sometimes government communicators contribute to the dissemination of false information. For example, during the COVID-19 crisis, certain Republican leaders, including former U.S. President Donald Trump, openly opposed mask usage (Yamey & Gonsalves, 2020). Initially, the U.S. Centers for Disease Control and Prevention (CDC) advised against public mask-wearing on March 27, 2020. However, by April 3, the CDC changed its stance, recommending universal mask usage (CDC, 2020). Subsequently, on April 6, the World Health

Organisation (WHO) released guidance indicating that healthy people do not need masks, which directly contradicted the CDC's advice (WHO, 2020). This conflicting information increased public distrust, with people questioning the effectiveness and necessity of wearing masks. Due to rising distrust among citizens towards governments, it becomes crucial for government communication to focus on effective strategies and values like transparency to alleviate fear and suspicion (John, Maama, Ojogiwa, & Mabungizi, 2022).

The authors also warned that in order for organisations to ensure effective crisis communication, they must avoid past mistakes made by others, including significant public communication blunders when addressing complex public health crises and sending out inconsistent, incorrect, and contradictory messages, which led to ineffective crisis response (Kreps, Alibek, Neuhauser, Rowan, & Sparks, 2005; Taylor-Clark, Viswanath, & Blendon, 2010; Gamhewage, 2014; Rowan, Botan, Kreps, Samoilenko, & Farnsworth, 2020). Eldridge, Hampton & Marfell (2020) echoed this sentiment, noting that inconsistent expert messaging is a frequent flaw in crisis communication. Government communicators are encouraged to regularly use personalised communication strategies, such as incorporating visualization tools, and to repeat and summarise information, to determine if the audience has understood the message (ibid).

Despite existing expert advice, Daz, Fernández & Rojano (2020) and Masngut, Sci & Mohamad (2021) contend that there frequently exists a narrative regarding a lack of transparency and numerous contentious assertions from government officials, which lead to confusion, even when others have managed the issue appropriately. For example, during the Life Esidimeni crisis, stakeholders observed controversial statements from two leading officials, causing significant confusion among stakeholders. The following section will delve into three elements that facilitate effective crisis communication. These elements are: crisis communication strategy, stakeholder engagement, and communication channel.

2.2.1. Crisis communication strategies in health organisations

A crisis is an unavoidable condition that causes instability and uncertainty for all organisations (Coombs, 2007; Anthonissen, 2008). As noted by Coombs (2002), while crises can differ in nature, SCCT highlighted that their crisis communication strategies

are equally varied. Masngut, Sci & Mohamad (2021) also contend that utilising the same strategies in different health crises is inappropriate. Heath (2006) agrees with choosing the most suitable crisis communication strategy, as there is no ‘one size fits all’ approach for every crisis, and the situation must be researched to steer an organisation toward more effective crisis communication. This points out the necessity for a crisis communication strategy adapted to the specific nature of the crisis since no single strategy applies to every situation. James & Wooten (2005) assert that it is the response to the crisis, rather than the crisis itself, that can have the most serious impacts on an organisation. Supporting the aforementioned, others have claimed that what organisations communicate to their various publics during a crisis affects the level of reputational and financial harm a crisis can cause to the organisation's image (Roodt & Fleming, 2018).

Helm & Tolsdorf (2013) emphasise that inadequate responses to crises can lead stakeholders to form negative views about the organisation, potentially leading to protests and media exposure. Consequently, Coombs (2014) introduced the Situational Crisis Communication Theory (SCCT), which offers guidelines to align crisis response strategies with the specific types of crises, aiming to effectively rebuild an organisation's reputation and satisfy stakeholders' expectations during such times. This indicates that every crisis necessitates a distinct communication approach, as they vary in their origins, effects, and the stakeholders involved. To simplify the process for organisations, Coombs (2007a) devised SCCT to determine the most appropriate crisis response strategy managers should utilise in particular crises to optimally restore the organisation's reputation.

Furthermore, the SCCT suggests that crisis managers should apply crisis response strategies that belong to the same cluster (Coombs, 2007). Scholars argue that aligning an organisation's crisis communication strategy with the crisis type can restore its image and reputation (An, Gower, & Ho Cho 2011). To elaborate, according to SCCT, it is expected that denial strategies align with victim crises, diminish strategies match unintentional crises, and rebuild strategies are suited for avoidable crises (Coombs, 2007). However, during the Life Esidimeni crisis, SCCT crisis response strategies were applied but were ineffective. This is often due to organisations associating themselves with incorrect crisis clusters. For example, using a deny strategy in a preventable crisis cluster.

Therefore, Kyrychok (2017) advises that organisations should comprehend a crisis and its origins before aligning with any cluster, as distinct crisis communication strategies are employed for various crises and serve differing objectives. For instance, a victim cluster is typified by a crisis with minimal organisational responsibility. Crises where the organisation bears some, yet limited, responsibility fall under the accidental cluster. The preventable cluster consists of crises attributed to the organisation (Coombs, 2007a; Coombs & Holladay, 2002).

The Situational Crisis Communication Theory (SCCT) identifies three categories of crisis types depending on how stakeholders attribute responsibility to the organisation in a crisis (Coombs & Holladay, 2002). First, an organisation may be seen as a victim, such as in cases of sabotage, hoaxes, or terrorism. When an organisation is perceived as more responsible for the crisis, the public expects it to take additional actions to assist the victims (Coombs & Holladay, 2002). To align with public expectations, crisis response strategies should demonstrate empathy and competence in managing the situation, thus reducing reputational damage. Second, accidents can still result in disasters even with the organisation's diligent efforts. The third and most blameworthy type of crisis arises from deliberate actions either by the public or regulatory bodies, known as a preventable crisis (Mndawe, 2020).

Moreover, as noted by Coombs (2007a), crisis response strategies can be grouped into three categories: denial, diminishment, and dealing, each aligning with the three types of crises that involve different levels of organisational responsibility. Grouping them serves the purpose that if an organisation devises a crisis plan for one crisis type within a category, it is comparatively well-prepared for all types of crises in that category (Coombs & Holladay, 2002). Coombs (2006;2007a) described the denial strategy as a response strategy focused on proving that there is no crisis or that the organisation is not accountable for the problem. Furthermore, SCCT advises organisations to employ denial strategies when dealing with rumours and baseless challenges (Coombs, 2007b).

To reduce the reputational damage caused by a crisis, Coombs elaborated that within the diminish strategy, a crisis manager acknowledges the occurrence of a problem and the involvement of their organisation but aims to alter the perceptions stakeholders have regarding the crisis. Additionally, by directly tackling the way

stakeholders perceive the organisation—efforts that work to reshape its reputation—the response options might be interpreted as an attempt to re-establish legitimacy (Coombs, 2004). Rebuild crisis strategies involve offering either compensation for the crisis or an apology. Research indicates that providing an apology—a rebuild crisis response strategy—is more successful in restoring reputation compared to the more defensive denial or diminished response strategies (Coombs & Holladay, 2008). Moreover, SCCT advises organisations to employ rebuilding strategies for any preventable crisis (Coombs, 2007b). This reinforces a consistent theme in communication research—that situations influence the choice of communication strategies (Black, 1965; Bitzer, 1968; Metts & Cupach, 1989; Coombs & Holladay, 2011). This suggests that the choice of crisis communication strategy should be informed by the crisis itself or the nature of the crisis for effective crisis management.

Nonetheless, some contend that there is consistently a discrepancy between theory and practice (An, Gower, & Ho Cho, 2011). This is illustrated in some of the case studies mentioned earlier in this research where some organisations attempt to reduce crisis responsibility by rejecting fault or by attributing blame to others or different entities. Lee (2004) asserted that employing a denial strategy in a preventative crisis might initially seem appealing, but the consequences of that choice could potentially lead to the organisation's downfall. The scholar further notes that organisations employing a denial strategy during intentional crises often provoke negative emotions such as anger and aggression, whereas an organisation’s acceptance of crisis responsibility diminishes negative reactions and enhances positive emotions such as sympathy and forgiveness (Lee, 2004). The researcher acknowledges that denial strategies are inadequate for dealing with intentional crises because once new information comes to light, the organisation’s initial response may be perceived as an attempt to conceal the truth. Consequently, if unforeseen events occur, it could result in numerous negative consequences including a loss of trust and damage to reputation.

Conversely, crisis managers commend the 'reduce offensiveness' approach (Dutta & Pullig 2011). This approach is seen as the most crucial element contributing to successful crisis management since officials believe money grants access to everything (Im, Youk & Park, 2021). Kim (2016) argued against this by suggesting that an apologetic response strategy is most effective, even in situations where

organisations are not greatly responsible for the crisis. Similarly, Kellerman (2006) agrees and points out that while apologising is beneficial, it may not always yield favourable outcomes for the organisation experiencing a crisis. The authors note that only a sincere apology can mitigate reputational harm and financial losses. Kellerman (2006) described a sincere apology as the recognition of an error or wrongdoing, taking responsibility, showing remorse, and providing assurance that the issue won't happen again. Nevertheless, from the case studies analysed in this research, the researcher discovered that officials often apologise and show regret during crises but seldom accept accountability. This pattern was evident during the Life Esidimeni crisis, where some officials initially offered apologies without acknowledging responsibility and others continued to apologise while shifting blame. Hearit (2007) warns that repeated expressions of regret may become monotonous. The study concludes that while apologising is a start, relying solely on an apologetic response is inadequate. It should be paired with a crisis response strategy that focuses on taking accountability. As Gonzales (2022) advised, organisations should align their crisis communication strategies with the nature of the crisis to prevent exacerbating the situation. Competent leaders must fully own up to their poor executive decisions and thoughtfully plan their communication with stakeholders.

Proficient crisis management is crucial for maintaining a positive relationship with the public, on whom organisations rely for support (Fuller & Sala, 2021). According to Coombs (2007a), as referenced in Nwogwugwu (2018), crisis communication strategies act as “symbolic resources” which influence the assignment of crisis responsibility, alter public perceptions of the organisation in crisis, and mitigate negative repercussions. Moreover, Boyd (2000) and Coombs (2006b) assert that organisations choose crisis communication strategies not only to reduce responsibility and damage to their reputation but also to restore their legitimacy. Consequently, the researcher advises that it would be advantageous for health organisations to consult the Situational Crisis Communication Theory introduced by Coombs (2002) to identify the most effective strategy for a given crisis type. In this research, the Situational Crisis Communication Strategies formulated by Coombs were employed to assess if government officials adhered to SCCT’s guidance during the Life Esidimeni crisis. This research seeks to examine the manner in which the government engaged with stakeholders regarding the Life Esidimeni crisis. Gaining insight into this could assist

crisis managers within health organisations in determining the effectiveness of the crisis communication strategies employed in handling the crisis. Other research indicated that learning from previous crises is the most effective way to prepare an organisation for future challenges (Stephens, Malone, & Bailey 2005; Hasserman & Clarke 2016). By examining and assessing how other organisations managed crises, your organisation may gain future advantages (Claeys, Cauberghe & Vyncke 2010). Additionally, Hasserman & Clarke (2016) suggested that even if an organisation cannot avert a crisis by analysing past incidents, it can still aim to lessen or prevent further crisis escalation by selecting an appropriate strategy in response to the crisis impact. The researcher contends that preparing for crises by reviewing past events does not ensure successful crisis management, thus, crisis managers should not only depend on them. Instead, they should also refer to SCCT and the Best Practice Framework for guidance on effectively managing a crisis.

Su *et al* (2022) proposed that beyond the previously mentioned crisis communication strategies, health officials should incorporate stakeholder-focused and empathetic persuasion during crises that involve human life. Stakeholder-focused communication necessitates health experts to convey messages that are not only fact-based, transparent, and accountable but also express care and empathy towards the public (Irving & Dickson, 2004). This indicates that crisis communication must address the needs and concerns of stakeholders to foster and sustain a strong relationship with those affected. As per Scarcella *et al* (2013), stakeholder-focused communication allows health officials to acknowledge the diverse needs of various stakeholders, such as patients, families, healthcare staff, and the community, which is crucial. Moreover, crisis messages will be customised based on particular concerns and provide information in formats that ensure effective communication. The success of stakeholder-focused communication is confirmed through direct interaction with stakeholders. This topic is further elaborated on below.

2.2.2. Stakeholder engagement in health organisations

According to Walker *et al* (2013), stakeholder engagement is a strategy through which an organisation includes key participants for a specific purpose to achieve agreed-upon outcomes. This implies that successful stakeholder engagement can help organisations fulfil the expectations and needs of those stakeholders involved.

Furthermore, Mndawe (2020) observed that involving stakeholders aids the organisation in understanding their needs and improves responsiveness to collective challenges. Conversely, Mesfield *et al* (2021) argued that this is rarely achieved, as there is minimal to no comprehensive engagement in the formation and implementation of healthcare policies, despite its importance in meeting patient and community needs, lessening health disparities, and enhancing governmental accountability. Sun, & Taylor (2022) further pointed out that without the stakeholder's needs and expectations setting the agenda for engagement, organisations are unlikely to attain inclusivity among stakeholders. For instance, the Life Esidimeni crisis showed a lack of stakeholder inclusivity, as Manamela's (2022) study found that, despite staff members being present in meetings prior to the closure, they felt uninvolved. A staff member was quoted as saying, "Only the hospital managers attended meetings concerning the closure." Observing the aftermath of the facility's closure and their responses to the crisis, as previously discussed in the study, it is reasonable to assert that this comment was made after realising that their suggestions or recommendations were ignored, indicating that their contributions were deemed irrelevant.

Consequently, this aligns with Kanangele *et al* (2020) findings, which suggest that health officials give stakeholders the illusion of consultation and opinion-sharing on a policy after decisions have already been made. Furthermore, Masefield *et al* (2021) findings corroborate these conclusions, revealing that stakeholders perceived a lack of inclusivity and meaningful engagement in Malawi's health policy process. Their findings showed that most interviewees felt powerless to affect the content of health policy in Malawi due to either not being consulted at all, not being involved throughout the policy's lifecycle (i.e., only consulting them at the implementation stage instead of during development), insufficient time allotted for consultation, or their input being ignored. This highlights that stakeholder engagement is frequently undervalued in healthcare organisations, despite its acknowledged importance as a key element in managing crises effectively. Therefore, researchers deduced that stakeholders continue to feel unheard and excluded even when part of the decision-making process regarding health policies (Masefield *et al*., 2021).

Consequently, the researcher advises that authorities should stop taking advantage of stakeholders by involving them in meetings merely for appearances. Instead, they should consider alternative strategies that will mutually benefit both the organisation

and the stakeholders, such as embracing honesty and transparency. According to Basu *et al* (2013) and Burnside-Lawry & Carvalho (2015), organisations do not perceive stakeholders as a threat to their reputation and image when honesty and transparency are prioritised in their interactions. Furthermore, Mndawe (2020) emphasised that transparent engagement with stakeholders helps the organisation comprehend their needs, leading stakeholders to empathise, cooperate, and provide prompt responses to community issues. The importance of transparency in a crisis is highlighted in the 2015 study by Sadler & Stewart. They recounted several examples where transparency proved advantageous for the organisation. Here is one of the experiences Sadler shared. "I vividly remember, as a 39-year-old chief executive who had been on the job just two weeks, dealing with the shock that three babies had died in our neonatal intensive care unit (NICU) for reasons we could not understand. I remember our experienced medical director, David Chadwick, asking experts at the Centres for Disease Control and Protection (CDC) and the California Department of Health to get on the next plane and help us figure it out. I remember talking to every family who had a child in our hospital, explaining what we knew and didn't know, and offering to transfer their child to another hospital in San Diego if they preferred (only one said yes). I remember going public with a news conference the next day, and for the next five days, explaining what we knew and what we didn't know. I remember the discovery that we were dealing with an adenovirus that was transmitted in the air handling systems of our NICU (the first time this had happened in the US). I remember feeling the relief that no other patients were harmed and, subsequently, to our surprise, receiving awards from the media for our honesty and transparency" (Sadler & Stewart, 2015:4).

This illustrates how organisations can turn crises into opportunities for learning and improvement by exemplifying and promoting transparent behaviours, fostering a culture of transparency within their organisation. Those who fail to do so may experience repeated setbacks. Transparent organisations often engage stakeholders to remain aware of societal shifts and how these affect their operations. They also establish relationships with key stakeholders to manage the impacts of these changes (Silberberg & Martinez-Bianchi, 2019). Additionally, Mojtahedi & Lan Oo (2017) suggest that involving stakeholders aids planners in raising public awareness about crisis-related issues and convincing potential communities that action is needed.

Therefore, as per Ndlela (2018), communication that enhances interactions generates responses, and fosters dialogue is more desirable.

To achieve effective stakeholder participation in organisations, WHO (2021) recommends that forming and negotiating ‘national health policies, strategies, and plans’ should include all stakeholders both within and outside the health sector. This involves engaging all participants through extensive consultations in meaningful policy discussions to achieve consensus on the existing situation and the essential values, goals, and overall policy directions that will guide health policy (ibid). Supporting this view, Kanankege *et al* (2020) proposed that for a healthcare organisation to successfully handle a crisis, its reputation and stakeholder relationships during such a crisis should enable the involvement of stakeholders with varying levels of education, policy understanding, and marginalised groups, including those who are socioeconomically disadvantaged and from rural areas. In the South African health sector, where there are over 50 languages that are not standardised, it is uncommon for healthcare providers and patients to communicate in the same language. This is largely due to the fact that many healthcare facilities in South Africa do not have trained interpreters available (Habib, Nair, Von, Pressetin, Kaswa, & Saeed 2023). Consequently, some stakeholders attend meetings and leave without comprehension due to language barriers.

This occurs because some officials speak in English and occasionally use jargon, as it is seen as a medium language. Even when they begin by speaking African languages, consistency in language use is seldom maintained, resulting in misunderstandings and a lack of clarity. Studies indicate that jargon usage can be alienating (Hulman, Dixon, Bullock, & Colon, 2020), diminishes understanding (Krieger & Gallois, 2017), lowers engagement levels (Halliday & Martin, 2003; Shulman & Sweitze, 2018), and presents entry barriers in specific areas (ibid). When jargon, foreign languages, or unknown terms are used, stakeholders often fail to comprehend the content and may find it challenging to interpret the intended message. Therefore, it is recommended that communicators in health crises refrain from using jargon when interacting with stakeholders to ensure clarity for those affected by the crisis. Following this approach can prevent what happened to participants in Halliday & Martin's (2003) study on Writing Science: Literacy and Discursive Power. A participant remarked, "Governments did not consider individuals from cultural groups with oral traditions or

those illiterate in their language during the meat works outbreak," highlighting the lack of understanding of government expectations.

Contrasting with this, Mndawe's (2020) research on crisis communication for Bushbuckridge Local Municipality highlighted some issues in community member communication, but these problems were thankfully identified and addressed early on. The challenges emerged during the translation of messages into the primary languages spoken in the community, namely Sepedi, Xitsonga, and SiSwati, due to the high illiteracy rate among residents (Mndawe, 2020). The community of Bushbuckridge was commended for their thoughtfulness. Nonetheless, it remains an aspiration for our South African health organisation to follow suit, as prioritising this approach would enhance the environment for patients in the South African health sector, allowing them to communicate openly and understand the information provided. This outcome would lead to improved organisation-stakeholder relationships and more manageable crises. Supporting this idea, Granville, Mehta, & Pike (2016) assert that the government should focus on effective and meaningful stakeholder engagement during health crises, as it is vital for successful crisis management and stakeholder connections.

Role of stakeholder engagement in managing crises and stakeholder relation

Stakeholder engagement is described as a fundamental principle for building relationships that strengthen the connection between an organisation and its stakeholders. This process helps organisations manage crises effectively without worrying that stakeholders might spread disruptive information to challenge crisis communicators or harm the organisation's reputation (Taylor & Kent, 2014). Additionally, it was noted that stakeholder engagements are beneficial for successfully handling a crisis when they are used to keep key stakeholders informed about emerging crises or perceived risks. Prior to the Life Esidimeni crisis, stakeholders were engaged; however, during the crisis, officials did not openly address the issue of the deaths once they occurred. This included staff in the directorate and several stakeholders who mentioned not having seen the project plan despite requests and promises from the Project Manager, the South African Depression and Anxiety Group (SADAG), and the National Department of Health (NDOH). As a result, it was concluded that the planning process was mainly confined to government officials, and

stakeholders were not meaningfully involved. This lack of engagement highlighted the government's neglect of stakeholders' needs, expectations, and concerns.

GRI (2020) argued that it is disheartening to see health organisations overlook stakeholder engagement, as such engagement aids organisations in pinpointing and addressing stakeholders' significant concerns, issues, perceptions, needs, and expectations effectively. Similarly, Silberberg and Martinez-Bianchi (2019) suggested that stakeholder engagement holds considerable value, as it is through these interactions that organisations can effectively navigate crises and foster and maintain relationships with stakeholders. Supporting this view, Dier-Lawson (2019) emphasised that stakeholders play a crucial role in the success or failure of organisations' crisis response and management efforts. The National Health Act of 2003, recognising the importance of stakeholders in addressing health crises, stresses comprehensive participation in several sections of Makgoba's (2016) report.

Moreover, the Act mandates extensive stakeholder involvement via entities such as clinic committees, hospital boards, district health councils, and provincial health councils. However, during the Life Esidimeni crisis, there was no mention of any of these structures in the planning documents. Consequently, this lack of meaningful engagements with the stakeholders led to 'low trust', anger, frustration, and loss of confidence in the current leadership of the Gauteng Department of Health (GDoH) by many stakeholders. Hence, they experienced protest marches and court interdicts. Stakeholders' response to the crises can be justified as according to Fearn-Banks (2002), Gauteng Department of Health officials did not bother warning the stakeholders immediately deaths started taking a toll on patients. In this case, although the government managed to contain the situation, crisis communication practices were not well implemented hence the crisis prolonged. This agrees with the crisis communication literature that in organisations where stakeholders' engagement is not a top priority, crises turn into catastrophes or even endure crises of longer duration. However, where it is prioritised, organisations often avoid crises or endure crises of shorter duration or lesser magnitude (Fearn-Banks, 2007). Additionally, crises become an opportunity not a threat.

A prime example of this can be seen in the 1982 Tylenol crisis handled by Johnson and Johnson. According to Szczepanik's (2004) study on the significance of crisis

communication, it was discovered that the crisis team effectively updated all stakeholders with current information about the situation while maintaining open lines of communication. By mid-afternoon on the day the initial deaths were reported, the organisation distributed half a million warning mailgrams to doctors, distributors, health care providers, and the general public. Additionally, employees received two letters to keep them informed and express gratitude for their support (Lerbinger, 1997). As a result, the organisation received praise for consistently and directly communicating with all stakeholders. This consistent and direct communication was advantageous for the organisation, as they were not held liable for the crisis. Stakeholders felt the organisation acted in the public's best interest. Through these two instances, the researcher seeks to illustrate how the involvement or lack of stakeholders' involvement impacts the success of crisis management.

Centre & Jackson (1995) along with MacDonald *et al* (2019) indicate that the effective management of the Tylenol crisis was supported by stakeholder engagement not just focused on disseminating information, but also incorporating feedback mechanisms and placing high importance on stakeholders' contributions. Similarly, Szczepanik (2004) asserts that meaningful stakeholder engagement is not simply a one-way communication channel. It should go beyond mere reporting and assurance to emphasise the continuous dialogues needed to foster significant impact (Edgley, Jones, & Solomon 2010). This implies that to effectively manage government health crises, stakeholder engagement must extend past simple updates and involve stakeholders in active participation, giving them a voice in decision-making processes and policy creation. Furthermore, Helbig *et al* (2015) point out that involving stakeholders in policy development enables them to actively engage and pinpoint areas where policies may not fully meet their needs before finalisation. To achieve this, Coombs (2015) suggested that organisations facing a crisis adopt a method of two-way communication to effectively involve the affected stakeholders.

Coombs (2015) highlights that using two-way communication allows organisations to continuously identify, address, and convey risks to key stakeholders during different phases of crisis management. As a result, they can evaluate stakeholders' feelings and enhance the chances of foreseeing stakeholders' reactions towards the organisation in a crisis. Manamela (2022) suggests that despite the significance of two-way communication being highlighted by various authors, it is often overlooked in

crises - neglecting the fact that inadequate communication by organisations during crises can damage the trust between them and their stakeholders. Similarly, Covid (2021) emphasised that trust can be built through responsive, empathetic, transparent, and consistent messaging in local languages using reliable communication channels. It is argued that these objectives cannot be achieved through one-way communication approaches.

Within this framework, the researcher emphasises that one-way communication is a tactic that greatly impedes organisations from adequately handling avoidable crises, as stakeholders' responses might come as a surprise. For example, Myeza's study in 2024 revealed that during the COVID-19 pandemic, some organisations overlooked internal stakeholders like employees and others affected by the crisis. It was also argued that employees experienced uncertainty about job security, pay, and incentives, while other stakeholders, such as suppliers, were unsure about the organisation's ability to repay debts, resulting in a protest (Almeida & Santos, 2020).

These examples demonstrate ineffective communication from organisations that still adhere to authoritarian communication methods (one-way). Masefield *et al* (2021) claim that some organisations involve stakeholders in decision-making processes merely as a formality since they are present only to listen. Their research shows that stakeholders were invited to participate in decision-making to utilise their knowledge to influence central government health policymaking. However, stakeholders believed that the policy was developed already and their perspectives did not shape the policy. Consequently, they felt undervalued in the process and believed their voices were deliberately ignored. Similarly, Wander (1988) discovered that during the Texas mental health scandal, when their research team analysed responses to questionnaires from a larger group of 550 patients, many respondents reported that neither they nor their parents had any role in decisions about their care. The treatment team meetings were seen not as collaborative and inclusive communication and care negotiation means but rather as sessions to decide their placement. On the other hand, Freeman (2010) argued that involving families and loved ones, as well as obtaining consent from service users and families in the decision-making process, should be deemed essential. He further stated that government health officials or organisations must engage, listen, and make joint decisions during a crisis.

As Freeman (2010) indicated, many organisations encounter difficulties managing government health crises because they neglect to include stakeholders' perspectives. Cheng, Shen & Haung (2020) contended that in such situations, it is essential to rapidly communicate procedures and guidelines to stakeholders directly affected by the crisis, allowing them to provide detailed feedback. Furthermore, Coombs (2007b) highlighted that, from an ethical perspective, crisis managers should begin their actions by using communication to attend to the physical and mental well-being of impacted stakeholders. Furthermore, according to Masefield *et al* (2021), stakeholder engagement is crucial for establishing trust and strong relationships through reciprocal communication. However, it is noted that building trust is essential throughout the engagement process, as a lack of trust between organisations and stakeholders can impede meaningful collaboration. For stakeholder engagement to effectively aid the successful management of government crises and stakeholder relations, Covid (2021) identified the following principles for effective and satisfactory stakeholder engagement:

- **Openness and life-cycle approach**: organisations should ensure that public consultations are conducted openly, free from external influence, meddling, coercion, or threats.
- **Informed participation and feedback**: all stakeholders should receive information through accessible and relevant communication channels, and they should be able to select a communication channel that enables them to express their opinions and concerns.
- **Sensitivity and inclusivity**: organisations should identify their stakeholders to select suitable communication channels and tailor messages to their needs and expectations. This will ensure that all stakeholders have equal access to information. To guarantee that information pertaining to the crisis is accessible to all affected stakeholders, crisis managers should select a communication channel that offers high accessibility. Appropriate communication channels for disseminating information promptly are discussed below.

2.2.3. Communication channels in health organisation

Communication channels enable organisations to connect with diverse audiences and boost public engagement. Accessible communication channels are crucial, as noted

by (Tomić, Vegar, & Radalj 2024). The authors further mention that the selection of channels is influenced by the crisis type, target audience, and platform accessibility (Park & Avery, 2018). This suggests that various crises necessitate different communication channels. For example, during crises under the victim cluster, like natural disasters such as the COVID-19 pandemic, one-way communication channels might be appropriate because the instructions are concise and clear. In contrast, for a preventable or intentional crisis like the Life Esidimeni tragedy, there is a need for answers and explanations, making two-way communication channels more appropriate. Moseneke's (2017) report on the Life Esidimeni crisis indicated that the Gauteng Department of Health employed multiple communication channels, including eNCA, Radio (702 and Power FM), Television programs (eNCA Checkpoint), Newspapers, Meetings, Letters, and Emails. Zhao & Rosson (2009) support the use of multiple channels, asserting that multi-channel approaches enhance the impact of communication efforts and create a more informed and resilient community.

Supporting this notion, other researchers have stated that utilising multiple communication channels is crucial for engaging various audiences effectively, as long as stakeholders accept them (Welch, 2011; Sanina *et al*., 2017). As outlined earlier, the Gauteng Department of Health organisations employed traditional media (such as print and broadcast) and direct communication with patients and their families to spread information extensively. Surprisingly, there is a significant amount of evidence indicating that stakeholders complained about the lack of adequate information concerning the conditions of patients during the Life Esidimeni crisis. Teffo's (2024) report on the Life Esidimeni inquiry disclosed that "Following the GDOH's public announcement on 10 October 2015 regarding the termination of the SLA with Life Esidimeni, SADAG received numerous calls and emails from worried family members of the MHCUs about the future of their loved ones at the various Life Esidimeni facilities since they were unable to care for them. She was unable to obtain information from Dr Manamela after a Radio 702 interview with Ms Qedani Mahlangu" (Teffo, 2024: 20). This indicates that despite the crisis communication channels available, accessing information during the Life Esidimeni crisis was challenging.

As a result, authors argued that it is for this reason that some organisations shifted from traditional media, like television, radio, brochures, pamphlets, and in-person meetings, to social media platforms such as Facebook, Twitter, microblogs, Tik-Tok,

weblogs, and online discussion boards (George & Pratt, 2012). Moreover, Kim & Kreps (2020) noted that previously, people had limited sources of news and information like television and radio until the internet was invented. Since its invention, social media has become an extremely powerful communication tool during crises, as information can be rapidly shared across various channels. Additionally, Veil *et al* (2011) pointed out that social media is effective because it allows the public and stakeholders to actively participate during a crisis. Their questions and concerns are addressed quickly, so information scarcity is rarely a problem in organisations that use social media to disperse crisis-related information. This suggests that if the department had utilised social media, information scarcity wouldn't have been a problem. However, the researcher argued that evidence from Teffo's (2024) investigation report showed that the problem wasn't the communication channel or accessibility; there was no information at all. The findings revealed that numerous patients died at various NGOs, and nearly all the facilities lacked contact details for their next of kin. Consequently, they couldn't provide information regarding the patients' deaths. This indicates that patient records were not maintained, making it difficult to inform families about what happened to their relatives. Therefore, the researcher concludes that even if social media had been used as a channel, nothing could have been communicated, as reports on patients' conditions were unavailable.

This suggests that in situations where traditional media is prevalent, the absence of information is often attributed to communication channels, while in reality, it's the information itself that's lacking. Supporting this view, Mndawe (2020) stated that traditional media like radio and newspapers are criticised for being non-interactive, as many people prefer channels that allow for interaction. Thus, social media is praised for allowing stakeholders to engage directly with organisational messages by commenting and responding (Cho *et al*., 2014). Furthermore, according to stakeholder theory, it is anticipated that organisations would utilise social media to connect with stakeholders, grasp their needs, and meet their expectations (Yang, Sun, & Taylor, 2022). The researcher argued that other channels, like personal meetings and conferences, also provide a direct connection between organisations and their stakeholders. However, the choice of communication channels should depend on the nature and impact of a crisis. For example, traditional media might be suitable for crises impacting smaller regions, like Gauteng's Life Esidimeni crisis, while social

media is more appropriate for widespread crises, such as the COVID-19 pandemic. Supporting this, Vercic & Spoljaric (2020) and Coombs (2020b) noted that in any crisis, employing a range of communication channels can be advantageous for an organisation, provided they convey consistent messages. This suggests that channels rely on each other. For example, relying solely on social media may exclude those who are illiterate, but incorporating radio, television, and in-person meetings ensures everyone is included.

On the other side, Szczepanik (2004) advises organisations to consider that the communication type will differ based on the audience when choosing a communication channel. This suggests that communications with internal and external stakeholders will differ, and so will the channels. For example, during the Johnson and Johnson Tylenol crisis, the crisis team utilised emails to inform employees about the situation, explain its impact on them, and how to deal with the media. As a result, they maintained internal support. In contrast, they employed multiple channels to keep external stakeholders updated. During the Life Esidimeni crisis, Teffo (2024) noted many internal employees expressing dissatisfaction about the lack of direct communication from officials, leaving them insufficiently informed about the transfer. One employee mentioned, "I learned about the Life Esidimeni contract termination through the radio." Additionally, Aaron Motsoaledi, the health minister at the time, indicated that he only became aware of departmental plans when Section 27 contacted the National Department of Health on behalf of the South African Depression and Anxiety Group (Sadag) with the intent to sue the Gauteng Department of Health (James, 2017).

Similarly, during the Exxon Valdez Oil Spill, employees criticised management for leaving them uninformed and unclear about the situation. A Wall Street Journal study highlighted that Exxon's employees felt "confused, embarrassed, and betrayed" by the company's reaction to the Valdez spill (Silva & McGann, 1995:127). The researcher concluded that some employees did not receive official communication from senior management, leaving them unprepared for the potential crisis impacts and challenges. Szczepanik (2004) expressed disappointment, emphasising that internal stakeholders greatly influence organisational performance during regular periods and crises. Therefore, organisations must address this issue as it contributes to poor crisis

management. The following section will discuss the factors leading to ineffective crisis communication and management in health organisations.

2.3. AVOIDABLE FACTORS THAT CONTRIBUTE TO INEFFECTIVE CRISIS COMMUNICATION AND MANAGEMENT IN HEALTH ORGANISATIONS

Effective management of crises protects companies and their reputations and sometimes can affect their endangered survival. Therefore, the key assumption of crisis management is preparedness, planning as well and recognising a crisis before it occurs through warning signs (Tomić, Vegar, & Radalj 2024). This suggests that in organisations where there is a lack of planning, preparedness, and warning signs are not heeded, the concept of ‘effective crisis management’ will always sound familiar in their ears. Below we show how these factors contribute to the success and failure of crisis management.

2.3.2. Poor Organisational Planning and Preparedness

Certain organisations view pre-crisis preparation as unnecessary, failing to recognise that planning ahead enables an organisation to manage a crisis effectively without being overwhelmed by assembling a skilled team to address it Kalkman (2019). Furthermore, McConnell & Drennan (2006) observed that this mindset is often found in organisations that perceive themselves as less susceptible. Taleb (2010) highlighted that this is why some organisations focus heavily on routine operations and insufficiently on preparing for potential negative events. Consequently, Mitroff, Shrivaslava, & Uduwadia (2015) distinguish between organisations with varying vulnerability levels, stating: “The less vulnerable an organisation perceives itself, the fewer crises it prepares for; hence, it becomes more vulnerable. On the other hand, the more vulnerable an organisation considers itself, the more crises it prepares for; therefore, it becomes less vulnerable." This indicates that by avoiding risk, organisations increase their exposure to danger. Thus, the researcher endorses the notion that every organisation should be crisis-ready ahead of time, as previously mentioned in the study.

It appears that this was not the situation during the Life Esidimeni crisis, as Teffo's 2024 inquiry report revealed that officials were worried about patient security and the conditions of NGOs. This aligns with the authors' claims that being unprepared for a crisis leads to experiencing stress, anxiety, and panic. Fearn-Banks (2016) stated that

crises result in stress, uncertainty, heightened anxiety, worry, and fear, all of which affect normal thinking. Sunara & Jeličić (2013) noted that crises are unexpected events that compel companies to behave impulsively and irrationally due to strong emotions. The researcher deduces that, although the exact conditions causing concern among officials haven't been revealed, the use of "worried" suggests there were issues or difficulties concerning patient transfers, indicating a lack of control.

This corresponds with the argument by Tomić, Vegar, & Radalj (2024) that individuals lacking emergency plans are concerned about how to react to unforeseen events. McConnell & Drennan (2006) highlighted the importance of planning during non-crisis periods to allow sufficient time for brainstorming strategy, creating a crisis management hierarchy within an organisation, and identifying essential resources and logistical needs. Additionally, other experts noted that plans should foresee potential crisis types and provide organisations time to choose the appropriate protocols to effectively handle the situation (Tomić, Vegar, & Radalj 2024). Following the benefits of having a plan, crisis communication specialists suggested five steps for creating an effective plan (Ministry of Health, 2019): First, assemble a planning team; second, assess the scale of the issue; third, formulate a plan; fourth, test the plan; and fifth, revise the plan. After detailing the steps, the Centre for Disease Control and Prevention (CERC) presents an informed framework that gives distinct guidance for health organisations during a crisis (Tibbs, 2024). Reynolds & Lutfy (2018) explain that this framework is designed to provide detailed guidance on how organisations can execute their plans within the initial 48 hours of a crisis. One of the foundational elements of CERC is its six principles, which are as follows:

- Be first
- Be right
- Be credible
- Express empathy
- Promoting actions
- Respect

These pragmatic and theoretical measures aim to help organisations improve their preparedness for future crises. The authors suggest that organisations that follow the guidelines have full control over the situation, ensuring successful management. This,

in turn, will help people recognise that not all crises result in complete failure (Tomić & Milas, 2007). Conversely, Tibbs (2024) contends that pre-planning doesn't always ensure effective crisis management, as some organisations might be surprised by an unpredictable crisis. Tomić & Sapunar (2006) state that anticipating every potential crisis is often unfeasible. Nonetheless, Coombs (2008) points out that although predicting every possible crisis is not achievable, organisations can take certain steps to prepare for one. The first step in an effective strategy is identifying potential crises. This includes possibly hazardous situations, past crises that might resurface, and crises that have affected similar organisations in the past (Regester, 2004). Moreover, Tomić, Vegar & Radalj (2024) assert that it is crucial to understand that despite having a crisis plan, each crisis is unique and may require adjusting the plan or creating a new one entirely based on the expected circumstances.

One advantage of having a pre-crisis strategy is that when various crises occur, you can modify the plan to address the specific crisis rather than beginning anew. On the other hand, even without a pre-crisis plan, a crisis can be managed by applying crisis communication strategies and theoretical frameworks. For example, Johnson and Johnson did not have a plan for their unexpected crisis but managed it well by using crisis communication practices. Furthermore, Tibbs's (2024) research evaluated Johnson and Johnson's response to the Tylenol crisis through CERC principles, revealing that the organisation adhered to these principles. This indicates that regardless of whether a particular crisis is anticipated, the application of crisis communication strategies can aid in restoring reputation, as demonstrated by Johnson and Johnson. Additionally, Heath & Millar (2004) propose that organisations should not perceive crises as unpredictable but rather as inopportune. By adopting this perspective, preparedness and planning are likely to become more common in future crises.

In an earlier part of the study, the authors provided both theoretical and practical steps for crisis planning and preparation (Reynolds & Lutfy, 2018; Ministry of Health, 2019; Tomić, Vegar, & Radalj, 2024). Conversely, Gao & Alas (2010) commend these authors while highlighting the importance of appropriately addressing the stages/phases of a crisis to manage it effectively and reduce harm. Furthermore, Meyers & Holusha (2018) indicate that a crisis unfolds in three stages; hence, for effective crisis management, teams should divide it into the pre-crisis, crisis reaction,

and post-crisis stages. Additionally, the Situational Crisis Communication Theory (SCCT) emphasises the importance of communication in ensuring stakeholders understand the necessary procedures during each of these stages: pre-crisis, crisis event, and post-crisis (van Rensburg *et a*l., 2017). The phases of a crisis are elaborated upon as follows:

Pre-crisis phase

The first stage of responding to a crisis is often called the warning phase. The pre-crisis stage refers to the preliminary actions taken by a crisis management team before a crisis actually happens, aiming to delay, prevent, protect, and prepare the organisation for the forthcoming crisis (Payton, 2021). During the pre-crisis stage, no crisis has occurred yet, but the organisation is taking the necessary steps to prepare for it (Claeys, 2015). Because of the uncertainty about when a crisis might strike, being ready in advance is crucial. At this stage, crisis managers bring together their crisis communications team for intensive brainstorming sessions on any potential crises that could affect the organisation (Bernstein, 2013). In a similar vein, the CERC manual states that this is the phase where organisations should establish meaningful partnerships with other entities that would be advantageous in case a crisis arises; draft and test communications for various audiences; prepare for specific emergency situations the organisation is likely to encounter; develop a crisis communication strategy; choose and train communication spokespersons, determine the approval process for outgoing information; and connect with nearby communities to learn how to serve them better (Reynolds & Lutfy, 2018).

The pre-crisis phase is referred to as the warning phase where an organisational member, typically the supervisor or manager, identifies a potentially critical threat and notifies senior management (Nakhoda *et al*., 2018; Smith, 2019). During the crisis response phase, or while the crisis is ongoing, the focus is on implementing policies and procedures and deciding on the official reaction to the crisis as well as adapting communication strategies (Haupt & Azewedo, 2020).

Acute Crisis phase

The acute crisis is the next stage of a crisis, where the crisis becomes visible to people outside the organisation (Warnecke, 2020). It is necessary to activate crisis communication strategies at this stage. At this point, a crisis communication system

is developed to inform the public about the incident Payton (2021). During the stage of acute crisis, it is essential to have efficient communication to make constituents aware of the incident and provide them with the required guidance and instructions (Banwart, 2020). Furthermore, according to Payton (2021), in the acute crisis phase, crisis communication transitions to providing regular updates to the relevant audiences, revising previous directives, managing rumours, and facilitating communication between the leadership and responding teams. This implies that in this stage, attention is given to the affected stakeholders.

Post-crisis phase

Examining the crisis management strategies, conveying necessary modifications to stakeholders, and providing continued crisis management support are integral components of the post-crisis phase (Coomb & Laufer, 2018; Coombs & Holladay, 2010). This suggests that during the post-crisis stage, organisations evaluate the results of their crisis handling and interact with the public to explain how they intend to manage the situation until it normalises (Coombs & Holladay, 2010). The organisation resumes normal operations in the post-crisis period. When a crisis transitions from the acute phase to its concluding stage, it enters what is referred to as the post-crisis phase (Meyers & Holusha, 2018). During this phase, the organisation strives to recuperate from its financial, reputation, and operational setbacks. Concurrently, it seeks to communicate the crisis's impact to the community, shareholders, and clients through all-clear signals and reassurance communications (Meyers & Holusha, 2018). Following the crisis, the main goals of the organisation involve recovering losses, evaluating its crisis performance, and identifying necessary adjustments in the crisis management framework.

This is a stage where the process of reputation repair either starts or continues. As noted by Ihlen & Heath (2019), reputation repair involves recovering through corrective actions and investigating the crisis. Additionally, the researchers highlighted that during the post-crisis phase, organisations should pinpoint areas needing improvement to prevent similar occurrences in the future (Ulmer, Seeger, & Sellnow 2007). Some experts believe that experiencing a crisis should serve as a learning opportunity (Elliott, 2009; Smith & Elliott, 2007). For this to be possible, it is important for health officials to periodically assess the crisis management strategy for possible

enhancements. The researcher emphasised that if a comparable crisis arises, previous mistakes can be avoided. This view aligns with the understanding that learning from past crises is the best preparation for future ones (Stephens, Malone, & Bailey, 2005; Hasserman & Clarke 2016). Furthermore, Fuller & Sala (2021) proposed that organisations in their crisis preparation activities, should evaluate both past and future crisis issues, establish teams ready to plan and react to adverse situations, appoint designated spokespeople, and create written plans with communication objectives and predefined messages or response strategies. This approach aids in either preventing crises or minimising the time and impact of responses.

As a result, this aids organisations in preparing for and managing crises effectively as they occur, without becoming overwhelmed (Bhaduri, 2019). Furthermore, Sharma & Lee (2019) stated that crisis management aims to lessen or diminish the adverse effects a crisis might have on an organisation. Additionally, Payton (2021) mentioned that well-executed crisis management strategies can lead to an organisation's stability, renewal, and growth post-crisis. Research by Szczepanik (2004) demonstrated how Johnson and Johnson restored their brand by efficiently handling the crisis. Szczepanik (2004) described how the Johnson and Johnson management team responded promptly upon detecting issues with their products, thereby saving more lives. Moreover, Kim (2020) suggests that alertness to warning signals results in effective crisis management by allowing organisations sufficient time to proactively formulate crisis management plans. Lastly, we explore how warning signals play a role in ineffective crisis communication.

2.3.3. Avoiding Warning Signs

Warning signals act as alerts providing essential details to organisations before crises occur (Mano, 2010; Karmarkar & Vani, 2014). Macrae (2014) highlights that detecting subtle signals and interpreting initial warnings are some of the most challenging and central aspects of safety management. Conversely, during crises caused by mismanagement and negligence, the researcher suggests that warning signs are intentionally ignored because organisations might believe they are capable and thus immune to crises. Augustine (2000) asserts that even though early warnings are crucial, organisations frequently neglect this important step. This was evident in the Life Esidimeni crisis, where stakeholders accused the department's officials of

purposefully ignoring warning signals (Makgoba, 2018). On the other hand, Macrae (2014) stated that organisations do not consciously ignore warning signs; it happens unconsciously as crisis management initially emphasises organisational operations. When a crisis develops, the situation worsens as they face complex and unclear information. He further mentions that, in such situations, the signs of overlooked warnings become evident during the post-crisis stage.

Mitroff *et al* (1996) and Gao & Yuan (2003) recognise that crises induce stress in organisations and simultaneously highlight that there are measures organisations can take to avert such stress and manage a crisis efficiently. Can (1997) suggests that this entails spotting warning indicators, preparing for potential crises, implementing precautionary steps, and formulating tactics for crisis management. Crisis management includes the process of identifying warning signals, setting up safeguards, and executing decisive actions to either fully resolve the crisis or minimise its impact to prevent future occurrences (Kutlu & Safran, 2004). Mitroff (1994) presents models that divide crisis management into five stages illustrated in Figure 1. These stages are (1) signal detection, which seeks to identify warning signs and take preventative measures; (2) probing and prevention, active search and reduction of risk factors; (3) damage containment, a crisis occurs, and actions taken to limit its spread; (4) recovery, the effort to return to normal operations; and (5) learning, people review the crisis management effort and learn from it.

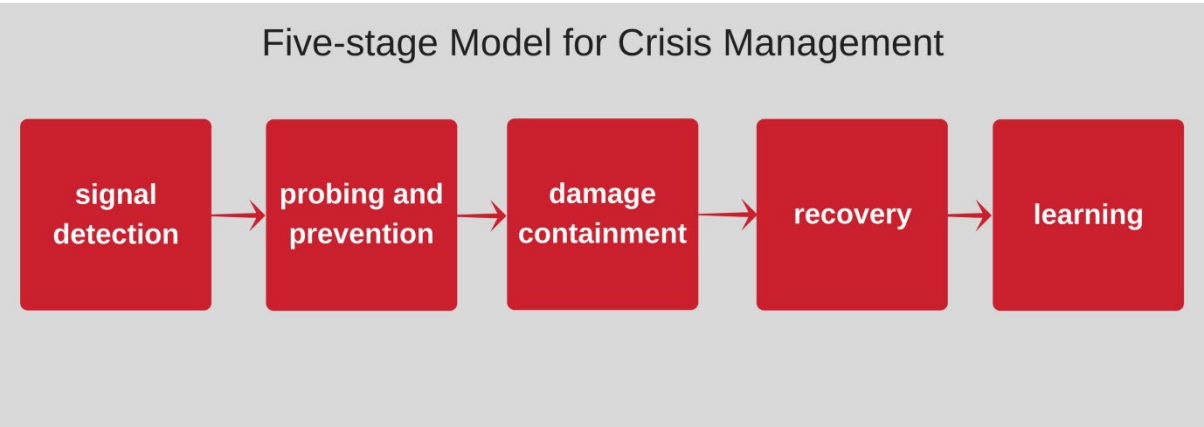

Figure 1: Five stage Model **Source: Mitroff, 1994**

The five-staged model can be used to analyse crisis communication and determine from which stage the organisation had done incorrectly and let the crisis occur uncontrolled (Mitroff, 1994). This is crucial as the crisis management team will detect

from an early stage that there's a threat. After detecting dangerous signals that may lead to a crisis, especially if the risk poses a threat to public health, risk communication must take place. This can only be plausible with a proactive crisis management team. The proactive team foresees a potential crisis and attempts to plan for it. For instance, an organisation assembles an earthquake-safe office and shares a plan with the workers for a natural crisis (Al-Khrabsheh, 2018). In dealing with crisis analysis, a mediator or negotiator may be helpful.

Hayes & Patton (2001) indicate that organisations encounter various crisis types as outlined by the Situational Crisis Communication Theory. They also note that the signals of these crises will differ due to their unique characteristics. Supporting this view, Nalçacigil & Özyilmaz (2020) state that some crisis indicators arise from within the organisation, while others are external. Consequently, other experts emphasise the importance of organisations enhancing their capabilities to detect and respond to early warning signals to avert severe crises (Adnan, 2014; Jneid & Nemar 2023). In line with this, Tibbs (2024) believes that a system enabling swift detection, response, prevention, and communication with the broader community about health risks will assist organisations in addressing public health threats more effectively. Shore (2020) further argues that this is crucial, considering the inevitability of crises, and will aid organisations in preparing for operational disruptions. Although such a system can prevent preventable crises, Macrae (2014) points out that while it exists within the UK National Health Service, it faces hurdles that sometimes undermine its effectiveness. He underscores the challenge for those in charge of enhancing and supervising patient safety, which lies in how to detect, interpret, integrate, and act upon early warnings and faint signals of emerging risks before they lead to a catastrophic breakdown in care. A similar situation exists in South Africa, where the Office of Health Standard Compliance, founded by the National Development of Health in 2011 to oversee risk indicators as an early warning mechanism (Whittaker, Shaw, Spieker, & Linegar 2011), struggles due to a limited and insufficient budget, as OHSC reported to parliament it could not fulfil its duties (Juda Medical Brief, 2021).

2.4. THEORETICAL FRAMEWORK

This study was guided by Coombs' (2007) Situational Crisis Communication Theory (SCCT) and Best Practice Model (BPM) (Seeger, 2006). These theories were chosen

for the study because they align with the objectives of this study, which are: to examine how government officials communicated with mental health care users, their families, and employees during the Life Esidimeni crisis; to evaluate the type of crisis communication strategy government officials used to communicate during the Life Esidimeni crisis.; to identify avoidable factors contributing to ineffective communication and management of government crises. SCCT was deemed relevant for this study because it emphasises the essential nature of communication in maintaining public perception and managing crises (Coombs, 2007). The Best Practice Model was chosen because it is used to improve the effectiveness of crisis communication (Seegar, 2006). In this study, BPM was used to assess the Gauteng Department of Health's crisis communication during the Life Esidimeni crisis to highlight successes and pinpoint failures. On the other hand, SCCT was used to gauge the department's crisis communication strategies. These models help crisis managers learn the right lessons from past crisis responses. The theories are discussed as follows:

2.4.1. Situational Crisis Communication Theory (SCCT)

The SCCT approach is a well-established theory designed to guide organisations in managing and responding to different crises (Coombs, 2002; Koritarov, 2024). The theory is built on Weiner's (1985) Attribution Theory, which focuses on how people assign blame during the crisis based on the crisis responsibility. Attribution theory asserts that individuals assign causes to crises, particularly those that have had a negative impact on the public. This aligns with one of SCCT's assumptions, which is that stakeholders' perceptions of the crisis and the organisation in crisis need to be monitored. As Muindi & Kiarie (2021) indicated, SCCT incorporates Attribution Theory's concepts to comprehend how stakeholders perceive both the crisis and the organisations experiencing it. Furthermore, Tian & Yang (2022) highlighted the importance of prioritising communication with stakeholders to gain insights into their perceptions of the organisation during a crisis. Additionally, crisis communication experts Coombs (2007c) and Effiong (2014) outlined two more fundamental assumptions of SCCT. They pointed out that SCCT presumes that an organisation's history of crises can adversely impact the management of the current crisis. Moreover, because crises vary, there is no universal approach suitable for all crises. Concerning the latter, the authors agree that the theory offers a practical guide to aid organisations in choosing the best crisis response strategies tailored for different crises (Zhang,

Kotkov, Veijalainen & Semenov, 2016). Nonetheless, Coombs (2022) contended that despite the existing guidelines, issues of misapplication and misuse persist. This misapplication was evident in the study by Muindi & Kiarie (2021), which examined a Situational Crisis Communication Theory Case Study of Daystar University in Kenya. This indicates that although extensive research on SCCT's application exists, there are obstacles, such as barriers to the application of SCCT, that still need to be addressed. Understanding these barriers will assist in explaining why many organisations struggle to align the crisis type with the appropriate response strategy. To demonstrate that guidelines do indeed exist, Coombs (2002) identified various types of crises, as shown in Figure 2 below.

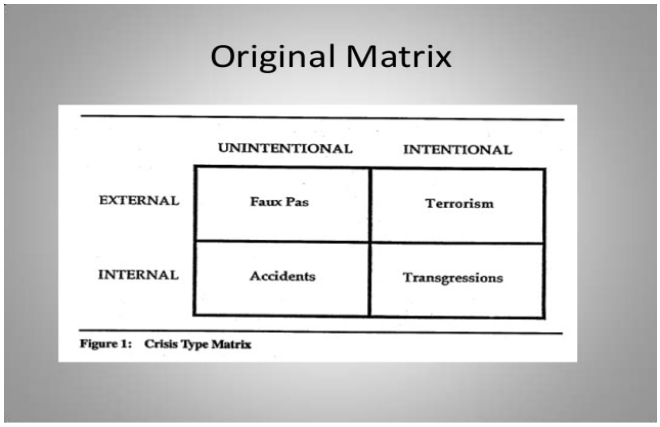

Figure 2: Crisis Type Matrix ***Source: Coombs, 2002***

A faux pas is an unintended action that an outside agent tries to escalate into a crisis. Accidents, which are also unintended, occur during routine organisational activities. Transgressions involve deliberate actions by an organisation that intentionally puts the public at risk or causes harm. Terrorism consists of intentional actions by external parties designed to harm the organisation directly or indirectly (Coombs 1995: 456–7; Harris *et al.,* 2002). SCCT posits that there is no universal strategy for addressing different crises. This means that for every crisis type identified by Coomb (2002), organisations should adhere to SCCT's guidelines to align the crisis type with the proper response strategy. SCCT advocates for this approach, although some authors like Benoit (1995) do not support it. Benoit (1995) contended that while the strategy might be more effective, how strategies are arranged and grouped remains a matter of personal preference. Supporting this view, Auer (2016) argued that the specific strategy is less important than how it is implemented. After evaluating these

perspectives, the researcher identified SCCT as the most effective framework since, according to image restoration theory, crisis managers can use mismatched crisis communication strategies to engage with stakeholders, which SCCT advises against. SCCT recommends that organisations wishing to combine different strategies should do so only from the same cluster. This is because SCCT believes that crisis response strategies are crucial for the success or failure of crisis management, and they facilitate maintaining stakeholders' trust and managing communication complexities more effectively.

To avoid the matter of mismatching, SCCT identifies four crisis response strategies that crisis communicators can use when dealing with different crises (Coombs, 2007). The strategies are explained as follows:

Response strategy type	Response strategy subtypes
Denial strategy	Attack the accuser Deny disaster/crisis situation exists Scapegoat
Diminishment strategy	Provide excuses for the situation Provide justifications for the situation
Rebuilding strategy	Compensate the victims Offer apology/accept responsibility
Bolstering strategy	Remind stakeholders of past good deeds Ingratiation

Table 1: SCCT response strategy types Source: Coomb, 2007

To further clarify, according to Coombs (2007a), denial strategies are utilised in victim crises, particularly when organisations are blameless, such as in the case of natural disasters. This is often known as a double crisis because an incorrect response can lead to a second crisis (Frandsen & Johansen, 2010; Grebe, 2013). Diminish strategies are applicable in accidental crises where the organisation is responsible but

has no harmful intentions, such as in product malfunctions. Deal strategies are used in preventable crises where the organisation fully bears the blame, such as in negligence cases. SCCT suggests that aligning the situation with the appropriate response reduces reputational harm and enhances reputational protection (Coombs, 2007). This is the reason why many authors use the SCCT framework. For example, Sisco, Collins, & Zoch (2010) analysed the American Red Cross's communication during Hurricane Katrina in 2005 through the SCCT perspective. In another research, Muindi & Kiarie (2021) applied SCCT to evaluate crisis response strategies employed by Daystar University (DU) in Kenya during a crisis that resulted in its closure due to students boycotting lectures to protest against inadequate infrastructure and fee increases. As previously mentioned, this research utilised Coombs's (2007) SCCT as the framework to evaluate the crisis communication of the Gauteng Department of Health during the Life Esidimeni crisis. This theory was used to evaluate whether the crisis response strategies employed by the department matched the crisis type.

2.4.2. Best Practice Model

The Best Practice Model is characterised as a user-friendly and widely applicable framework for developing instructional information to help stakeholders learn to protect themselves and their families before and during a crisis (Sellnow, Lane, Sellnow, & Littlefield 2017). Furthermore, Veil & Husted (2012) described the best practice as a model that aids organisations in communicating effectively under the pressure and time constraints of a crisis. Considering that crises trigger various emotions such as fear, anxiety, and uncertainty, this model is designed to help organisations stay composed and address crises appropriately. According to Seeger (2006), the model was introduced to improve organisations' crisis communication capabilities. He further mentioned that the Public Relations Society of America (PRSA) stated in 1997 that the success of crisis communication relies on strategies or best practices. This was one reason the model was developed to aid organisations in effective crisis communication. Seeger (2006) and Seeger & Sellnow (2019) assembled a list of ten best practices for crisis communication, which include: Process and policy approaches, Pre-event planning, Partnerships with the public, Listening to public concerns and understanding the audience, Honesty, candour, and openness, Collaboration and coordination with credible sources, Meeting media needs and being

accessible, Communication with compassion, concern, and empathy, Acceptance of uncertainty and ambiguity, and Promotion of self-efficacy messages.

These practices are designed to assist organisations in planning and suitably reacting to various crises (Sellnow et al.,2017). Conversely, Seeger (2006) noted that these guidelines do not guarantee successful communication. He further added that the model presupposes that listening to and acknowledging stakeholders' concerns and communicating with honesty, frankness, and openness could guarantee effective crisis communication. The researcher concurs that organisations adhering to these methods usually build trust and establish relationships with stakeholders, yet many organisations still find this challenging. For example, the American Red Cross (Hurricane Katrina) and the Gauteng Department of Health (Life Esidimeni crisis) faced criticism for not recognising the public's outrage and for withholding information or making partial disclosures. Consequently, organisations are advised to adopt the Best Practices Model to act in stakeholders' best interests and respond effectively to crises. See Figure 3 below:

Figure 3: Best practice in risk and crisis communication Source: Seeger, 2006

Best practices are discussed below:

Process approaches and policy approaches

Seeger (2006) suggests that organisations should establish a framework and policies to serve as a guideline during crises. This framework might incorporate a crisis communication plan detailing the spokesperson and the communication channels to reach affected stakeholders. This preparation starts before any crisis arises, equipping organisations for potential risks. Furthermore, Seeger & Sellnow (2019) pointed out that this strategy allows crisis managers to handle every phase of a crisis independently. Seeger (2006) emphasised that neglecting one aspect of this strategy can complicate adherence to other best practices.

Pre-event planning

The study previously noted that planning before a crisis is essential for successful crisis management. To reinforce this point, Seegar (2006) along with Veil & Husted (2010) explained that this process is crucial as it enables organisations to recognise possible risks and determine ways to mitigate them. The study earlier outlined the procedure for this on page 43.

Partnerships with the public

Seegar (2006) maintains that organisations need to accommodate stakeholders' active involvement and incorporate them into the decision-making process. He backed this up by stating, "The public has the right to understand the risks it encounters, and continuous efforts should be made to inform and educate the public using science-based risk evaluations" (Seeger, 2006: 238). This implies that stakeholders should be kept informed about all aspects relating to a crisis. Yet, this is among the best practices that are infrequently adhered to. For example, during the Exxon Oil Valdez Spill, stakeholders reported feeling uninformed and unaware of developments. Despite this, Liu *et al* (2021) highlight the importance of prioritising this practice as it aids organisations in acknowledging stakeholders and cultivating a relationship with them. As a result, the researcher notes that this will promote uniform messaging during a crisis.

Listen to the public's concerns and understand the audience

Seeger (2006) suggests that to fulfil this practice, organisations should engage in dialogue communication to understand and address the needs, expectations, and

concerns of their stakeholders. This approach helps build a strong relationship between stakeholders and the organisation. Moreover, Coombs (1999) and Ulmer (2001) pointed out that such a positive relationship with stakeholders is crucial for effective crisis management. Reynolds (2006) warns that organisations must heed this advice, as ignoring stakeholder concerns can lead to a crisis of misinformation spiralling out of control. Regardless of the cautions and warnings, most organisations are criticised because of this.

Honesty, candour, and openness

Seeger (2006) emphasised the importance of maintaining honesty, candour, and openness during a crisis, as these qualities help establish credibility and truthfulness both before and during a crisis. This approach enables crisis managers to openly communicate crisis-related information with stakeholders. Furthermore, Seeger (2006) mentioned that by doing so, organisations can prevent stakeholders from seeking information from less credible sources. Conversely, Seeger & Sellnow (2019) highlighted that despite the emphasis by numerous crisis communication studies on the significance of transparency during a crisis, some crisis managers tend to hide information and provide partial truths.

Collaborate and coordinate with credible sources

The expert panel highlighted the importance of forming strategic alliances before a crisis (Seeger, 2006). Furthermore, Veil & Husted (2012) suggest that establishing a network of reliable contacts ahead of a crisis is crucial for executing an efficient and effective response when a crisis arises. To accomplish this, organisations should foster strong relationships with trustworthy sources before a crisis to improve consistency. Maintaining consistent messaging is a key indicator of successful crisis communication (Seeger, 2006). However, numerous case studies have reported failures in communication and coordination along with conflicting messages during crisis management. This pattern was observed during the COVID-19 and Life Esidimeni crises, as noted earlier in the study. These failures and inconsistencies lead to confusion, increase uncertainty, and may exacerbate harm.

Meet the needs of the media and remain accessible

In times of public health crises, the need for information surges rapidly, and the public generally receives updates about a crisis or risk through the media, making it vital to stay accessible to these channels (Veil & Husted, 2010). Therefore, recommended strategies include crisis managers actively engaging with journalists, striving to comprehend their needs, and supplying them with customised information (Seeger, 2006; Janoske *et al*., 2013; Seeger *et al.,* 2018). It is also recommended that organisations build a strong relationship with the media beforehand to ensure swift, precise, and trustworthy news reporting during a crisis. Consequently, this helps to prevent misinformation.

Communicate with compassion, concern, and empathy

The organisation's response should place the needs of the affected stakeholders above concerns like repairing reputation (Lu & Schuldt, 2016; Seeger & Sellnow, 2019). Furthermore, it has been noted that expressing compassion during crisis communication is crucial for effective crisis management (Seeger, 2006; Heath, 2006; Mackert *et al*., 2020). In this approach, the organisation's spokesperson is expected to empathise with the emotions of the affected stakeholders and explain how the organisation intends to assist them. As a result, this approach fosters trust and alleviates anxiety and stress (Veil & Husted, 2012).

Accept uncertainty and ambiguity

It was mentioned earlier in the study that some organisations opt to stay silent during a crisis because they fear making inaccurate statements. Nevertheless, this effective crisis communication strategy allows the organisation’s spokespersons to recognise the uncertainty inherent in a crisis by communicating to stakeholders what the organisation knows, disclosing what is unknown, and explaining the steps being taken to gather sufficient information (Sellnow & Vidoloff, 2009). For example, the American Red Cross acknowledged the crisis's uncertainty and dedicated significant efforts to addressing one aspect of that uncertainty. KatrinaSafe.org was created to help the organisation clarify what was known—such as which evacuees were safe in one of its shelters—and what remained unknown—such as who was still missing. Continuous updates on this site enabled victims to remain informed about the Red Cross's actions and the information available in real time.

Messages of self-efficacy

In a crisis, stakeholders frequently feel powerless and uncertain about what actions to take. However, communications that boost self-efficacy can help reestablish a sense of control in unpredictable and threatening situations (Seeger, 2006). For example, during the COVID-19 pandemic, the president provided guidance to the public on how to protect themselves and their families from the virus. His address emphasised health measures such as social distancing, wearing masks, and sanitising, which empowered stakeholders to take action and effectively manage the crisis.

These best practices have been extensively utilised by scholars to evaluate crisis communication (Covello, 2003; Seeger, 2006; Lin *et al*., 2016; Jarreau *et al.,* 2017; Seeger & Sellnow, 2019). For example, Viel & Husted (2010) applied the Best Practice Model to analyse the American Red Cross's communication during Hurricane Katrina. In this research, the model is employed to evaluate the Gauteng Department of Health's crisis communication during the Life Esidimeni crisis. The Best Practice Model was used to assess whether the organisation’s strategies align with the established best practice in crisis communication.

2.5. CHAPTER SUMMARY

The literature review highlights the essential role of effective communication in handling governmental crises. Theories like SCCT and the Best Practice Model offer a valuable framework for examining the government's crisis communication during the Life Esidimeni crisis. Additionally, the review emphasises the importance of being timely, and transparent, employing suitable crisis communication strategies and channels, crisis planning and readiness, and paying attention to warning signals. The Life Esidimeni crisis, when analysed through the existing literature, exemplifies numerous challenges and failures that can occur in governmental crisis communication. This review lays the groundwork for a more in-depth exploration of these issues concerning the Gauteng government's management of the crisis, providing insights that can inform future crisis communication strategies in similar contexts. The following chapter outlines the research methodology for the study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter discussed the literature review of the study. This chapter provides the methodology of the study. Methodology plays a vital role in research as it provides a systematic framework for conducting studies, ensuring the validity and reliability of the findings. According to Mohajan (2018), research methodology is the systematic approach used to effectively gather and analyse data to address research questions or hypotheses. It is essential to guide researchers on how to conduct their studies by outlining the overall plan for data collection and analysis. While methods refer to specific techniques used within a study, methodology encompasses the broader theoretical framework guiding the entire research process (Johansson, 2007). Since the research focuses on a specific crisis, the Life Esidimeni tragedy, a case study design is employed. This qualitative approach allows for an in-depth examination of the crisis communication strategies employed by the government during this event.

The nature of the study is exploratory, aiming to understand the processes, strategies, and outcomes of crisis communication in this particular case (Carvalho, Scott, & Jeffery, 2005). This approach is suitable given that the study may uncover previously unexplored dynamics and patterns. The researcher will collect and analyse official documents, reports, media releases, and statements related to the Life Esidimeni crisis. This includes government reports, investigation outcomes, news articles, and public statements made by officials.

This chapter begins by providing a comprehensive research approach employed in the study. It further discusses the research design, sampling method, and data collection methods. Towards the end of the chapter, data analysis, and quality criteria are discussed and thus, the chapter concludes. This methodology allowed the researcher to explore the complexities of crisis communication during the Life Esidimeni crisis comprehensively, providing a nuanced understanding of the government's role and its impact on stakeholders.

3.2. Research Approach

This study employed the qualitative approach. The qualitative approach plays a pivotal role in helping researchers make sense of the actions and behaviours of people to interpret and understand how they do things (Hollstein, 2011). In this study, it was used to understand how the Gauteng Department of Health communicated with stakeholders during the Life Esidimeni crisis. Richard & Tewksbury (2023) assert that information gleaned from qualitative research is richer, more informative, and provides deeper understandings than that acquired through quantitative research. According to Johnson & Christensen (2014), quantitative research is primarily distinguished by its strengths, which include testing theories and hypotheses, producing results that can be applied broadly, assessing cause-and-effect relationships, predicting one variable from another, reducing researcher bias, removing confounding variables, and speed.

3.3. Research design

This study followed an exploratory research design guided by a case study approach. As Saunders *et al* (2015) posit, qualitative research has various options for selecting research designs. For this study, an exploratory research design was adopted. This design was deemed most appropriate for conducting this kind of qualitative research because it is evolutionary and historical, and it rarely involves the employment of large samples and the use of structured questionnaires (Asika, 2004; Saunders *et al*., 2003). This design was utilised as it provided the researcher with a deep understanding of how government health officials managed the Life Esidimeni crisis.

The exploratory design was used by Manamela (2022) in her study that focused on nurses' lived experience after the closure of Life Esidimeni Care Centre and had the primary objective of understanding how the crisis affected them. The research design enabled the researcher to understand how the psychiatric nurses were affected. The findings of the study revealed that psychiatric nurses experienced emotional turmoil about the closure and how it impacted their personal and professional lives, the financial impact, and the lack of support from their networks (Manamela, 2022). Based on the successful application of the exploratory design in Manamela's study, the researcher decided that it is justifiable to consider using the same design for this study. However, Robson (2002) posits that there are three main research designs, namely: exploratory, descriptive, and explanatory. Each research design serves a specific purpose. For example, exploratory research is conducted to gain a deeper

understanding of an existing problem (Asika, 2004; Akhtar, 2016; Saunders, Lewis & Thornhill 2016; Richard, 2018; Elman, Gerring, & Mahoney, 2020; Olajide & Lawal, 2020), while explanatory aims to analyse a situation or a problem to clarify the connections between variables or to test whether one event causes another (Creswell, 2003). This study uses the exploratory research design. Stebbins, quoted in Hunter *et al* (2019:2) defines exploratory research as "a broad-ranging, purposive, systematic, prearranged undertaking designed to maximise the discovery of generalisations leading to description and understanding of an area of social or psychological life". There are various sub-designs in the exploratory research design. In this study, the case study sub-design was used.

Researchers have several choices in terms of study design. In this study, exploratory research was chosen as, according to Yin (2014), it allows the researcher to focus on the issue through an individual case study. Particularly for this study, the case study helped the researcher understand how the Esidimeni crisis was managed by government health officials. In support, Yin (2003) added that case study research builds an in-depth, contextual understanding of the case, relying on multiple data sources rather than on individual stories as in narrative research.

The narrative design is defined as a "spoken or written text giving an account of an event/action or series of events/actions, chronologically connected" (Czarniawska, 2004: 17). Researchers using this design, start by selecting relevant participants, gathering data by collecting their stories, document their personal experiences, and lastly, arrange the stories in chronological order (Ntinda, 2020). Because of the time required to record and analyse the experiences of the participants, the researcher did not use a narrative design. On the other hand, the ethnographic design is employed to understand the cultures of particular groups, examine how they communicate, and how culture influences them (Ladner, 2017). The aim of researchers who employ this design is typically to explain the invisible and visible aspects of a culture. For this to be possible, researchers immerse themselves in participants' environments over a long period to gain a deep understanding of a culture (Cappellaro, 2017). An ethnographic design was unsuitable for the study because the goal of the researcher was not to study the culture or the culture of a community but to understand how government officials communicated with stakeholders during the Life Esidimeni crisis.

According to Abbott & McKinney (2013), the choice of research design depends on the goals of the study to successfully address the research objectives within a research problem. The research problem is an issue or concern that needs to be addressed. In this regard, this study aims to explore how government officials managed the Life Esidimeni crisis. Hence, an exploratory case study was deemed appropriate for this study. As noted by researchers, an explorative research design is used to elucidate research objectives rather than providing definitive solutions to existing problems (Brown, 2006; Nargundkar, 2008). Moreover, Saunders, Lewis, & Thornhill (2016) argue that an exploratory research design is valuable in discovering 'what is happening; seeking new insights; asking questions, and assessing phenomena in a new light. This design requires researchers to be willing to adjust their direction as new data and insights emerge (Lelissa, 2018). To be reliable, exploratory research should be carried out transparently and honestly and should adhere to a set of guidelines (Olawale, Chinagozi, & Joe 2023).

Brown (2006) distinguishes between exploratory and conclusive research by stating that exploratory studies yield a variety of causes and alternative solutions for a specific problem, whereas conclusive studies yield the final information that is the only solution to an existing research problem. In other words, an exploratory research design investigates the research questions, leaving room for future studies, whereas a conclusive research design seeks to provide final research findings. In this study, exploratory design is used to study and attain an understanding of situations that have not previously attracted extensive investigations and research (Etikan, Musa, & Alkassim, 2016). The researcher was guided by the objectives of this study to select an exploratory design as the appropriate design for this study over others. Before selecting the best research design, the researcher compared the research designs available based on the kind of research objectives each addressed. Grey (2014) and Bernard (2017) have outlined that descriptive studies may ask 'what' kinds of questions, explanatory studies seek to ask 'why' and 'how' questions while exploratory studies ask 'what' and 'how' questions.

3.4. Sampling

Sampling refers to the process of selecting a subset of individuals or units from a larger population to represent and generalise findings about a population (Boru, 2018). There are various types of sampling methods used in research, each with its own

characteristics and applications. Random sampling involves randomly selecting participants from the target population, giving each individual an equal chance of being included (Bernard, 2017). This method is considered one of the most reliable ways to create an unbiased sample that is representative of the larger population. Random sampling helps minimise selection bias and increase the generalisability of results (Olawale, Chinagozi, & Joe, 2023). On the other hand, non-random sampling methods such as convenience sampling, purposive sampling, or snowball sampling do not involve random selection but rather rely on specific criteria or available subjects for inclusion in the study (Merriam & Tisdell, 2015). While non-random sampling techniques may be more convenient and cost-effective, they can introduce bias into the sample and limit the generalisability of findings.

This study used purposive sampling. According to Etikan, Musa, & Alkassim (2016), purposive sampling is non-probability sampling where randomisation is not important in selecting a sample from the population of interest. This approach was selected based on the fact that this study does not seek to sample research participants on a random basis. Moreover, to select participants for this study, the study reviewed various types of non-probability sampling to determine which one allowed for the selection of participants based on the purpose of the study. According to Burkholder *et al* (2020), convenience sampling is used when a specific trait or characteristic is being studied and purposeful sampling is used based on the needs of the study, such as an experience. Snowball sampling, on the other hand, is when a researcher finds a few participants, and then the participants refer others to the study (Merriam & Tisdell, 2015; Ravitch & Carl, 2021).

For this study, the purposive sampling technique was deemed appropriate because it enabled the researcher to select participants with the most appropriate knowledge and information (Denieffe, 2020). Additionally, out of the types of purposive sampling suggested by Palys (2008) and Parton (1990), the researcher chose criterion sampling which allowed her to set inclusion criteria for documents that have contributed information for this study. The inclusion criteria was as follows: (1) free and publicly available documents and (2) documents that reported on the Life Esidimeni crisis from 2016 to 2022. Based on the first criterion, permission was not necessary for document analysis.

According to Burkholder *et al* (2020), in qualitative research, there is no set sample size, but researchers need to determine how many participants will be needed to adequately answer the research questions and to reach saturation. A global consumer intelligence platform defines data saturation as “the point in a research process where enough data has been collected to draw necessary conclusions, and any further data collection will not produce value-added insights” (Quantilope, 2024). For this exploratory case study, the researcher found 34 documents adequate. Of this number, 32 were from two various publishing organisations namely Daily Maverick and Eyewitness News and 2 reports from the Gauteng Department of Health. The sample of this study was as follows: reported media interviews on the Life Esidimeni crisis: 22 from *Eyewitness News* and 12 from *Daily Maverick (32),* and the Health Ombudsman’s reports (2). The researcher sampled the documents using a purposive sampling technique. To maintain the quality of the chosen documents, the researcher applied Scott's (1990) criteria for evaluation, which include authenticity, credibility, representativeness, and meaning. The researcher explored the web pages of two media companies, Daily Maverick and Eyewitness News, along with those of the Gauteng Department of Health, to find pertinent documents. Specific search terms like "Life Esidimeni crisis" were used to locate these documents.

For more details on how the data was sampled, refer to the table below:

Newspaper	Selected Newspaper Articles

Daily Maverick	1. Families blame the MEC Qedani Mahlangu for deaths: 15 Sep 2016 2. Ground-up why the Life Esidimeni scandal was predictable: 06 Feb 2017 3. Mahlangu spins a web of confusion and deceit to shift blame: 23 Jan 2018 4. Health leaders continue with their denials:18 July 2018 5. It was not possible to foresee the deaths of the patients: 20 July 2021 6. The family of Bhekimuzi Sithole is still looking for answers. 20 July 2021 7. Sadag operations tell inquest of unsuccessful attempts at intervention in the Life Esidimeni case: 18 Sep 2021 8. Gauteng Department of Health warned that this might end in a disaster: 14 Oct 2021 9. Manamela denies responsibility for vetting NGOs where patients died: 18 Oct 2022 10. Staff are too scared of the MEC to speak up:20 Oct 2022 11. I am the scapegoat: 05 Dec 2022 12. Compensation was paid but justice was delayed: 05 Dec 2018
Eyewitness News	New Article Selected
	1. The MEC Mahlangu apologises: 07 January 2017 2. Selebano says he was afraid of Mahlangu: 23 Jan 2017 3. The government's apology is not enough: 23 Oct 2017 4. Postmortem shows that Life Esidimeni patient ate brown paper and plastic: 09 Nov 2017

	5. The social worker lied about the patient's death: 09 Nov 2017
	6. I warned department officials against moving patients:06 Dec 2017
	7. Life Esisimeni tragedy reveals the arrogance of government officials involved: 07 Dec 2017
	8. Jacobus Manamela forced me to license NGOs without following processes: 22 Jan 2018
	9. Qedani Mahlangu casts the blame on Selebano Manalema: 23 Jan 2018
	10. Why warnings were not heeded: 24 Jan 2018
	11. Motsoaledi apologises to the families of the Life Esidimeni patients: 30 Jan 2018
	12. Government policy doesn't allow for deinstitutionalization of patients: 01 Feb 2018
	13. The pain of losing a loved one never goes away: 19 June 2018
	14. Despite warnings, the MEC failed to prevent the Life Esidimeni tragedy: 10 July 2018
	15. Human rights were violated but not intentionally: 16 Nov 2018
	16. Families complain that criminal justice has let them down: 22 Nov 2020
	17. The deadline for the Life Esidimeni transfers was non-negotiable:18 Nov 2021
	18. The Life Esidimeni patients were not dischargeable:03 Sep 2021
	19. The MEC was harsh to the families of the Life Esidimeni patients. :07 Sep 2021

	20. The MEC Mahlangu says she couldn't have foreseen the tragedy: 03 May 2022 21. Selebano concedes that warnings were ignored: 15 Sep 2022 22. Families of the Life Esisimeni victims are worried: 11 Nov 2022
Reports	Report Selected
Health Ombudsman's report	The report into the circumstances surrounding the deaths of mentally ill patients: Gauteng Province: 2016
Moseneke's Report	In the arbitration between families of mental health care users affected by the Gauteng mental marathon project and the National Minister of Health of the Republic of South Africa: 2018

Table 2:List of Selected Articles and Reports

3.5. Data Collection

This research explores how government health officials at the Gauteng Department of Health communicated during the Life Esidimeni crisis. It exclusively uses document analysis. For this study, the researcher decided to use document analysis as a data collection method due to the prohibition costs of conducting data in the Gauteng province (the researcher is based in the Limpopo province). The Life Esidimeni crisis was covered extensively by various publication organisations, hence the researcher found this method appropriate to collect data that helped in addressing the research objectives. Losem, Bigambo & Rotich (2013) have concurred that documents are available locally and inexpensive to acquire and useful for determining value, interest, positions, political climate, and public attitudes. Document analysis is "the study of recorded human communications, such as books and websites" (Babbie, 2010: 530). Moreover, Da Giau (2018) added that document analysis is a systematic procedure for reviewing or evaluating documents, both printed and electronic. According to Yin (2014), documentary evidence could take many forms and include sources such as announcements and minutes of meetings, and other written reports of events, proposals, progress reports, and formal studies or evaluations. However, in this study,

this technique was used to analyse documents including recorded media interviews and health ombudsman's reports.

This study employed exploratory research techniques, and it relies on publicly available secondary data collected from the public domain. The researcher collected data from the extant documents provided by the publishing organisation to analyse information supplied through recorded media interviews by the victims of the Life Esidimeni crisis and their families. The researcher selected documents based on their relevance, year of publication, document availability, and accessibility. According to Goundar (2019), researchers must do document analysis to check the genuineness and authenticity of the source websites from which the researcher is gathering information. The researcher, therefore, used URLVOID.COM to test the legitimacy of the websites used before performing document analysis.

The use of documents also has disadvantages. Boru (2018) argues that locating suitable documents may pose challenges and analysis may be time-consuming. According to Yin (2018), researchers should gather qualitative information using the key search terms to locate relevant documentation. A key concern for the researcher was that the documents used in this study could potentially lack necessary information, be difficult to obtain, and may also be unreliable or possibly not genuine. Nevertheless, the researcher extensively analysed a multitude of documents that were readily accessible to the public. As the required information was sourced from reliable websites, they contained reliable and comprehensive data.

3.6. Data Analysis

For data analysis, this study used qualitative textual and thematic analysis to examine recorded media interviews and health ombudsman's reports. Textual analysis as outlined by McKee (2003) was used to examine the content of the documents and understand the meaning of messages contained in texts. On the other hand, thematic analysis as outlined by Braun & Clarke (2006) was used to identify recurring themes and patterns in the documents reviewed.

According to Bryman (2012), textual analysis can be used in communication studies that wish to understand the nature of communication, and the main objective of this study was to understand communication between government health officials and stakeholders. Hence, this method was deemed relevant for this study. Additionally, the

researcher chose textual analysis because, according to McKee (2003), it is a good way of approaching media texts to understand their meaning. For the study to get a deeper understanding of texts, the researcher opted for thematic analysis as Braun & Clarke (2006) have stated that it is the best method to help researchers uncover concealed meanings or patterns that are obscure.

To analyse the data, the study followed McKee's textual analysis process as well as Braun & Clarke's thematic analysis process. We collected data, read to be familiar with data, generated initial codes, searched for themes, reviewed and interpreted the themes, defined and named the themes, and concluded and produced the report. Data analysis was performed as follows: To begin with, the researcher initially went to the *Daily Maverick* and *Eyewitness News* websites to gather articles related to the Life Esidimeni crisis and also visited the Gauteng Department of Health's website for the Ombudsman's reports. Afterwards, narratives were converted into files and saved on a computer. Moreover, the researcher obtained the Ombudsman's reports from the Gauteng Department of Health's website by inserting specific search terms such as "Life Esidimeni crisis" to locate the pertinent information.

The information extracted from the analysed documents was saved by the researcher using Microsoft Word. Secondly, the researcher read and re-read the information to familiarise herself with it and highlighted texts that were relevant to each research objective to be able to decide what data to code and which to pull out. Thereafter, the researcher generated a new Microsoft Word file and saved it under the name 'Life Esidimeni Crisis Findings'. Once the researcher finished reading, analysing, and extracting pertinent information, they proceeded to copy and paste it into the Word document they had set up. Thirdly, to better handle and arrange data, the researcher generated a new document in Microsoft Word, which she titled 'Codes and Themes of the Study'. The researcher documented the research objectives for this study and designated them as objective1-objective3. Additionally, the researcher inserted important data extracted from a stored document that includes information gathered from various sources relevant to this study.

After this, the researcher began the coding process. During this phase, the researcher accessed a Microsoft document and categorised codes that were deemed meaningful for the study under the existing research objectives. The researcher extracted

important details from the previously saved files and copied the data. Subsequently, the extracted information was pasted into another document. Additionally, the researcher utilised the text colour highlight feature in Microsoft to emphasise the identified codes.

Following the coding process, the data was organised into clusters by the researcher. As an illustration, cluster number 1 contained codes related to the first research objective. By analysing all the codes, the researcher generated themes that would assist in addressing the research objectives for the study. The researcher interpreted the results and made inferences. In this stage, the researcher interpreted data to make sense of the underlying meanings extracted from the themes while making inferences for each objective. To successfully achieve this, the researcher was guided by research objectives. With regard to objective 1,2, and 3 the researcher compared the findings with SCCT guidelines to check whether the government's communication or response to the crisis deviated from the original guidelines proposed by Coombs (2012).

In this study, data was analysed manually. According to Mahlamaki & Nieminen (2020), researchers use the manual data analysis method as a tool to assist them in the analysis process because it is not time-consuming. However, in this study, the researcher chose this method based on the size of the project, the funds, and the time available. The researcher did not opt for electronic approaches due to the small scale of the study. Wicks (2017) argues that software like Nvivo12 or other electronic data analysis can be used when dealing with larger qualitative data sets.

3.7. Quality criteria

Credibility aims to ensure that the study findings depict the truth and actuality of the study (Streuber-Spenziale & Carpenter, 2003). To achieve credibility, the study acknowledged and gave credit to people for their ideas/contributions to the study through in-text citations and a reference list. Further, the researcher accurately and richly described data obtained from documents.

Transferability refers to the potential for extrapolation (Lincoln & Guba, 1985; Polit & Beck, 2012). This study met this requirement by providing thorough background information on the subject. The transferability of study results may be extrapolated and applied to other organisations, contexts, and circumstances (Maxwell, 2020).

Dependability is concerned with the accuracy of information over time and in various circumstances (Lincoln & Guba, 1985; Polit & Beck, 2012). Saumure & Given (2008) contend that dependability can be addressed by providing a rich description of the research procedures and instruments used so that other researchers may be able to collect data in similar ways. An analysis is considered dependable if another reader would have 'reached the same general conclusion given the opportunity to analyse the same set of documents under similar conditions' (Altheide 1996). To ensure dependability in this study, the research design, data collection method, and tool are clearly explained. Additionally, key search terms used to locate the relevant documents were explained. The sampling technique and types were discussed, and the data analysis process was comprehensively outlined.

Confirmability refers to the capacity for two or more people to agree or be consistent about the veracity and importance of the data (Polit & Beck, 2012). The study achieved this by backing up opinions and interpretations with existing data from credible authors. Confirmability refers to the study's objectivity, procedures, and findings. Confirmability also comes with reputation, transfers, and continuity satisfaction (Maxwell, 2020). One approach to confirmability is the discussion of study data collection, data organisation, and data analysis methods (Smith, 2017). Interpretations of results will not be based on the researcher's personal experience but on what the data says.

3.8. CHAPTER SUMMARY

The research methodology outlined in this chapter provides a comprehensive approach to exploring the Gauteng government's crisis communication during the Life Esidimeni crisis. By using a qualitative case study design and employing multiple data collection methods, the chapter aimed to provide a detailed and nuanced understanding of the communication failures and their impact. The analysis of the findings contributes to the development of more effective crisis communication strategies for managing government crises in the future. The following chapter discusses the analysis and discussion of the findings.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSIONS

4.1. INTRODUCTION

In the study, several key findings and insights emerged. The analysis focused on the effectiveness of the communication strategies employed by the Gauteng government, the impact of these strategies on public perception, and the broader implications for crisis management in government settings. This chapter discusses the findings of the study. One of the most significant findings is that the Gauteng government's initial response to the crisis was marked by significant delays. Despite early indications of issues within the Life Esidimeni facilities, the government's public communication was slow, allowing the crisis to escalate unchecked. Early communications from the government lacked transparency, with officials initially downplaying the severity of the crisis. This created a perception of denial and cover-up, which later exacerbated public outrage when the full extent of the tragedy became known.

The analysis revealed that there was inadequate communication with key stakeholders, particularly the health providers. Health providers reported being uninformed about the transfer of patients and were not consulted during decision-making processes. Civil society organisations, which could have provided support and advocacy for the victims, were largely excluded from the communication loop. This further alienated the public and contributed to the perception that the government was indifferent to the plight of the affected individuals. The government's inconsistent messaging and lack of accountability were highlighted, leading to widespread criticism in the press.

The analysis suggests that this lack of communication was a key factor in the crisis's prolonged impact, as the affected stakeholders were kept in the dark. Therefore, this chapter firstly discusses the thematic analysis of the study and further provides the result discussion and analysis.

4.2. THEMATIC ANALYSIS OF OBJECTIVE 1

Various themes emerged regarding different research objectives. This is outlined below:

4.2.1. **Theme 1: Lack of stakeholder involvement**

The witnesses quoted in the *Daily Maverick* and *EyeWitness News* articles noted that, despite the importance of engaging stakeholders during the crisis, there was a lack of stakeholder involvement during the Life Esidimeni crisis. The *Daily Maverick*'s (2016) article quotes Christine Nxumalo as saying:

"I discovered that my sister Virginia had passed away after being transferred without my knowledge to Precious Angels NGO. After learning that a further 8 other patients had died at the same NGO, I demanded an inquest into my sister's death". Moreover, in an Eyewitness News article in March 2018f, Moseneke was quoted as saying, "The most damning point is that the officials went ahead with the project without the consent of their families.

Likewise, the Health Ombudsman's findings were quoted as follows:

"Dozens of mentally ill patients died after being transferred from Life Esidimeni into the NGOs without their families being notified in many instances. From the ombudsman's (2017) report, it was revealed that the MEC is alleged by many to have said her 'decision was final and non-negotiable, and the project had to be done', she left no room for 'engagement". A source is needed.

Furthermore, the Ombudsman highlighted that many staff members felt 'powerless and having to implement and deliver the outcome of a project they 'did not believe in;' an outcome they thought impossible to achieve and an outcome not doable 'within the short time frame' given. They did not 'shape the project's evolution' as they were 'not participants in the decision-making processes'; Staff and many stakeholders felt 'not being listened to' and 'being left out' during the process; authority had spoken and 'ours not to reason why, ours but to do and die'.

The findings demonstrate that families of individuals with mental illness were perceived as passive recipients of information since they were not actively engaged in the decision-making process. It has been emphasised in the literature that involving stakeholders facilitates communication between healthcare professionals and families of psychiatric patients (Mndawu, 2020). Diers-Lawson (2019) highlighted in crisis

communication literature that stakeholders play a crucial role in determining the success or failure of organisations in crises. Nevertheless, he observed a lack of emphasis on stakeholders' perspectives in government crisis communication. This results in important decisions regarding stakeholders being made exclusively by high-ranking officials within the organisation, excluding the stakeholders from the process (Mndawu, 2020).

The research indicates that authorities restricted the involvement of families in decisions regarding the relocation of their relatives due to the assumption that rational family members would not approve of such a drastic decision impacting their loved ones. Despite recommendations from the SCCT and the Best Practice Model advocating for stakeholder involvement, government officials neglected these principles. Consequently, the officials pursued their agenda without consulting the stakeholders, fearing that involving families would disrupt their plans, leading some families to propose alternative care solutions. The researcher further contends that providing consent forms to families before the transfer could have prevented the situation from escalating to its current state.

4.2.2. Theme 2: Lack of Communication

Life Esidimeni stakeholders complained that there was no meaningful communication between government officials and the relatives of psychiatric patients before and during the transfer. In an *EyeWitness News* (2017e) article, one of the family members mentioned that by the time they found out that their brother had been moved from Life Esidimeni, he had already died. Similarly, another witness from EyeWitness *News* (2017e) was quoted as saying: “I learned about my brother’s death seven months later and as if that was not enough, I struggled to find his body. I don’t know how I am feeling right now but I am grateful that I managed to find his body at a hospital in Mamelodi though I am still wondering how he got to Mamelodi.”

Moreover, the Health Ombudsman’s (2016) report revealed that the families were not notified during transfers and after deaths. Several relatives of patients were also not notified or communicated to timeously. Likewise, from the Health Ombudsman’s (2016) report, it was reported that the process of Life Esidimeni closure and transfers unfolded in a ‘chaotic manner and with little information provided to relatives. Some relatives were not informed at all while others were informed at short notice. Others

did not know where their relatives were transferred to or that they had died. For some, it took 2-3 weeks to be informed of deaths despite 2 or 3 contact details being available on file. In some instances, dates of transfer would suddenly change - some were moved 3 or 4 times between Life Esidimeni and NGOs and between NGOs themselves; others would be moved further away from homes and communities. Additionally, from the Ombudsman's (2017) report, it was reported that families did not know how NGOs were selected - they were never provided with the criteria or documents for NGO selection.

> Another witness was quoted by the *Daily Maverick* (2017) saying: "Patients were transferred to faraway places from their homes and communities at times without informing or communicating with their families, often bringing additional burden and stress on the family".According to *EyeWitness News* (2017e), one of the family members was cited as saying: "I was informed that my sister was raped three days after the incidents. It was disheartening to find my sister in dirty clothes, smelling bad one could tell that she hadn't bathed in days. She also developed a septic wound on her private part."

The results imply that the health officials engaged in communication but conveyed half-truths. Relatives had to independently determine the whereabouts of their loved ones, most of whom were unfortunately found dead. The families of the victims were not informed about the conditions of their loved ones. Odendaal (2007) contends that communication plays a crucial role in community development, enabling individuals to participate as well-informed members of society. Additionally, Shrivastava (2005) notes that tragic events give rise to numerous immediate communication needs with stakeholders. Scholars have highlighted the significance of a critical period for communication in times of crisis. Nevertheless, what transpired during the Life Esidimeni crisis indicates the failure of government officials to provide adequate support to the affected families. Bloom (2008) asserts that the initial hour post-crisis represents a pivotal opportunity for organisations to engage with relevant stakeholders before media coverage intensifies. Fink (2005) concurs that the absence of communication from a crisis-stricken organisation forces victims or their families to seek potentially erroneous information elsewhere. Furthermore, Aboudan (2011) underscores that deficient communication contributes to stakeholder hostility.

Discovering the demise of a family member long after the event is profoundly distressing. The reactions of families in such circumstances are entirely justifiable. The treatment they received was unequivocally callous; their emotional well-being was neglected. The primary concern of government officials was exonerating themselves from blame while Situational Crisis Communication Theory advocates for organisations in crisis to prioritise the needs and emotions of affected stakeholders. Additionally, the best practice model advocates for organisations to maintain honesty, candour, and openness in a crisis which from the responses, government officials failed to do (Seeger, 2006). Coombs (2002) further emphasises the importance of communication during crises in understanding and appeasing stakeholders, enabling organisations to clarify their perspectives effectively. However, the response of the Gauteng Department of Health officials to the Life Esidimeni crisis diverges from established crisis communication literature and theories.

4.2.3. Theme 3: Side Stepping Direct Inquiries

Various stakeholders complained about the MEC avoiding inquiries from the families of the victims of the Life Esidimeni crisis. According to Buthelezi, (quoted in Eyewitness News, 2021c), the MEC was harsh when communicating with the families in imbizos and meetings. It is reported that she was dismissing questions and choosing who would be listened to, saying to some family members: “Not you”. According to the *Daily Maverick* (2017), Premier David Makhura was quoted as saying: “Mahlangu [in reference to then health MEC, Qedani Mahlangu] has seemingly gone AWOL, leaving the families with unanswered inquiries. I would like to encourage her and all those involved in the Life Esidimeni tragedy to answer to the bereaved families. The families want to know the truth, they deserve to know what happened.” In 2017, a Life Esidimeni committee member, Andrew Peterson, was quoted in the *EyeWitness News* article as saying: "I am disappointed that we had to wait another period to get the answers we needed. "

One of the family members was quoted as saying: “My heart will never be at peace with the MEC until she comes here and gives us answers to questions that she always avoided. She needs to come here and tell us why she had to do this traumatic thing” (Eyewitness News, 2017d). A similar pattern of question evasion was observed by Daily Maverick (2016) where a former

nursing manager at Life Esidimeni said that former MEC Qedani Mahlangu was arrogant and unable to answer the many questions posed by families ahead of the chaotic and illegal transfer of their loved ones.

The findings indicate that the MEC opted to refrain from addressing the inquiries posed by the families of the victims. The absence of willingness to elucidate on the rationale behind the department's adoption of the resolution to transfer patients was evident. The researcher concedes that certain organisations utilise periods of silence to conduct investigations and amass data. Nevertheless, the argument is made that this should not signify that entities ought to maintain silence during their inquiries. Instead, they could inform stakeholders that the situation is ambiguous and that they will disseminate information once a sufficient amount is gathered (Le *et al.*,2019). Additionally, scholars recommended that during a crisis, silence and evasion of questions imply culpability. Therefore, it is argued that organisations' spokespersons should exhibit transparency, disclose the complete truth, and in instances where information is lacking or advised against discussing a specific topic due to ongoing investigations, it is preferable to state: “We are currently investigating the issue and will disclose any vital information that arises”. This approach was deemed more favourable in responding to undesired inquiries compared to remaining silent or disregarding stakeholders' questions.

When stakeholders perceive that there is more to the situation than what the organisation is divulging, they tend to seek information from alternative, potentially less reliable sources (Fink, 2005). Similarly, Coombs (2014) and Curuba (1994) asserted that the information vacuum will inevitably be filled by rumours and conjectures from various sources. Additionally, SCCT guidelines underscore the significance of openness and transparency in times of crisis. According to the Best Practice Model, organisations should accept uncertainty and ambiguity. However, the outcomes of this research do not align with the recommendations and insights of the theories and crisis communication literature. Consequently, the researcher advises that to avert a recurrence of a crisis like the Life Esidimeni incident, organisations facing crises should strive to adopt a different approach, provide updates whenever feasible, and be open to answering inquiries.

4.2.4. Theme 4: Deceptive Communication

Members of the Life Esidimeni family committee stressed that officials were not speaking in one voice and that they were not honest and transparent. Half-truths and distorted information were frequently disseminated to the families. According to *Eyewitness News* (2017e; 2022a), one of the family members of the patients who died was quoted as saying: “My brother Ratsotso died at the Cullinan Reban Centre last year July 2016. What surprised me is that when I called to check on my brother around September 2016, the centre’s Social Worker Daphney Ndlovu, told me that “I was with your bother just now, he is fine and alive”. The Social Worker lied to me about the death of my brother until I hired a private investigator to investigate this matter only to find out that my brother had indeed died in July 2016.”

The Health Ombudsman’s report (2017) reported that MEC Mahlangu had lied about the total number of patients who were confirmed dead. She was quoted as saying: “Only 36 patients died between March and December 2016 - the number is not that bad”. The Ombudsman’s findings contradicted her statement, stating: “A total number of 94 plus and not 36 mentally ill patients (as initially and commonly reported publicly in the media by the MEC) died between the 23rd of March and 19th December 2016 in the Gauteng Province.” In another demonstration of dishonesty on the part of the health department, the Ombudsman’s report (2017), reported that Mr. Alfred Sibiya was transferred from Life Esidimeni to Thuli Home and his date of death was the 27th of July 2016. However, the Department of Home Affairs had been informed that the date of death was the 15th of July 2016. Another witness was quoted in the Ombudsman’s (2017) report as saying: “They also did not inform me immediately when he passed away,” said Marie. “That evening I phoned at about 17:30 and all they told me, was that he was asleep”. When their oldest son, Freddie jnr., phoned the next day, he was asked if he didn’t know that his father passed away.”

The findings reveal that government officials misled the families regarding the conditions of their relatives and also provided false information on a public platform concerning the number of patients’ deaths following the transfer. While partial truths may sometimes benefit the organisation, fabricating details that can be verified only serves to discredit the organisation. Scholars have posited that in a crisis involving

loss of life, concealing information is counterproductive as families will seek to uncover the truth, and when new revelations surface, the organisation will face further backlash. According to Su *et al* (2022), contradictory statements can trigger public criticism and necessitate additional communication efforts to clarify the messages, thereby potentially increasing the workload of health officials and contributing to their ongoing physical and mental exhaustion. Furthermore, the literature indicated that crisis communicators should present a unified message to prevent confusion (Mndawe,2020). SCCT also emphasised that the words used, and actions taken by management, affect how people perceive the organisation and/or the crisis, therefore, crisis managers should be mindful of what they do and say during a crisis. To avoid contradicting statements during a crisis, the Best Practice Model suggests that organisations should build relationships with credible sources before a crisis to enhance consistency. However, the conflicting statements from government officials, indicate a failure to adhere to the recommendations of crisis communication literature and the theories. Based on this, the researcher then advised that organisations should collaborate and coordinate with credible sources before a crisis to maintain consistency in future crises.

4.3. THEMATIC ANALYSIS OF OBJECTIVE2

The study revealed that the health department employed three crisis communication strategies, namely: blame casting and excuses (scapegoating), lack of accountability, and mortification (apology). However, it is believed that the prolonged nature of the crisis is due to blame-shifting and responsibility avoidance.

4.3.1. Theme 1: Blame Casting and Scapegoating

The results revealed a combination of sub-strategies of blame strategy. The government used two out of the four *denied* subcategories. The study found that officials who are said to be responsible for the Life Esidimeni tragedy cast blame on each other. An *Eyewitness News* (2018b) article cited former MEC Qedani Mahlangu as saying:

"The health department’s former head of department, Dr. Selebano, and former director of mental health services, Dr. Makgabo Manamela, are to be blamed as they gave me and Premier David Makhura false information and

made us believe that the project was running smoothly. She further said, "The move was not hers alone; in fact, it was a collective decision by the executive members of the provincial government."

Meanwhile, both the former head of the department Selebano and the director of mental health Manamela were also quoted in *Eyewitness News* (2018a) saying: "We were pressured by the former MEC Qedani Mahlangu to go ahead with the patient transfer." The Gauteng Department of Health director for mental health services was also quoted as saying: "My former boss (Makgabo Manamela) instructed me to by-pass the legal process used to license the NGOs that were earmarked to house psychiatric patients" (Eyewitness News, 2018a). Similarly, in the same article, Manamela said she too was given instructions to rush the process by the former MEC, Qedani Mahlangu. In another article, former MEC Qedani Mahlangu was quoted as saying: “The decision to terminate Life Esidimeni contracts came from the Premiers Budget Council (PBC). In contrast, former Premier Makhura was cited as saying “I only became aware that the patients were dying following contract termination when Mahlangu (MEC) announced it in the provincial legislature in 2016” (Daily Maverick, 2018a).

The findings suggest that there was a reluctance to take responsibility for the tragic events at Life Esidimeni. It is evident that when individuals feel cornered, the tendency to avoid accountability becomes more prevalent. The disclosure of critical details only surfaced during the investigation, when they were challenged by legal representatives acting on behalf of the affected families. Several officials vehemently refuted their involvement in the decisions leading to contract terminations, later admitting to following directives from higher authorities. As outlined by Coombs, Holladay, & Claeys (2016), stakeholder outrage intensifies when an organisation initially denies culpability but is eventually proven responsible for a crisis. The approach adopted by the department aligns with SCCT recommendations, particularly suited for addressing misinformation or rumour-related crises involving inaccurate portrayals of an organisation (Coombs, 2007). It is apparent that the health officials did not consider the organisation's responsibility when selecting this

strategy. The absence of a structured crisis communication plan implies that responses were impromptu, lacking a cohesive strategy. The health department's utilisation of a deflecting blame tactic contradicts Coombs, Holladay & Claeys' (2016) assertion that such denial tactics in preventable crises lead to exacerbated reputational harm and stakeholder discontent.

4.3.2. Theme 2: Lack of Accountability

From the comments reported in *Eyewitness News* and the *Daily Maverick* articles, the study ascertained that to this day, no one has been held accountable for the Life Esidimeni tragedy. As a result, witnesses feel like this issue is not treated with the urgency it deserves. The *Eyewitness News* (2022c) reported that surviving patients are still requesting all Gauteng Department of Health officials involved in the Life Esidimeni crisis be criminally charged. It has been reported in the *Daily Maverick* (2017c) that no one has been criminally charged for the deaths despite former deputy chief justice Dikgang Moseneke's arbitration award finding that the Gauteng health department's decision to move the patients stemmed "from the arrogant and irrational use of public power". The former MEC Qedani Mahlangu was quoted saying: "I will not take full responsibility for the Life Esidimeni crisis because that was not intentional. It's a pity we couldn't foresee that the project would turn out like that" (Eyewitness News, 2022a). Again, in 2018, Jack Bloom, a Democratic Alliance member of the Gauteng Provincial Legislature was cited as saying: "The Mosego directors still need to be accountable for the seven Esidimeni deaths that occurred at their facility. This highlights the need for the police to get proper evidence to bring charges against those in charge at all the NGOs where patients died" (quote the source and the year of publication).

One of the members of the Life Esidimeni Family Committee was quoted as saying: "We are happy that the government has compensated the families of psychiatric patients who died and those who survived the disastrous Life Esidimeni, but we are still far from finding closure and healing because those accountable are still roaming out there freely" (Eyewitness News, 2022c). Christain Ngqondwana, a parent who lost his son, was quoted as saying: "The MEC needs to come and account for what happened because she signed off on the moves" (Daily Maverick, 2017). Additionally, Wentzel, also a parent of

a deceased patient, is stated as saying: “I don’t understand why the officials aren’t prosecuted yet because if there was anyone else who was treated this way, those responsible would’ve been prosecuted already. Why are disabled people seen as lesser citizens? This issue is not treated with the urgency it deserves” (Daily Maverick, 2017).

The results highlight the persistent lack of accountability in the aftermath of the Life Esidimeni tragedy. According to the conclusions drawn from Objective 3, the catastrophe at Life Esidimeni was preventable, prompting stakeholders to hold MEC Qedani Mahlangu responsible, advocating for her criminal prosecution. However, the literature argues that organisations are less likely to face blame if stakeholders are treated well beforehand and have a strong rapport (Dean, 2004; Jeong, 2009). Additionally, according to Coombs (2007a), this strategy is not one of SCCT’s crisis communication strategies It is for this reason that crisis managers are advised to use SCCT’s crisis communication strategies. The study finds it reasonable to conclude that the government was protecting those responsible for the crisis. This is based on the NPA's hesitance in prosecuting individuals implicated in such a preventable crisis. There is significant incriminating evidence to apprehend officials responsible for the crisis, yet they are roaming freely echoing Robb's (2017) observations. Robb's research revealed that mental disability is devalued and that the mental health care users are silent, marginalised and so disregarded - that the very idea of a survivor voice, a voice of a Life Esidimeni patient that survived this very nightmare, has never been interviewed in the media. This underscores the apparent lack of significance attributed to holding responsible parties accountable for the loss of lives deemed burdensome to society, as echoed by former Health Minister Aaron Motsoaledi's statement that: "Most of the patients were dumped by their families at the facilities without clothes, IDs, and medication" (Daily Maverick, 2018b).

This implies that the public ought to cease attributing blame to health authorities, as the families also failed to care for their loved ones. As per statements from officials, offering compensation and expressing remorse should suffice, enabling families to simply move on. Certain officials further asserted that the decision was a collective one, absolving any specific individual of accountability. The researcher believes that this rationale is merely a shield to safeguard those at fault, who seemingly disregard

the significance of lost lives which were deemed burdensome rather than economically beneficial. However, these lives held great value to their relatives, with many patients being admitted to the facility due to the specialised care they required not being affordable to the families.

The grieving families continue to struggle to overcome the tragedy, particularly considering the distressing conditions in which their loved ones were discovered. Eyewitness News (2022c) quoted Christine Nxumalo, a relative of a deceased patient, as saying: "Despite the compensation, the pain of losing a loved one in such a tragic manner will never go away." She continued to say: "No amount of money can bring a human life back, we need people responsible to account."The findings indicate some people think that money is an access pass to everything. It was generous of former Chief Justice Dikgang Moseneke to order the government to compensate the families of the victims. While compensation should be commended, it is important to note that the families are primarily seeking closure and justice. Nevertheless, the study contends that while the outcome aligns with SCCT's recommendation of compensating victims and their families in preventable crises (Coombs, 2007). Despite this, government officials must bear in mind that monetary offerings do not equate to the dispensation of justice. Moreover, the study reveals that if the National Prosecution Authority had acted promptly, the officials accountable for the patient transfers would have faced criminal charges, thereby expediting the resolution of the case.

4.3.3. Theme 3: Apology

The results revealed a combination of sub-strategies of the rebuild strategy such as compensation and apology strategies. During the Life Esidimeni crisis, government officials showed an expression of regret and remorse. This is to demonstrate that offering an apology when in the wrong does not make you seem weak or stupid but shows that you are contrite and not proud of your actions. During the Life Esidimeni tragedy, many people offered their apologies, even those who were not implicated in the decision that led to the tragedy.

The *Eyewitness News* repeatedly reported that the former MEC Qedani Mahlangu and then Minister of Health Aaron Motsoaledi offered an apology to the families of the Life Esidimeni victims. Hannah Jacobus, the NGO manager from the MHD, who took the

stand for her second day of testimony in Parktown, Johannesburg, was quoted as saying, in tears:

> "I apologise to the families for what happened and [hope] they can forgive me for partaking in this project because we didn't realise what was going on, and there wasn't enough time to communicate with families," (Eyewitness News, 2017a; 2018d). Moreover, the then minister of health, D Aaron Motsoaledi, is quoted as saying: "As minister of health, I wish to apologise unconditionally to the families and to all those who are still living. We have wronged them in a way that is unimaginable." The health MEC, Qedani Mahlangu, was also quoted as saying: "I want to apologise for the loss of life in the project. For what it is worth, I sincerely apologise for the loss of loved ones. I wish life had a second chance, but it is unfortunate that we only live once. "

The results illustrate widespread empathy towards the bereaved families, coupled with numerous expressions of regret. According to some scholars, it has become customary for governmental figures to issue apologies amidst a crisis, regardless of culpability (Cooper & O'Meara, 2019). This approach was deemed appropriate by crisis communication scholars, as it aligns with expectations. Nonetheless, Coombs (2013) argues that apologies have devolved into mere formalities, devoid of genuine remorse. The researcher thus concludes that the health officials' apologies were insincere, emphasising that in preventable crises, an apology lacking acceptance of responsibility holds no significance. This conclusion is substantiated by former MEC Qedani Mahlangu who initially denied responsibility and was arrogant, then later apologised. This shift confirms that apology was used as a strategy to control the situation. She apologised because of increasing pressure from the media and the public. According to SCCT, crisis managers should harmonise crisis response strategies within the same cluster (Coombs, 2007). Correspondingly, An, Gower, & Ho Cho (2011) posit that organisations must carefully select crisis response strategies to restore their image and reputation. SCCT suggests that denial strategies should correspond with victim crises, diminish strategies with accidental crises, and rebuild strategies with preventable crises (Coombs, 2007). However, the findings indicate a misalignment in the crisis communication strategies employed by health officials.

4.4. THEMATIC ANALYSIS OF OBJECTIVE3

4.4.1. Theme 1: Failure to heed the warnings and advice

Stakeholders have highlighted that the high calculated death rates, the high percentage of deaths, and more than expected deaths at the NGOs, left them with the inescapable conclusion that certain deaths could have been prevented. This would have been the outcome had a more phased-out approach been adopted, professional advice has been heeded to; with strengthened primary health care clinics, and carefully selected, properly licensed and appointed and adequately prepared NGOs (Makgoba, 2017). This was corroborated by Dr Selebano, the former head of the Gauteng Department of Health, who said: "From the onset of the decision to terminate the long-standing Life Esidimeni contract, some civil society organisations registered their concerns about the safety, health, and dignity of the psychiatric patients that would be transferred" (Eyewitness News, 2022b). He had echoed this sentiment previously, saying: “We did things the wrong way, we were terribly wrong. We should’ve listened to the warnings” (Eyewitness News, 2017f).

In 2021, Gauteng Health Department officials told the inquest that Health MEC Qedani Mahlangu was determined to go ahead with the marathon project despite serious concerns that were raised (Daily Maverick, 2021d). This was also observed by Cassandra Chambers from the South African Depression and Anxiety Group (SADAG) who was quoted saying: "We offered our expertise, we offered our support, we offered consultations, and they were ignored" (Daily Maverick, 2021d). Zanele Buthelezi, a former nurse at Waverley Care Centre – one of several Life Esidimeni facilities housing mentally ill patients, was quoted as saying: "We pointed out that specific mental healthcare patients were prone to relapsing and thus suited to being placed in an NGO. They need a structured environment; they are just not dischargeable at all" (Eyewitness News, 2021b). Eyewitness News (2017f) also reported that Mofekeng, one of the family members of the victims, had fought against patients being moved to Takalani, but her pleas fell on deaf ears.

Eyewitness News (2018c) reported that families who entrusted the department with the lives of their loved ones, as well as doctors, wrote to the former MEC Qedani Mahlangu before patients were moved to illegal NGOs, warning her about the possibility of death. Moreover, Dr Talatala, a former Specialist Psychiatrist and former President of the South African Society of Psychotherapy (SASP) was quoted as saying: “We found through rumours that Gauteng Department of Health is planning to terminate its contract with Life Esidimeni group in 2015. Well within the routes to the Department of Health, we wrote to the MEC in June 2015 and raised a few concerns we had about what would happen to the medical care users at the Life Esidimeni” (Eyewitness News, 2018c). The Health Ombudsman’s (2018) report stated that the transfer project occurred against widespread professionals, experts, and civil society stakeholders’ warnings and advice. History would later vindicate them.

The decision to terminate the contract precipitously contradicted the National Mental Health Policy Framework and Strategy. This is because the cost rationale could not be justified above the rights of mentally ill patients to dignity and the state’s constitutional obligation to access health care (Makgoba, 2017). The transfer project occurred against widespread professional, expert, and civil society stakeholders’ warnings and advice. This study finds that this was a preventable crisis because taking extremely sick patients and putting them in a facility where they do not have access to reasonable services with professional people and expecting them to be fine is a recipe for crisis.

According to Boonman (2019), predictable crises can be avoided, and their impact can be mitigated. Additionally, the literature indicated that warning signals can signal that a crisis is possible and should not be ignored (Karmakar & Vani,2014). Despite the warnings, the MEC disregarded emails, alerts, and three legal proceedings and neglected to acknowledge the objections raised by the families. This contradicts SCCT and the Best Practice Model which advises crisis managers to listen to the public’s concerns. Therefore, the researcher agrees with the relatives of the patients who stated that there existed an undisclosed agenda behind the relocation of psychiatric patients as there was no rationality in persisting with a perilous course of

action and claiming fiscal responsibility. None of these events would have unfolded had the government adhered to the principles of, "batho pele". According to the Department of Social Development (2024): “Batho Pele Means "People First" The Batho Pele White Paper is the national governments' White Paper for Transforming Public Service Delivery. It is all about giving good customer service to the users of government services. All public servants are required to practice Batho Pele”. Terminating the agreement with the care institution to cut costs despite numerous cautions confirms the notion that the lives of psychiatric patients are viewed with disdain. Nevertheless, upon being informed about the raised concerns, the researcher contends that more lives could have been saved if the health authorities had taken into account the issues raised by the South African Depression and Anxiety Group as well as Section 27 before the relocation.

4.4.2. Theme 2: Failure to follow factual procedures.

According to witnesses’ comments, government officials did not follow the correct procedures throughout the transfer process. It appears that they just wanted to get the crisis over and done with, hence the bypassing of some crucial procedures. The then Minister of Health Aaron Motsoaledi was quoted as saying: “The government policy has never granted the deinstitutionalization of Psychiatrist patients and therefore, the Gauteng Health Department infringed upon the Mental Healthcare Act when it embarked on the Life Esidimeni project” (Eyewitness News, 2018e).

The results indicate that within the healthcare environment, there exist established protocols and guidelines to be followed when making critical decisions. The study reveals that health authorities did not adhere to the appropriate procedures when making decisions that impacted individuals' lives. McConnell (2011) emphasised the importance of utilising processes that have constitutional and stakeholder backing to prevent unforeseen consequences. He suggested that during crises, organisations should opt for decisions that mitigate harm to individuals, assets, and organisations affected. However, the study's findings contradict established literature, indicating a deliberate bypassing of procedures, as they were aware that experts would not approve. By knowingly deviating from constitutional guidelines, they found a way to circumvent the system and the Public Finance Management Act, underscoring the preventability of the Life Esidimeni crisis. To avert a recurrence of such a tragedy,

SCCT suggests that organisations should diligently follow all necessary procedures as crisis management comprises stages and procedures (Sulistyanto, Usmar, & Hermiyetti,2020). Likewise, the Best Practice Model suggests that organisations should follow process approaches and policy approaches in a crisis. However, the findings reveal that the organisation did not use any structure or policy during the crisis. To avoid this in the future, organisations should ensure that processes comply with the procedures of whatever they will be undertaking.

4.4.3. Theme 3: Failure to take swift action to address the escalating crisis.

Stakeholders from different departments repeatedly stressed that their efforts to inform health officials about the problems in NGOs fell on deaf ears. They mentioned that they wrote to the officials many times with no action or response from them. Lesley Robertson, a psychiatrist who testified on the failed efforts to avoid the crisis, said: “I wrote to the MEC and other officials more than once to implore them to reconsider their decision of 20% reduction of beds at Life Esidimeni, but I received no response to my letters” (Eyewitness News, 2022b). Furthermore, Dr Dorothy Sekhukhune and Mmaletsatsi Makgojoa, who managed Mosego Home, a psycho-geriatric facility only accommodating people over the age of 55, were quoted as saying: “After realising that the patients were on high medication, we wrote to the officials requesting for their medication files, but we never received them. It was disheartening because we knew it is not normal for patients to be discharged on high medication” (Eyewitness News, 2022b). Another person who testified, Jacobus, was quoted as saying: “Upon discovering that 7 patients out of 63 patients from Life Esidimeni had died in a short period, I conveyed my concerns to Dr Manamela, who in turn insisted that the project should go ahead despite numerous red flags that the NGOs were faced with inadequacies and could not cope” (Daily Maverick, 2018a). Additionally, it was reported in Krugersdorp News (2018) that Democratic Alliance shadow Member of the Executive Committee for Health and Member of the Gauteng Provincial Legislature, Jack Bloom, also conveyed his concerns after seven patients died within a few months of arriving at the facility.

The findings indicate that stakeholders attempted, not once but repeatedly, to communicate their reservations regarding the idea of relocating the patients to government officials. Yet, their voices were disregarded. Furthermore, the results

demonstrate that stakeholders from NGOs also attempted to contact the MEC promptly upon observing irregularities within their organisation, but they were also dismissed. Bernstein (2013) contends that the slower the response, the greater the harm inflicted. This is not in line with SCCT and best practice guidelines as the theories suggest that crisis managers should take swift action upon noticing the threat (Coombs, 2017; Seeger, 2006). The grief of the mourning families seemingly held no significance to the health authorities as their main focus at the time was fulfilling myopic objectives of saving money – at all costs. If the officials had taken action on every complaint and input received, lives could have been saved and the crisis could have been managed.

4.4.4. Theme 4: Inadequate planning

A crisis is an unexpected event. However, where there is proper planning and preparedness, crises can be managed timeously, preventing the organisation from incurring more damage. For the Life Esidimeni crisis, stakeholders stated that there was no proper planning. Hannah Jacobus, who had the unenviable task of assessing NGOs' readiness for mental healthcare patients, was quoted by Eyewitness News, (2018e) as saying: "Judge Mmonoa Teffe, one thing you should know about the Life Esidimeni incident is that proper inspections were not done to determine the readiness of the facilities to accommodate the patients." Dr. Selebano's testimony confirmed this, stating: "Yes I concede that I signed off the plan to move the patients to the care centres without checking whether they met the required criteria" (Eyewitness News, 2018b). It was also reported that Manamela, former mental health head at the Gauteng Department of Health, transferred 200 patients to Takalani Centre which only has the capacity to handle or accommodate 40 patients. 38 of these patients couldn't make it out alive (Eyewitness News, 2017b). The same source quoted Dr Aaron Motsoaledi saying: "The decision to terminate the Life Esidimeni contract was unwise and flawed, with inadequate planning and a chaotic and 'rushed or hurried' implementation process." The Ombudsman's (2016) report revealed that the majority of the NGOs where patients died had neither the basic competence and experience and the leadership/managerial capacity nor 'fitness for purpose' and were often poorly resourced.

The findings indicate that the Gauteng Department of Health lacked a crisis communication strategy. According to McConnell & Drennan (2006), engaging in preparatory measures in the absence of a crisis allows ample time for devising strategies, establishing a crisis management framework within an organisation, and identifying any essential resources or logistical prerequisites. Nonetheless, based on the provided evidence, there was an absence of adequate planning and scrutiny before the transfer of psychiatric patients. These findings contribute to the prevailing assumption that the South African government does not prioritise the well-being of individuals with mental health issues. There was a lack of proper assessment regarding the preparedness of the facilities designated to care for mentally ill patients. Furthermore, patients were transferred to smaller facilities with insufficient resources such as beds, medications, and nursing staff. The findings of this study do not align with the Best Practice Model's guidelines. The theory suggests that organisations should plan for a crisis before as this will help them identify potential risks. Failure to follow such simple guidelines forces us to question whether the government intended to eradicate these patients or not, this is a query that remains unanswered. To do better when managing future crises, organisations should follow the process approach and policy approaches, and pre-plan for crises (Seeger, 2006).

4.5. CHAPTER SUMMARY

The findings and analysis of this research reveal significant failures in the Gauteng government's crisis communication during the Life Esidimeni crisis. The delayed acknowledgement of the crisis, lack of communication, lack of transparency, consistency, question evading, failure to listen to stakeholders' concerns, and poor planning all contributed to the escalation of the crisis and the long-term damage to the government's reputation. The thematic analysis underscores the importance of timely and transparent crisis communication with the affected stakeholders in managing government crises. It also highlights the need for proactive engagement with the affected stakeholders and a commitment to accountability in order to maintain public trust and effectively manage crises. The following chapter provides the recommendations and conclusion of the study.

CHAPTER FIVE: SUMMARY, RECOMMENDATIONS, AND CONCLUSION

5.1. INTRODUCTION

The previous chapter discussed the research findings. The Life Esidimeni crisis serves as a poignant case study on the importance of effective crisis communication for government entities. The findings illustrate the significant consequences of communication failures, including loss of public trust, escalation of the crisis, and long-term reputational damage. By analysing these failures, the study provides valuable insights and practical recommendations for improving crisis communication in future government crises. Based on the findings and analysis of the Life Esidimeni crisis, several key recommendations have been made to enhance crisis communication in government contexts. These recommendations focus on improving the timeliness, transparency, and effectiveness of communication during crises.

5.2. SUMMARY OF FINDINGS

In this study, the researcher used a qualitative research approach. The study was guided by a case study design. The results revealed that there was a lack of communication and stakeholder involvement in the decision-making process and that the Life Esidimeni crisis was preventable. Additionally, the findings indicated that the health officials did not consider the crisis responsibility when selecting a crisis communication strategy because according to crisis communication theory (SCCT), the strategies employed by the officials were a mismatch to the nature of the crisis. Lastly, the results revealed factors that prevented the effectiveness of crisis management. The researcher concludes by offering a few suggestions on how organisations can manage future crises better than how Gauteng Department of Health officials managed the Life Esidimeni crisis.

The delay in acknowledging the crisis contributed to the perception of the government's neglect and indifference in the eyes of the public and the families of the victims. Interviewees from the affected families expressed frustration and anger at the government's failure to act promptly, which they felt compounded the tragedy. The delay also allowed misinformation to spread, as the lack of official communication led to speculation and rumours. This further undermined public trust in the government and created an environment of confusion and fear. Moreover, the government's

delayed acknowledgement can be seen as a failure to adhere to the principles of best practice for crisis communication, particularly the need for timely and transparent communication. According to the Situational Crisis Communication Theory (SCCT), timely acknowledgement is crucial in managing public perception and reducing the negative impact of a crisis. In this case, the delayed response exacerbated the crisis and led to significant reputational damage for the Gauteng Provincial Government.

The findings reveal a significant lack of transparency and consistency in the government's communication efforts. The analysis of government statements, media briefings, and interviews with officials illustrates that the information provided to the public was often incomplete, vague, or contradictory. Different government officials provided conflicting information regarding the reasons for the patient transfers, the conditions at the receiving facilities, and the number of deaths. This inconsistency created confusion and eroded public confidence in the government's ability to manage the crisis.

The findings reveal that the government's response to the crisis was largely reactive rather than proactive. The analysis of official statements and reports indicates that the government was slow to take responsibility for the crisis and to implement corrective actions. The government's initial response was characterised by denial and the deflection of responsibility. It was only after extensive media coverage and public outcry that the government began to acknowledge the severity of the crisis and to take steps towards accountability, such as commissioning investigations and holding public hearings. The lack of a timely and proactive response contributed to the perception that the government was more concerned with protecting its image than with addressing the needs of the affected individuals and families.

5.3. RECOMMENDATIONS

It is recommended that crisis managers should consider the organisation's responsibility before selecting a crisis communication strategy. Additionally, they should seek input from expert advisors and affected stakeholders in the decision-making process and adhere to rules and procedures embedded in institutional structure and policies. The study recommends that organisations should refine their crisis communication plans based on the recommendations by Situations Crisis Communication Theory (Coombs, 2007) and the Best Practice Model by Seeger

(2006) to promote community engagement and develop unique crisis communication strategies for crises in different clusters. The recommendations are outlined below:

1. **Crisis Preparedness**: Governments should develop comprehensive crisis communication plans that include protocols for early identification of potential crises, rapid response mechanisms, and clear lines of communication. These plans should be regularly updated and tested through simulations or drills.

2. **Proactive Communication**: Instead of waiting for a crisis to unfold, governments should adopt a proactive approach by identifying risks early and communicating them to the public in a transparent manner. This helps in controlling the narrative and preventing the spread of misinformation.

3. **Inclusion of Key Stakeholders**: It is crucial to involve all relevant stakeholders in the crisis communication process, including victims' families, civil society organisations, healthcare professionals, and the media. Engaging these groups early and consistently can help build trust and facilitate the dissemination of accurate information.

4. **Two-Way Communication**: Governments should prioritise two-way communication channels that allow stakeholders to voice their concerns and provide feedback. This not only enhances the credibility of the communication but also ensures that the government is responsive to the needs of those affected by the crisis.

5. **Transparency**: Governments must commit to transparency in their communications, especially in admitting mistakes or acknowledging challenges. This builds public trust and prevents the perception of a cover-up, which can worsen the crisis.

6. **Consequence management**: There should be appropriate measures taken to hold officials accountable for the contravention of the Public Finance Management Act. These include timeous disciplinary processes that are procedurally and substantively fair to ensure that they can stand up to scrutiny.

Where the actions of officials are criminal, there should be criminal investigations to ensure that criminal liability is asserted.

By investigating how the Gauteng Department of Health managed the Life Esidimeni crisis, the findings of this study will equip organisations and crisis managers to better deal with future healthcare crises to avoid the recurrence of a similar crisis. The results of this study contribute to the existing knowledge of crisis communication in healthcare organisations. Crisis managers will know how to avoid or manage preventable healthcare crises using the lessons learned from the Life Esidimeni crisis as they provide insights into the challenges and best practices in government crisis communication. Furthermore, the study provided insights into how to communicate with affected stakeholders and select crisis communication strategies that match the nature of the crisis. In addition, this study has also identified the most overlooked factors that often lead to ineffective crisis management.

5.4. RECOMMENDED AREAS FOR FURTHER STUDY

According to the study's findings, the researcher observed that successful crisis communication goes beyond information management; it involves nurturing relationships with the public, stakeholders, and the media. Yet, organisations continue to undervalue the significance of building strong relationships with stakeholders. This issue was evident during the Life Esidimeni crisis. Consequently, the researcher identifies potential future research in exploring the role of intergovernmental relations (IGR) in crisis management.

5.5. CONCLUSION

This study aimed to investigate how the government managed the Life Esidimeni crisis. The study used a document analysis method to collect data. Data was obtained from recorded media interviews and the Health Ombudsman’s reports. This study was guided by the research objectives to help achieve the aim of the study, which is to explore how the Gauteng Department of Health communicated with stakeholders during the Life Esidimeni crisis. Three research objectives were answered in detail to conclude this study. Based on the findings of this study, in a crisis, communication is key. Organisations should prioritise communication with the affected stakeholders to avoid having them go out to seek information from unreliable sources that could provide information that might disrepute the organisation.

Organisations in crisis should be receptive to questions from stakeholders for clarity and assurance's sake. Stakeholders are the success and failure of organisations - their voices should be heard. Additionally, they should be treated as active participants in matters that involve them and no high-ranking officials should make decisions on their behalf. During interaction with stakeholders, the crisis communication strategy employed should align with the emotions of the stakeholders and the nature of the crisis to avoid evoking aggressive behaviours. Aggravated stakeholders could disrupt the normal operation of the organisation, or worse, destroy or vandalise the organisation's properties. Finally, to effectively manage a crisis, organisations should pay attention to factors that could impede the success of crisis communication and management.

The Life Esidimeni crisis starkly illustrates the profound impact that ineffective crisis communication can have on public trust, crisis management, and government accountability. The failure to communicate transparently and engage stakeholders contributed to the escalation of the crisis and long-term damage to the Gauteng Provincial Government's reputation. This case study highlights the critical need for governments to adopt robust, proactive, and transparent crisis communication strategies. By implementing the recommendations outlined above, government agencies can better manage crises, protect public trust, and minimise harm to affected individuals. Effective crisis communication is not just about managing information, it is about managing relationships with the public, stakeholders, and the media. In the context of government crises, where public safety and trust are at stake, the importance of getting communication right cannot be overstated. Moving forward, the insights gained from the Life Esidimeni crisis should serve as a catalyst for change in how government entities approach crisis communication. By learning from past mistakes and embracing best practices, governments can better navigate future crises, ensuring that they act swiftly, transparently, and compassionately in the face of adversity.

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