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Professional Communication During the COVID-19 Pandemic

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Professional Communication During the COVID-19 Pandemic

In the early spring of 2020, the COVID-19 (coronavirus disease 2019)\(^1\) pandemic spread across the planet, causing a scale of infection and fatalities that was unprecedented in modern times, and that was not well predicted by scientists, public health officials and government entities. Despite travel bans and quarantine requirements popping up across the globe, COVID-19 infections continued to spread. As of February 2023, more than 6.8 million people have died from COVID-19 (World Health Organization, 2023). In an effort to slow the spread of COVID-19 and the growing number of deaths, schools and businesses began closing down throughout the world in the early spring of 2020. In addition to the catastrophic loss of human life, countless organizations suffered as a result of closures and stay-at-home orders.

My work was directly affected by the COVID-19 pandemic as I work in the Department of Theatre and Dance at Minnesota State University, Mankato as the Director of Public Relations. We decided as a department to cancel ten productions during the spring and summer of 2020. We dealt with masks and social distancing in a performance arts environment, and decreased ticket sales throughout the second half of 2020 and throughout 2021. This paper will examine my work as a communications professional throughout the course of the pandemic. Specifically, I discuss how I worked through issues with cancelling and rescheduling productions, patron communication, and constantly evolving messaging and public health protocols. I will reflect on my experiences as a professional communicator during a global

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\(^1\) COVID-19 is the abbreviation and commonly used name for coronavirus disease 2019. SARS-CoV-2 is the virus that causes COVID-19 and is part of the coronavirus family of viruses. (CDC, 2021). I will refer to the virus interchangeably as COVID-19 and COVID throughout this paper.
pandemic in light of three theories: strategic ambiguity, convergence of narratives, and communal coping.

A Brief History of COVID-19

In December of 2019, the virus that causes COVID-19 began to spread around China’s Hubei Province, in the city of Wuhan (CDC, 2022). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, after 118,000 cases had been identified in 114 countries (CDC, 2022). By March 13, 2020, the Trump administration declared a nationwide emergency in the United States. Shortly after, various states began to order schools and non-essential businesses to close. On March 15, 2020, the New York City public school system, the largest in the U.S., shut down (CDC, 2022). On March 16, 2020, President Trump issued an executive order that limited gatherings of more than 10 people and recommended social distancing of six feet between people at all times.

Policy changes were already happening in Minnesota at the time of Trump’s executive order. Minnesota Governor Tim Walz declared a peacetime emergency due to the COVID-19 pandemic on March 13, and ordered the closing of Minnesota schools on March 15. One day later, he closed bars, restaurants, and other public places (Office of Governor Tim Walz & Lt. Governor Peggy Flanagan, 2020). On March 21, 2020, the Minnesota Department of Health (MDH) announced the first confirmed death from COVID-19 in Minnesota. By March 24, Minnesota had 287 confirmed COVID-19 cases (State of Minnesota, Executive Order 20-20).

On March 27, 2020, Governor Walz issued a stay-at-home order, requiring Minnesotans to stay home except to engage in critical activities. Critical activities were defined as activities that included obtaining essential supplies including food and gasoline, and reporting to work for
individuals who worked in the critical sector and were not able to perform their work duties at home (State of Minnesota, Exec. Order 20-20).

**Personal & Professional Implications**

In a normal academic year, my professional responsibilities include preparing for events, coordinating external communication, and executing the public-facing aspects of the live performance events. To prepare for the events, I coordinate season brochures and season and production promotion, gather information for and design the layout of production playbills, and I manage website and social media updates. My primary external communication responsibilities include donor outreach, prospective student coordination and tours, and assisting patrons who have concerns. The front of house management piece of my role (which includes recruiting, training, and supporting house managers and ushers, managing the concession stand, and supporting the box office), seeks to ensure a smooth and pleasant experience for patrons. My responsibilities were entirely disrupted by the pandemic, and I had only been in my role for a little over one year. Doing my job required a great deal of rethinking what my role would look like inside of the pandemic. I needed to coordinate with other campus communicators to communicate with our stakeholders quickly and efficiently. However, my efforts were complicated by how little was known about COVID-19.

The uncertainty around COVID-19 was unprecedented, according to the World Pandemics Uncertainty Index (International Monetary Fund, 2020). Due to the unfamiliar and initially misunderstood consequences of the virus, organizations had to manage uncertain and constantly changing public health protocols. The panic that accompanied this uncertainty was palpable. People were panicking and buying groceries and cleaning supplies, in some cases
hoarding items and causing local and widespread grocery and supply shortages (Manning-Schaffel, 2020).

While uncertainty swept the globe, organizations with a public-facing presence were forced to manage stakeholder communication in a way that acknowledged the unknowns but also offered reassurance whenever possible. This was one of the main hurdles that I faced as a professional communicator during the COVID-19 pandemic. My departmental messaging was guided by communication from Minnesota State University, Mankato and from the Minnesota State system office.

The first COVID-19 communication sent to Minnesota State University, Mankato community was on February 29, 2020, from former University President Richard Davenport. The email subject was COVID-19 (Coronavirus) Update and Suspension of International Travel. It was a memo addressed to all employees and students and announced that the Chancellor of the Minnesota State System, Devinder Malhotra, was suspending all Minnesota State-related international travel, effective immediately. I remember feeling like this was a significant announcement, but also didn’t think it would greatly affect me and my work personally. The email stated that the University was following all Minnesota Department of Health (MDH) guidelines, and that cancelling of any in person activities was not recommended at that time.

On March 12, 2020, Chancellor Malhotra announced that spring break at all campuses would be extended an additional week, and advised that, “administrators, faculty, and staff will spend that week exploring alternative modes of delivery and adjust campus learning spaces to ensure the safety of our communities,” (D. Malhotra, personal communication, March 12, 2020). This note was sent to all faculty and staff in the afternoon, and to all students ten minutes later. This email also stated that, “All events or other gatherings totaling more than 100 attendees are
cancelled until May 1, and the situation will be re-evaluated,” (D. Malhotra, personal communication, March 12, 2020). This was the line that caused panic within my workplace and made me realize for the first time that the impact of COVID-19 would be substantial on my professional situation. Soon after, spring break was extended by another week to give faculty and staff time to prepare for remote delivery of classes and student services.

At the time of the March 12 email from the Chancellor, our department had a small group of students in New York City on a field trip. The initial concern was getting the students home from New York safely. We also had four remaining productions scheduled for the spring season. While we were still hopeful to stage the smaller productions, we knew that the big season closer, *Mamma Mia!*, would need to be adjusted in some way. Pretty quickly, we realized that we would need to cancel all remaining productions for the spring, as well as the 2020 Highland Summer Theatre season. We met as a faculty on March 16 and discussed options for continuing with our season, and ultimately decided that with the federal and regional bans on large gatherings and the newly in place stay-at-home orders, there was simply no way we could continue the season. One of the productions was scheduled to open the third weekend in March, so we knew the restrictions would still be in place for that show, and we would not be able to gather students to rehearse for a minimum of two weeks.

On March 17, 2020, President Davenport notified all faculty and staff that by March 20, all employees who could work from a remote location would be required to do so. I recall feeling like the communication from the University was not coming quickly enough and that we all had more questions than answers. Looking back, it is clear that administration was sharing as much information as they could with the information they had, but it all felt so uncertain in the moment.
On March 16, we shared information with the Department of Theatre and Dance students about the spring break extensions. By March 20, most University employees were working remotely, and on March 23, we had messaging out to the public about the season cancellations and the refund opportunities. Patrons were overwhelming understanding, although many people were anxious and impatient to receive refunds for their tickets. The late spring and summer of 2020 were quiet for me professionally other than assisting patrons with refunds, participating in a few media stories about how COVID-19 was affecting arts organizations, and working with my colleagues to determine how we could move forward with live theatre and dance for the 2020-2021 season.

Throughout the late spring and summer of 2020, I was in constant contact with my colleagues as we tried to stay on top of the latest COVID-19 news and how it would affect our upcoming season. We soon learned that students would need to wear masks during rehearsals, but we hoped the restriction would not be in place for performances. We also quickly learned that social distancing would be recommended by public health officials and required by campus officials. We would need to be creative with how we staged live theatre and dance performance events so that we could follow the public health and University protocols and make sure that our doors stayed open for live public performances.

In the Fall of 2020, the Department of Theatre and Dance went ahead with a full season of productions, with masked performers, crew members, staff, and audience members. We had no idea what ticket sales would look like, but we were hopeful that with our safety measures in place, we would be able to provide the students and the patrons with a full season of theatre and dance. Our safety measures followed all University guidelines and included social distancing between patrons. We originally planned to put three seats between parties, but were given
permission by university officials to separate parties by two seats to maximize the capacity in the theatre while still following safety guidelines. All performers, crew members, staff and patrons were required to be masked for the duration of their time inside any university buildings.

While most professional and educational theatres across the country and around the world closed indefinitely during the pandemic, we felt that it was important to continue to offer students performing, designing, and stage crew opportunities if we could do so safely. Our program has always prided itself on offering numerous and diverse opportunities for the students to get practical experience in their field of study, so we made the decision to move forward with live performances.

The 2020-2021 season was especially challenging professionally. We had to manually and individually seat patrons to ensure social distancing, as we did not have any way to easily do that within our electronic ticketing system. We did this on a first come/general admission basis, and it was extremely frustrating for long-time season ticket holders who did not always get seated where they wanted to, and for folks who arrived late and had to sit at the very back of the theatre. For the shows that sold out at 25% capacity, it was extremely nerve-wracking to try to seat everyone in a socially distanced manner. Most patrons were accommodating and understanding, but it created a lot more work for me, and we had several instances of patrons being rude and inflexible.

Further complicating our procedures, the Minnesota State system office developed a COVID-19 screening tool that was implemented at the beginning of the Fall 2020 semester. It required everyone who came to campus to complete the screening, including visitors. It asked questions about COVID-like symptoms and COVID exposures. This meant that throughout the 2020-2021 school year, the Department of Theatre and Dance had to require all patrons to
complete a COVID screening before entering the theatre. It required us to have an extra student employee at the box office for every performance and to verify that patrons completed their COVID screening before entering the theatre.

It was my responsibility to communicate with patrons before shows to let them know about the seating process and the screening tool so that we could have as many people as possible complete the screening before they came to campus. Approximately 48 hours before a performance, I would download the patron reservation list and email all patrons about our COVID protocols and ask them to complete the screening tool before coming to campus. My goal in the messaging was to make things go more smoothly at the theatre door, and to instill confidence in our patrons that we were doing everything within our control to make sure their visit to the theatre was as safe as possible. Our team then had to ensure that everyone who entered the theatre had completed a screening. We also had to enforce the mask mandates within the theatre. I generally had three people in the box office for these events. Two would help with ticket orders and questions, and one person would assist guests with completing their COVID screening forms. We had computers set up in the theatre lobby but encouraged people to use their personal devices to limit contact with communal workstations. We always had antibacterial wipes on hand as well as hand sanitizer throughout the public spaces. I also had the assistance of a house manager and 3-4 student ushers. The students were always helpful with communicating the protocols to patrons, but usually deferred to me when patrons had complaints and questions.

When seating people, we would try to have one person at each of the two theatre doors to welcome people, and at least one person on either side of the interior of the theatre to help seat people. We would communicate as best we could to one another throughout the theatre to indicate open seats. We tried to seat people as close as we could to one another without violating
social distancing guidelines. In addition to placing two chairs between every party, we also sat every other row in the theatre. We started with Row B, which was the second row from the stage, to avoid any droplets from the actors projecting (even though they were masked) from reaching the audience. We then sat rows D, F, H… etc. The first few shows with this process in place were stressful for both the staff and the patrons, but generally people got accustomed to the new protocols and were understanding and cooperative as they got used to the process. We were able to continue to offer performance, design, technical, and dance opportunities for the students within the department, and performances for the community.

In November of 2020, as part of Minnesota Governor Tim Walz’s Stay Safe Minnesota Plan, the administration “turned back the dial” on the reopening of businesses and the loosening of COVID-19. The changes were made due to a sharp spike in COVID-19 cases, and the need for public health policies to slow its spread. Governor Walz issued the order on November 18, pausing many activities, including live performances, from November 20 to December 18 (Office of Governor Tim Walz & Lt. Governor Peggy Flanagan, 2020). This was in the middle of the run of our production of Angel Street, and we needed to quickly connect with patrons and alert them to the cancellation of the second weekend of performances. We emailed all patrons who had tickets to the cancelled performances, and I also had the box office team call all patrons.

Angel Street was an interesting production because we experimented with casting an additional roster of actors as understudies in case any performers became sick with COVID-19. None of the understudies had to go on during the shortened run, but it did give some of the younger students in the department an opportunity to experience what it was like to work as an understudy in a play. It also challenged the faculty director to work with two different casts.
One frustration with the reclosing of the theatre was that I feared patrons would lose confidence in us. That was a challenge throughout the communication surrounding the pandemic for me. I always tried to communicate openly and consistently with patrons, but I did not always know the best answer. We got some pushback from people in the community who felt it was reckless and unsafe for us to be hosting live events in such an uncertain time. I internalized that criticism and was always conscious of trying to provide the students the richest educational experience possible while doing our part to protect the students and the community members.

The 2021 spring semester went fairly smoothly once we got a handle on how we would manage social distancing, mask enforcement, and monitoring the University COVID screening tool. Tickets sales were very low that year, due both to the 25% capacity of theatres as well as people’s hesitation to opt into large gatherings. A majority of our patrons are elderly, and many of them expressed anxiety around exposure to the virus. Our ticket sales have still not returned to pre-COVID numbers. For the 2022-2023 season, season ticket sales have fallen to just over 400, after selling over 1,000 in the 2018-2019 season, the last “normal” year before COVID-19.

**Strategic Ambiguity vs. Strategic Clarity**

Throughout the messaging with the COVID-19 pandemic within my workplace, I kept coming back to the need for transparent and open communication with stakeholders. Yet, it was difficult to balance message clarity with the evolving and sometimes nebulous public health messaging around the virus. Moreover, I had to navigate student privacy concerns as well. Whether it was difficult changes in the schedule being communicated to the students who had worked so hard on a play, communicating new policies to patrons who were trying to decide whether or not to attend a production, or the media and the public who sometimes questioned our decision to carry on with the season amid a highly communicable global pandemic, my
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communication strategy was to be as honest as possible and relay communication that shared the most relevant and updated information to which I had access.

On the other hand, I tended to present situations, policies, and rescheduling in as positive of a light as possible. This sometimes required that I downplay the severity of the situation within our department. For example, shortly after the start of the semester, we had several cases of COVID-19 amongst the students and decided we needed to delay the season for two weeks. In the communication to patrons and the campus community, I emphasized that we were pausing the season to “send everyone home to get healthy or stay healthy.” The reality of the situation is that some students hosted a party where it seemed that COVID-19 spread quickly amongst the attendees. Clearly, this information could not be shared with theatre patrons due to student privacy concerns and we did not want to cause panic regarding COVID-19 transmission within the campus community. Even as we shared a positive message to external stakeholders, our message to the students needed to be direct. In our internal messaging, we emphasized that they (the students) were ultimately responsible for whether or not they would continue to have a performance season.

In this situation, and in others where I aimed to lead with positivity, I employed strategic ambiguity within my communication. Strategic ambiguity, also referred to as equivocal communication by Kline et al. (2009), is a communication strategy that organizations employ in four different situations:

1) When an organization “lack(s) meaningful information in the initial phases of the crisis” or when the available information is changing. In either case, it would be impossible for an organization to provide a full picture of the situation.
2) When extenuating legal concerns are present and the organization could potentially violate their legal responsibilities.

3) When it is appropriate to protect private information.

4) When an organization has competing goals with crisis communication, strategic ambiguity can be employed to leave room for varying interpretations.

At the very beginning of the COVID-19 crisis, I employed strategic ambiguity as the situation was evolving and I did not have definitive information available for the public. When we cancelled ten productions in the spring of 2020, for example, I could not tell patrons information that would normally be provided under other cancellation circumstances. Specifically, I was not able to say when they could expect us to reopen. Furthermore, we could not tell students when they would be able to perform, design, and dance again. All we could communicate is that we would ensure they could count on the trajectory of their academic program.

This strategy was difficult for me as I tend to have a very open and clear communication style. But much of the messaging in the campus and broader community was evolving and changing quickly as public health officials, governmental leaders and campus administrators worked to synthesize and distribute the most recent findings about COVID-19. One way to communicate the current expectations and restrictions for visitors was with consistent and repetitive physical signage around the building. I worked closely with the campus integrated marketing team to ensure that patrons would know what was expected of them in terms of masking and social distancing before they entered the theatre. These signs were posted on the exterior doors, on the theatre doors, and within the theatre to remind folks to remain socially
distant. We also added information about social distancing and masking to our recorded pre-show announcements.

I also worked hard to communicate consistently and clearly with patrons about the evolving expectations and frequent cancellations and rescheduling. On October 1, 2020, shortly after the start of the fall semester and right before we were scheduled to open the musical *Hair*, we made the difficult decision to postpone the season for two weeks when we had several cases of COVID-19 with the department. We subsequently adjusted the entire calendar for the remainder of the season, and communicated all changes and cancellations to patrons. We did this through emails and phone calls to patrons, as well as physically posted signs outside of the theatres announcing the postponements and cancellations.

This is the email that was sent to all patrons:

**This weekend's performances of *Hair* has been rescheduled to the weekend of October 21-25.** In an effort to slow the spread of COVID-19, the Department of Theatre and Dance, in consultation with university administration, decided we needed to temporarily suspend our season, so **we will not be presenting *Hair* this weekend.** We are excited to reopen the season, and we hope that you can still join us.

We have transferred your reservation for *Hair* to Thursday, October 22 so that your preferred *day* remains the same, but the *date* of your tickets is different. *Hair* will run October 14 - October 25, so if you would prefer a different date, please call our box office Monday-Friday, 4-6 p.m. at 507-389-6661 and we will assist you. Please note that due to limited staffing and the box office team working remotely, in addition to the large number of tickets we need to reschedule, we may need extra time to process your request,
and we so appreciate your patience! A member of our box office team will also be in touch with you over the phone.

Let me know if you have any questions and thank you for your understanding during this uncertain time.

Another example of when I had to communicate a schedule change occurred when we had to cancel an entire production due to the shifting schedule. To accommodate the rescheduled shows that were already in rehearsal or in production when we shifted the season back two weeks, we cancelled the November 2020 production of *Hay Fever* as very little work had been done on it. This was decided internally quite early in our season to allow us to shift the performance calendar around. Because we talked about it so often, and changed our internal calendar, it completely slipped my mind to communicate the change to patrons until the week before the show opened. For whatever reason, I thought we had already communicated the change, but I was mistaken, and frankly overwhelmed with all of the scheduling changes on top of the policy changes that I was managing.

When I did reach out to patrons to ensure they knew about the cancellation, it turned out that they did not. Many people had plans to travel into town for a performance and were very frustrated with us. This was a huge oversight on my part, was frustrating for patrons, and eroded trust in our department and our communication among some people. I individually reached out to people who were frustrated, and accepted blame and apologized for the oversight. I assured them that we would be presenting this play in a future season. Some patrons were understanding, but I remember one couple specifically that had made travel arrangements that was extremely disappointed with us. I wanted to ensure people that this situation was so out of the ordinary for us and this communication error was not acceptable, nor would it happen in the future.
It was difficult to balance the need to be transparent with patrons without disclosing the health status of students or causing panic about COVID-19 spreading around campus. I also wanted to encourage patrons to come back to the theatre when we restarted the season. One complicating factor was the politicization and changing of the official messaging around COVID-19 at this time. This was particularly the case when it came to masking. As Noar and Austin (2020) observed, the political rhetoric under the Trump administration did not emphasize the importance of masking and social distancing, and in fact downplayed the potential protective health benefits of mask wearing. After the 2020 election when Donald Trump did not gain reelection, the politicization of mask wearing continued and, in some cases, intensified as mask wearing became affiliated with political ideology for some people.

Noar and Austin (2020) also point out the mixed and changing messaging around face coverings. Fearing shortages for healthcare workers and with limited initial scientific support for the efficacy of face masks, the U.S. Surgeon General as well as Dr. Anthony Fauci originally discouraged the use of face masks at first. Of course, as the supply increased and the scientific findings pointed to the clear benefits of wearing face coverings, the public messaging changed, and face coverings were recommended to be worn in all public indoor spaces (1737).

The politicization directly impacted my work, as I was responsible for enforcing the masking policy in the theaters. Many patrons, perhaps merely out of a desire to not wear a mask, would cite the initial public health hesitancy around wearing face masks. At one performance, I had a couple tell me that it was just an act of political control and that face coverings do not actually do anything. Many patrons told me they could not wear face masks as they couldn’t breathe while wearing one. I was always relieved to have the clear University policy about face masks to fall back on when I insisted that people wear their masks.
I encountered a number of people who were hesitant, and at times combative, about wearing a mask. At times, people would refuse to wear a face covering. We would see people put on a mask and then remove it when they walked away from the ushers and house managers, so I had to get in the habit of walking through the theater before the show started to police the masking policy. When confronting a difficult patron about masking, my intention was always to explain that the masks are necessary to protect the actors and keep their shows open, and to protect the largely elderly population of theatregoers. I employed strategic clarity to connect our department’s messaging with the University policies and to the current public health guidelines. I often found myself wanting to tell people that if the actors could sing and dance in a mask, they could sit quietly in their seats wearing a mask. I decided to omit that specific line from my public messaging.

Official campus emails, whether from the Chancellor, the President, the Administrative and Service Faculty (ASF) union (of which I am a member) President, leaders encouraged the campus community to be “patient” while we all navigated new safety protocols and adjusted to a “new normal.” I used similar written and in-person rhetoric in my communication to patrons, thanking them for their patience with us and acknowledging the frustration that accompanies uncertainties. I was very intentional to be honest, transparent, and empathic, but also acknowledged that the messaging was evolving and that we didn’t have all of the answers.

**Convergence of Narratives**

Starting at the end of February 2020, the administration at Minnesota State University, Mankato, and at the Minnesota State system, began communicating with the campus communities about COVID-19 and the implications for the University. It was apparent that the administrators were attempting to synthesize all of the public health messaging around COVID-
19 and present a unified message to the campus communities. The University recognized that employees and students were unsure about what COVID-19 meant for their school and work, with all of the different messaging being shared on news and social media. However, the unknowns surrounding the virus and its implications offered challenges for unified messaging.

Seeger and Sellnow, (2016) explained that points of convergence often occur when varying crisis narratives overlap, creating compelling narratives. When varying or even competing entities share components of their narratives, these shared aspects are more likely to be believed as true (p. 150). The Minnesota State system and Minnesota State University, Mankato administrative teams worked to create a *convergence of narratives*,

The development of a coherent, unifying story that subsumes many other stories, themes, perspective, and pieces of information...understood to capture the essential elements and are generally accepted as the primary story...the initial competition among narratives on this topic in many ways gives way to convergence that reflects a recognition and clear sense of urgency for addressing the problem and leads to important changes. (Seeger & Sellnow, 2016, p. 144)

Within the campus community, as well as throughout the world, people were struggling to determine what COVID-19 meant for their own lives. In mid-March, all Minnesota State employees who had the ability to work from home were instructed to do so. The conversation at the time was that employees would work from home for two weeks, and then COVID-19 would run its course and things would be back to normal. This perception, of course, turned out to be completely inaccurate, as people didn't return to in-person school and work for months. Seeger and Sellnow (2016) observed how people try to make sense of a crisis situation, noting
“comprehending the beginning of a crisis is like a jigsaw puzzle poured from a box without first allowing the assemblers an opportunity to see the puzzle’s final picture” (p. 144).

Within the Department of Theatre and Dance, we dealt with the uncertainty of what the new virus meant for our work and for the students’ education. Initially, we just thought we could work within capacity restrictions and barely interrupt our season. A pandemic of this scale simply wasn’t something we could imagine at the time. We soon learned that we would need to cancel ten productions total, and then navigate a live performance environment where social distancing and masking were our reality, and the “new normal.”

Stakeholders had varying degrees of emotional connection to whether or not we had a live theatre and dance season. Students, faculty designers, and directors had high levels of emotional investment in our decisions. Community donors and patrons also have an emotional connection to the Department of Theatre and Dance as many of them have been attending for years and even some for generations. Seeger and Sellnow (2016) noted, “Others are emotionally involved with the crisis through feelings of empathy, sympathy, or shame. This impact of emotional involvement makes various aspects of the crisis narrative more or less significant or captivating” (p. 150). I recall understanding the significance of our decision about the season and the emotion that would be involved for many with the messaging around the cancellations and the season limitations. I knew it was important to provide messaging that was consistent with the University's and System’s narratives to help instill trust with the public. I was intentional to ensure that the messaging was sensitive to the high emotions of the situation. Internally, I would reiterate that I knew the changes were hard for the students, and externally, I would thank patrons for their understanding and ensure them that we would keep them updated with policy and schedule changes.
As of April 2023, the COVID-19 pandemic is no longer considered an international crisis, although new cases and variants continue to circulate. For the most part, people are back to in-person work, returning to restaurants and live events, and resuming travel. Yet the pandemic’s impacts are still being felt. “Crises reveal failures in existing protective strategies, Seeger and Sellnow (2016) observed, “These failures constitute a loss in meaning where familiar, trusted procedures and norms fail and create narrative space for reconsidering of risk and its avoidance” (p. 153). The Department of Theatre and Dance at Minnesota State University has struggled to return to pre-pandemic audience numbers. I believe that people are reevaluating the risks associated with familiar activities, especially in elderly populations. Perhaps visiting grandchildren is a calculated risk that has greater reward, while seeing a live local theatre production carries greater risk with less substantial reward. While some patrons simply got out of the habit of attending live theatre events, I believe other people were deeply impacted by the overwhelming number of narratives that dominated the media for over two years about the uncertainty associated with large public gatherings.

Communal Coping

Throughout the pandemic, my team and I were responsible for enforcing mask mandates within the theaters. I had several interactions with patrons who would refuse to wear masks, even though it was a university policy. I explained to people that regardless of their feelings around masks, it was an important and straightforward way to protect the other patrons around them, as well as the student performers and technicians. People would tell me that they “couldn’t breathe” in a mask, or they would say, “how are you going to make me?” when I would hand them a mask to wear. The culture within my organization at this time was tested as we all worked to support one another while navigating personal uncertainties and professional frustrations. We supported
one another with phone calls to ensure we were all on the same page and to talk through concerns and problems that seemed to constantly arise.

Zanin et al.’s study (2021) examined how adults in the U.S. coped with the initial months of COVID-19. The authors categorized the coping mechanisms under three categories: isolation, uncertainty, and conflict. Many of the coping mechanisms that they identified fell under the umbrella of “communal coping,” explained as “individual action affecting communal health” (p. 1). Individuals recognized that in order to cope with COVID-19, they needed to have a community mindset and take actions to protect others, including social distancing and mask wearing. Some participants in the study viewed the stressor- COVID-19 in this case- as a collective issue and determined that it would take a community effort to cope with the virus, a mindset of “our problem” and “our responsibility” (p. 8). This community effort and coping mechanism is what Zanin et al. refer to as “communal coping.” Zanin et al. argue that communal coping serves as a buffer against the negative mental health effects of environmental stressors (p. 1).

Reflecting on mask-wearing in my work environment as a “communal coping” mechanism is eye opening for me as it helps me rationalize the frustration that I felt around people refusing to mask. They weren’t just risking their own health; they were risking the health of the other patrons; as well as the students and the staff. We were working so hard to provide a safe theatre experience for guests and students, and the students were putting themselves at risk by presenting the shows. Additionally, many vulnerable patrons made hard decisions about whether or not to risk exposure by attending a production. When patrons would refuse to wear a mask, they were not participating in the communal coping that was becoming a more or less unstated agreement among people choosing to attend performances.
Zanin et al. (2021) found that many participants reported feelings of isolation. “Several participants expressed distress in response to missing socio-cultural bonding events—such as graduations, sports, school plays, and quilt shows—and uncertainty about when or how they social lives will return to ‘normal.’” (p. 6). Additionally, “during stay-at-home orders...more people were forced to remain home with only their housemates or families, and with little to no interactions with the outside world” (p. 6). People who were used to being out and about, people who regularly attended theatre events for example, were likely active in other areas of the community. This idea of isolation and limited interaction causes me to reflect on a situation I encountered with a particularly unkind patron, and the many times I have recalled the situation since then. In April of 2021, we presented *Mamma Mia!* as part of the theatre season. The capacity limitation of 25% was still place, but our 479 – seat theatre was “sold out” at 119 tickets sold. My team was excited to be getting folks back to the theatre, but it meant a stressful season for me as the person who oversees the front of the house in the theatre. Our ticketing system didn’t have the capacity to assign seats in a socially distanced configuration. In order to follow state mandates and ensure our theatre stayed open, we had to manually seat all guests as they arrived at the theatre. In a normal season, I can orient and support a student house manager. But during this season, I felt that I needed to be at the theatre for every performance to help support the front of house team.

In a normal year, people have assigned seating, and season ticket holders get the best seats in the house. On one particular night, a group of six people arrived at the theater just before the show was about to start. We were frantically trying to seat all parties in a safe and socially distanced way, and we were becoming flustered with the filling theatre and trying to ensure an on-time curtain. A man in this group of six became extremely combative and rude with one of
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my students as she was trying to seat them, and they were still waiting on someone from their party. I stepped in to stop the patron from yelling at the student, and he proceeded to mock me and give us a hard time because he was upset that they were in the back of the theatre and that we were struggling to figure out how much space we needed around their party since all of the group had yet to arrive.

My main concern in the moment was protecting the student and minimizing disruption for the other patrons in the vicinity. The man’s mocking of me and the student was so obvious that a patron in a different group stood up and told the man that he should calm down. I was attempting to get the situation under control, and I recall telling the patron that we were “doing the best we can” under the difficult circumstances. This interaction still sticks in my memory and unfortunately colors much of my experience of the COVID-19 pandemic in my workplace.

In thinking about this interaction, I assumed that this person had not left their home or interacted with people outside of their family for many months. Perhaps this was his first outing after a year of isolation at home and he had forgotten how to interact respectfully with strangers. Zain et al.’s (2021) observations about adults coping with isolation reminded me of this theory and makes me think that this problem probably existed, and perhaps persists, on a much larger scale.

Moreover, I have begun to wonder about the gendered dimension of this man’s response. In their study, Zain et al. (2021) observed a particular gendered discursive coping mechanism in some participants. “Discursive coping” is described by Zain et al. as an articulated appraisal of a stressor, a discursive action (p. 9). In the case of this study, some participants expressed gendered discourse that “reveal(ed) deeply held assumptions about gendered performances of health behaviors, namely that women are permitted to express worry, stress and apprehension
related to health risk” (p. 10). Some male participants shared that they were more likely to
downplay health risks associated with COVID-19, and they were therefore less likely to engage
in risk mitigating behavior including mask wearing and social distancing.

The vast majority of the individuals who were argumentative about wearing a mask at the
theatre were men. The observations about gendered discursive coping make me reflect on these
interactions and wonder if the men who were combative were feeling their masculinity
threatened by being asked to wear a mask. Perhaps they felt like by refusing to mask, they were
asserting their masculine position and expressing their strength. “Participant interviews reveal
how the gendering healthy concern discourses stereotypical masculinity performance (e.g., ‘stare
your fears down;’ ‘weather the storm’) serve as a coping mechanism to reduce fear and
uncertainty associated with COVID-19” (p. 10). While many patrons were willing to wear a
mask and experience a bit of discomfort to help protect strangers, some people did not seem to
experience the communal coping of the pandemic that brought people together to help keep one
another safe.

**Implications for Future Crisis Communication Research and Practice**

I learned many lessons working as a professional communicator during the COVID-19
pandemic. I learned to prioritize a communication plan before a crisis arises, to keep updated
patron contact lists, and to ensure that professional communicators are supported by their
organizations and that they have solid selfcare practices in place to help navigate uncertain
communications situations.

The most significant take away from my time working as a professional communicator
for the two plus years during COVID-19 is that it is essential to keep track of all messaging to
various audiences and create separate strategic plans based on the audience. The communication
around the cancelling of *Hay Fever* was very late in being sent to patrons, even though the changes had been communicated in a timely manner to internal stakeholders. In a time and work setting that felt extremely overwhelming and where messaging was always changing, it felt like there was not time to create a comprehensive communications plan, but it would have been so helpful to keep our messaging on track and our lines of communication open and consistent.

In a performing arts environment, it is extremely important for theatres to keep an updated list of all patrons with current contact information in preparation for a crisis communication event. I found that our patron database had some gaps which made it frustrating and sometimes difficult getting timely messaging out to patrons. Providing advanced information was essential to ensuring patrons were made aware of protocols limiting frustration when they arrived at the theatre. My recommendation for theatres would be to verify and update patron information every time contact is made with a patron, in the same way that clinicians verify contact information in a healthcare setting.

Much of the existing research around crisis communication examines situations in which an organization has done something wrong, and strategic communication is employed to minimize fallout. In my reflection and my research over the past year, I came across a great deal of crisis communication literature that focuses on issues related to organizational responsibility and managing the communication to defer blame or regain trust with the public. Whether a manufacturer created a faulty part, or an oil company wreaked havoc on a natural ecosystem, so much of what we hear about in crisis communication centers on the messaging when the organization itself is responsible for the crisis. It seems to me that more could be done to research communication during crisis situations when the organization is not directly responsible
for the emergency, and how external communication to stakeholders is affected in those situations.

An additional opportunity for future communications work in this area is further understanding of the idea of communal coping and to cater messaging to appeal to people’s sense of community. Instead of defaulting to statistics and mandates in crisis communication, it would be beneficial to the cause to highlight the community benefits of following public health recommendations for the sake of furthering the communications objectives and protecting the public in a crisis situation.

An additional implication for future crisis communication, is to ensure that people on the front line of these communication events have solid self-care practices in place. The public relations surrounding my work during COVID-19 were exceptionally draining on me as I was put in a position to communicate protocols and restrictions that I didn’t have any control over. Public relations officials in crisis situations are rarely responsible for the situation but are required to be the face of an organization in communicating changes, all while remaining as positive and hospitable as possible. This was so draining for me and has had lasting implications three years later. One the one hand, I get anxious about negative patron interactions, but on the other hand, I now have extensive experience managing difficult patrons in a stressful environment during an uncertain time.

I learned many valuable lessons working as a professional communicator during a global pandemic. I learned to navigate the line between communicating with a bit of strategic ambiguity while maintaining my clear and honest personal communication style and providing as much information as I could. I recognized that people were receiving multiple messages about the best way forward, and I did my best to consolidate those messages and update them as I learned
more. I led with empathy and patience whenever possible and appealed to patrons’ sense of community while enforcing public health guidelines. Hopefully I’m never put in this situation again, but if I am, I will be much better equipped to handle professional communication in a crisis situation.
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