

THE ROLE OF SOCIAL MEDIA IN CRISIS MANAGEMENT: A CASE OF KENYATTA
NATIONAL HOSPITAL RAPE OF NEW MOTHERS AND WRONG PATIENT BRAIN
SURGERY CRISES

by

DZAME FLORENCE

A Thesis Submitted to the School of Communication, Cinematics & Creative Arts in Partial
Fulfillment of the Requirement for the Degree of
Master of Arts in Communication Studies

UNITED STATES INTERNATIONAL UNIVERSITY–AFRICA

Summer 2021

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Student's Declaration

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University- Africa for academic credit.



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Approval Page

In accordance with United States International University – Africa policies, this thesis is accepted as partial fulfillment of the requirements for the Master of Arts in Communication Studies



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Table of Contents

Student's Declaration	ii
Approval Page	iii
Copyright	iv
1.0 INTRODUCTION	1
1.1 BACKGROUND OF THE STUDY	5
<i>1.1.1 Use of social media by Kenyan hospitals</i>	5
<i>1.1.2 Rape at Kenyatta National Hospital</i>	7
<i>1.1.3 Wrong patient brain surgery at Kenyatta National Hospital</i>	9
1.3 STUDY PURPOSE	11
1.4 STUDY OBJECTIVES	11
1.5 SIGNIFICANCE OF THE STUDY	11
1.6 SCOPE OF THE STUDY	12
1.7 OPERATIONAL DEFINITION OF TERMS	13
Chapter Summary	14
LITERATURE REVIEW	15
2.0 INTRODUCTION	15
2.1 THEORETICAL FRAMEWORK	15
<i>2.1.1 Different perspectives from scholars</i>	19
<i>2.1.2 Importance of the SMCC model in this study</i>	20
<i>2.1.3 Critique of SMCC model</i>	21

2.2	Error! Bookmark not defined.	
2.2.1	<i>Public use of social media during crisis</i>	22
2.2.2	<i>Crisis Communications Strategies</i>	23
2.2.3	<i>Public attribution of responsibility for a crisis</i>	24
2.3	Error! Bookmark not defined.	
2.3.1	Error! Bookmark not defined.	
2.3.2	Error! Bookmark not defined.	
2.3.3	<i>The public perception of attribution of responsibility for the crisis</i>	30
2.4	35	
Chapter Summary		33
METHODOLOGY		35
3.1 INTRODUCTION		35
3.2 RESEARCH DESIGN		35
3.3 RESEARCH APPROACH		36
3.4 DATA COLLECTION TECHNIQUES		37
3.4.1	<i>Sampling design</i>	37
3.5 DATA ANALYSIS		38
3.6 ETHICAL CONSIDERATIONS		40
RESULTS AND FINDINGS		43
4.1 INTRODUCTION		43
4.3 PUBLIC USE OF SOCIAL MEDIA DURING THE CRISIS		43
4.4 CRISIS MANAGEMENT STRATEGIES USED BY KNH TO PROTECT ITS REPUTATION ON SOCIAL MEDIA		47
Some of the tweets that portrayed KNH as a victim of the crisis included:		48
4.5 PUBLICS' PERCEPTION OF ATTRIBUTION OF RESPONSIBILITY FOR THE CRISIS		49
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS		52
5.1 PUBLIC USE OF SOCIAL MEDIA DURING THE CRISES		52

5.2 CRISIS MANAGEMENT STRATEGIES USED BY KNH TO PROTECT ITS REPUTATION ON SOCIAL MEDIA	54
5.3 PUBLIC PERCEPTION OF ATTRIBUTION OF RESPONSIBILITY FOR THE CRISIS	56
CONCLUSION	57
RECOMMENDATIONS	59
AREAS FOR FURTHER RESEARCH	59
APPENDICES:	75
CODE BOOK	75
LIST OF TABLES	78
LIST OF FIGURES	78

Abstract

This study examines the place of social media during two crises that occurred at Kenya's leading referral hospital, the Kenyatta National Referral Hospital (KNH), in 2018 of the rape of new mothers and the wrong patient's brain surgery. Social media brought these crises into the limelight bringing into question the hospital's ability to fulfill its mandate as the leading referral hospital in the country. This study examines how audiences used social media during the crises, the strategies used by the hospital to protect its reputation, and how the response impacted the public's perceptions of the referral hospital. The study uses a qualitative approach with data collected from Twitter social media platform. The data collected was collated and analyzed thematically. Findings show that the hospital applied denial and victim strategies to distance itself from the crises, strategies that did not help protect its reputation since the level of attribution of crisis responsibility was high. The study found that accepting responsibility and expressing empathy can cushion an organization against negative stakeholder perceptions. The hospital as an institution did not have an internal communications team or an agency to help with crisis communications management. This study recommends that institutions like KNH should be equipped with public relations specialists who focus on the role of social media in crisis management as part of a comprehensive communication strategy. Healthcare institutions need to be cognizant that the public is taking to social media to communicate issues around various crises, including putting forward their complaints and sharing diverse negative experiences. Therefore, there is a need to have a strategic approach to crisis communications within their communication docket that are equipped to handle different aspects, including monitoring, conducting follow-ups, and informing the external public how they have been addressed. This study suffered limitations that can be addressed in future studies, such as expansion to other social network sites, since this study only focused on Twitter, to provide a detailed statistical analysis.

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

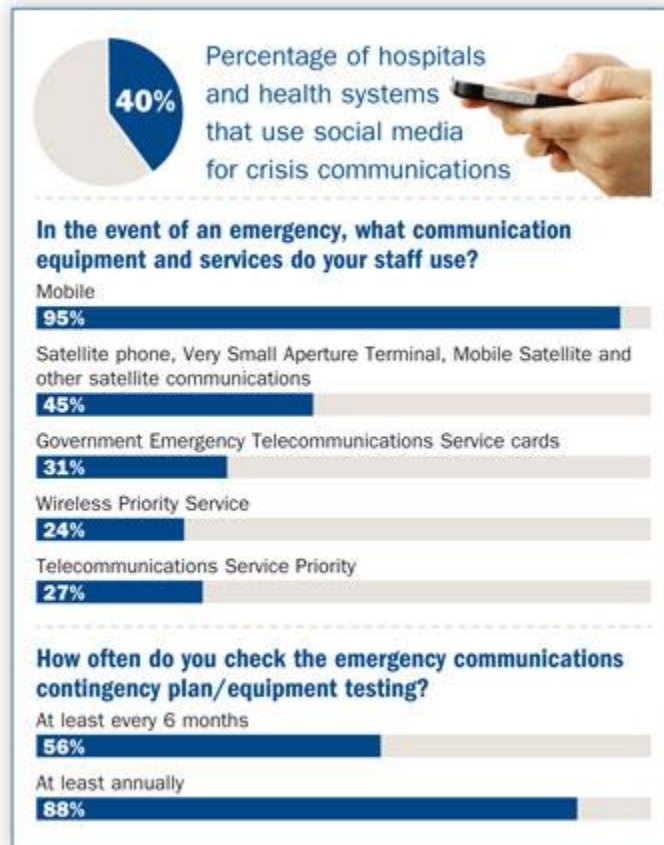
Every organization is at the risk of facing a crisis through its activities, and it's a matter of when, not if, before a crisis occurs. Holtzhausen and Roberts (2009) argued that a crisis is a natural phase of an organization's development and will affect virtually every enterprise at one time or another. Coombs (2007) defines a crisis as an unpredictable event that threatens important expectancies of stakeholders and can seriously impact an organization's performance and generate adverse outcomes. The best-case scenario for an organization would be that no crisis happens. Crises cost money. This is incentive enough to avoid, mitigate, and respond in ways that best protect capital and human resources, and generally "reputation," which some characterize as the essence of an effective crisis response. According to Kimotho and Nyarang'o (2019), reputation refers to the sum of all perceptions that stakeholders have of the organization. A few organizations can successfully avoid unpredictable crises and the possible resulting damages that follow. However, if a crisis is not well managed, it can significantly hurt the organization's reputation. Reputation is, therefore, an intangible asset that organizations must protect at all costs. Chege (2018) states that an organization's reputation depends on the stories formed by stakeholders and spread within networks. How organizations communicate with their stakeholders during a crisis event is changing rapidly with the 24-hour access provided by the internet and on social media. Andreas (2015) defines social media as a group of internet-based applications which allow the creation and exchange of user-generated

content. They include collaborative projects (such as Wikipedia and Google docs), micro-blogs/ blogs, content communities (such as YouTube, Flickr, and SlideShare), social networking sites (such as Twitter, Facebook, Instagram, and WhatsApp), virtual game worlds, and communities.

A favorable overall reputation is valuable in the healthcare industry as it is in any other business-to-consumer sector. Three out of five consumers report that a hospital's reputation is "critical" when they are considering a health center for treatment ("Tackling crisis management," 2014). Crisis management has long been a challenging thorn for the healthcare industry, but the continued popularity of social media has made this issue even more complex. The healthcare industry as a whole has been slow to integrate social media into its operations (Goren, 2013). Healthcare is highly regulated, evidence-based driven, speaks in professional jargon, and maintains privacy to the highest standard, which is the opposite of social media which is fast-moving, transparent, short (with messages that can be 280 characters or less), and uncontrolled, or uncontrollable. With the click of a mouse, patients can share their experiences online – good and bad – and their comments can reach thousands of people in a matter of minutes. As a result, social media can have an impact on the organization's crisis contexts.

How well an organization handles a crisis depends on how the organization communicates the crisis with its stakeholders. Social media is one of the fastest-growing communication tools and has redefined how organizations interact with stakeholders. Global reports show that 40 percent of hospitals in the United States use social media for crisis communication, according to the 2013 Most Wired Survey by Hospitals & Health Networks (H&HN). In Africa, hospitals are also using social media for crisis communications. In Sierra Leone, for example, during the Ebola health crisis, social media became one of the catalysts

for combating the disease. Health protocols were communicated through social media and to bypass traditional knowledge cultures and practices to combat the outbreak (Kamara, 2016). Sierra Leoneans also utilized social media to convey news, find relatives and friends and post updates on the progress and status of individuals as the disease unfolded.



SOURCE: HOSPITALS & HEALTH NETWORKS' MOST WIRED SURVEY, 2013

Figure 1: *Percentage of hospitals and health systems that use social media for crisis communications*

Social media has continued to change the landscape of crisis communication in various ways. Lucinda, Brooke and Yan (2012) showed how during a crisis, social media could provide a new platform for online word-of-mouth communication, working as an informal

communication channel through which personal, product/service, or organization information is shared and processed. The use of social media can change drastically in times of organizational crisis, as issues emerging online can be more unpredictable, taking dramatic turns and multiplying more quickly than issues that occur offline. Social media, however, can allow an immediate response and interactive communication during a crisis (Coombs, 2007). During a crisis, audiences' social media use increases (Perrin, 2015), and, in some situations, audiences perceive social media to be more credible than traditional mass media (Procopio and Procopio, 2007). Audiences seek out social media during a crisis because it provides an unfiltered, up-to-date line of communication and rare information that audiences cannot get elsewhere (Bucher, 2002; Sutton, Palen and Shklovski, 2008). Audiences also use social media to support and recover from a crisis (Choi and Lin, 2009; Stephens and Malone, 2009).

The use of social media by health professionals and its strategic value has been well documented, for example, in managing online reputation (Singh, 2016), increasing accessibility and widening access, and increasing peer/social/emotional support (Moorhead, 2017). Social media platforms have been used in the educational curriculum of medical training programs to increase access to crucial resources and knowledge (Widmer, Engler, Geske, Klarich and Timimi, 2016). Many leading healthcare organizations and medical expert groups link conference attendees, members, and others using a Twitter hashtag (#) chat to educate and discuss current and controversial topics (Dizon, Graham, Thompson, Johnson, Johnston and Fisch, 2012). Other studies have also examined the effectiveness of and implications of using social media in health promotion and disease prevention endeavors. For example, during disease outbreaks for example the Ebola outbreak in 2014 social media enabled the Centers for Disease Control and Prevention (CDC) to be part of the sphere of active

communication: to ask questions and get quick answers. By doing so, the CDC contributed to the public's health literacy and uncertainty mitigation (Gesser-Edelsburg, Diamant, Hijazi and Mesch, 2018). Smailhodzic, Hooijsma, Boonstra and Langley (2016) further concluded that social media is a tool used to strengthen a health organization's market position and stimulate conversation for brand building and improved service delivery. Other studies have issued calls to action and recommendations for increased research and focus on the role of social media in crisis management as part of a comprehensive public health communication strategy, which this study attempted to do.

1.1 Background of the Problem

Bell (2010) contends that the public has become interpretive communities in organizational crisis contexts, capable of cultivating an organization's reputation through information they receive in cyberspace. The researcher was inspired to study the role of social media in crisis communications strategies by the crises faced in Kenya's largest referral hospital, the Kenyatta National Hospital (KNH), particularly the rape of new mothers and the wrong patient brain surgery. The two crises that unfolded on social media between January and February 2018 exposed other critical issues within the medical facility, such as poor hospital services, the laxity of nurses and doctors, and weak response mechanisms. The crises disrupted the operations of KNH, leading to an investigation to determine the actors' responsibility and resulting in the suspension of the Chief Executive Officer (CEO).

1.1.1 Use of social media by Kenyan hospitals

Social media has become essential to many healthcare organizations' marketing and communications strategies. Many healthcare institutions in Kenya have an active Facebook

page – and an increasing number have a presence on platforms like Twitter and Instagram. Physicians and health institutions share relevant health information, receive patient feedback, and bolster their brand on social media. For instance, a pharmacist reported that he stopped stocking blood pressure drugs linked to cancer that the Kenya Pharmacy and Poisons Board had banned after stumbling on the circular on WhatsApp and Facebook groups (Okeyo, 2019). Medical officers in Kenya have also used social media to air their grievances. For example, in 2016, doctors used social media to advance their cause during a national strike-through, hashtags #mybaddoctorexperience, #doctorsarehumantoo, #healthontrial, and #lipakamatender (Wangari, 2017). The 100-day strike ended on March 14th when the government offered an increase in their allowances.

A quick search of KNH on Facebook and Twitter shows that the hospital uses social media, especially Twitter, to inform the public about their work, such as groundbreaking research and surgeries. KNH also posts updates about unidentified patients to trace their relatives.

FAMILY RE-UNITED AFTER 10 YEARS



DO YOU KNOW THIS PERSON?



UNKNOWN AFRICAN MAN

Share widely to help him find his kin.

CONTACT KNH ON

0709854000 OR 0730643000. EXT-43121/43969



This patient(2nd left) has been in ward 6D since 2018. Relatives traced him through KNH Facebook. Apparently his relatives never knew where he was for Ten years

Figure 2: KNH Facebook post an unidentified patient

1.1.2 Rape at Kenyatta National Hospital

Kenyatta National Hospital (KNH) faced a crisis when one social media influencer and blogger, Mildred Atty Owiso, put up a post on January 19th, 2018, on a popular Facebook page called "Buyers Beware. She alleged that mothers who gave birth at the facility underwent harrowing experiences in the hands of mortuary attendants who would use dead bodies to scare the new mothers and sexually violate them (Omboki, 2018). Her post was shared on another popular Facebook page called Kilimani Mums and triggered other mothers to share how they had undergone similar experiences. Due to the victims' broad interest and reaction, the story was viral as a screenshot on WhatsApp and other online groups. But the hospital, through CEO Lily Koros, denied the social media claims saying that such allegations were unfounded and lacked evidence. She said that the hospital has 24-hour CCTV surveillance, and the facility

had beefed-up police presence during the period that the rape allegations were reported (Omboki, 2018). The angry public bashed her for not investigating the claims before going on the defense. Others noted that being a woman, she should have taken it upon herself to protect fellow women by thoroughly investigating and punishing the culprits. A Twitter user through a trending hashtag #KNHsadstories said,

"I expected that, as a woman, Kenyatta National Hospital CEO Lily Koros would take firm action against those said to have raped patients; but, instead, all she does is deny. Rape is an unacceptable violation in any community - leave alone in a public hospital."

Outraged by increasing allegations of sexual assault facing the hospital, on January 23rd, 2018, Kenyan women and civil society representatives marched from Freedom Corner, a recreational park that has been an origination point of many public protests, to the Ministry of Health and KNH to deliver petitions against rape and negligence. Subsequently, Kenya's Parliament summoned Ms. Koros to appear before it to clarify allegations that staff raped patients in the institution (Omondi, 2018). The rape of new mothers was not an isolated incident of sexual assault in KNH. In 2013, a burn victim, Phylis Nyaguthi, claimed that she was raped by a male nurse while undergoing treatment at KNH. The nurse was suffering from hallucinations and head trauma. The victim was given specialized care and counseling after the suspected tragic experience but died in the hospital under unclear circumstances. The hospital suspended the nurse to allow for investigations ("Anger as a patient in KNH rape case dies," 2013, para. 2).

While tragic, there have been other reports of patients who have experienced sexual violence in medical facilities in Kenya. An infamous 'doctor' Mugo Wairimu, an owner of

health clinics posing as a gynecologist, was arrested after multiple Kenyan news outlets reported that he was sedating and later raping female patients. The Kenya Medical Practitioners and Dentist Council had deregistered Wairimu, but he was still operating two clinics in Githurai and Zimmerman areas in Nairobi. Dr. Mugo trended widely on social media with on the #quackclinic (Njeru, 2020). Also, the Coptic Hospital along Ngong road in Nairobi came under heavy criticism following rape claims by a cancer patient at the facility (Kimuyu, 2020). The Center and the Federation of Women Lawyers Kenya released a report that attributed the systemic problems in medical facilities in Kenya that lead to violations of women seeking reproductive health services to the lack of accountability within the healthcare system. The violations are due to a lack of basic awareness about patients' rights and the absence of transparent and effective oversight mechanisms (Mudavadi, 2019).

1.1.3 Wrong patient brain surgery at Kenyatta National Hospital

The Kenyatta National Hospital (KNH) faced another crisis six weeks after the rape of new mothers when its doctors operated on the brain of the wrong patient. The doctors only realized mid-way that the patient on the surgical table was a mistaken identity wheeled to the facility unconscious hours earlier (Merab, 2018). The patient only required nursing and medication to heal a trauma swelling in his head, medically known as a closed head injury. The story received a massive response on social media, with many users calling out the facility for medical negligence. The CEO, Ms. Koros, was suspended, including four medics at work on the fateful night. A study carried out by the John Hopkins Medicine Research in 2016 noted that medical errors were the third leading cause of death in the United States (McMains, 2016 as cited in Mudavadi, 2019). Similarly, a report by the World Health Organization (WHO) in collaboration with Joint Commission International (JCI) on patients' safety solutions, volume

1 of 2007, notes that negligence of patient identity continues to cause medical errors, testing and transfusion errors, and wrong person procedures all over the world. The report points out that the emergence of technology will play a more significant role in ensuring proper patient identification (Mudavadi, 2019).

The Kenyatta National Hospital reposes itself as a world-class specialized care hospital located in Nairobi, Kenya's capital. Its mission is to optimize patient experience through innovative, evidence-based specialized healthcare, facilitate training and research, and participate in national health policy formulation. Its values include; customer focus, professionalism, integrity, teamwork, and team spirit, equity, and equality. These crises would not have come to public light without social media. Organizations with proactive social media strategies in their crisis communications plans can mitigate a damaging event quicker and with fewer damages (Mudavadi, 2019).

1.2 Statement of the Problem

Social media is bringing crisis into the limelight affecting an organization's ability to sustain and grow its business in the future. In particular, social media is challenging contemporary public relations practice and crisis communications due to its unfettered nature and its attributes of openness, author-produced, interactive, timely, and uncensored content.

A report by the Kenya National Assembly's Health Committee revealed that referral hospitals in the country are in crisis. Four of the country's referral hospitals have been hindered by acute understaffing and perennial underfunding, among other problems. The report showed that KNH faces a near-crisis shortfall of 1456 medical workers that has dramatically

undermined services and an almost total lack of plant and equipment maintenance (Otieno, 2019).

1.3 Study Purpose

The purpose of this study was to evaluate the best practices of crisis communication and the value of social media as a communication response and outreach tool. This study investigated the role of social media in crisis communications strategies used by KNH during the rape of new mothers and wrong patient brain surgery. Specifically, the study attempted to understand how the public used social media during those crises, the crisis communications strategies used by the hospital, and how the crisis communication strategies influenced the public's perception of the hospital.

1.4 Study Objectives

The objectives of this study were:

1. To evaluate the public use of social media during the two Kenyatta National Hospital (KNH) crises of the rape of new mothers and wrong patient brain surgery.
2. To find out the crisis management strategies used by KNH to protect its reputation on social media.
3. To examine how the crisis communication strategies influenced the public's perception of the hospital.

1.5 Significance of the Study

The burgeoning of social media has changed how anyone involved in crisis communications must look at overall communication plans. Many studies have paid close attention to the nexus between social media and crisis management. These studies have maintained that public relations practitioners must extend social media use to crisis management (Floreddu and Cabiddu 2014; Dellarocas, 2006). However, more research is still needed to provide evidence-based guidelines to make the business case for integrating social media into crisis management practices, which this study attempted to do. This study has practical and scientific relevance. First, the researcher attempted to make an addition to the work of researchers in risk and crisis communication, such as (Boyd, 2010; Kaplan and Haenlein, 2010; Coombs and Holladay, 2012), who have given considerable attention to how social media has enhanced interactive dialogue among organizations, communities, and individuals. Secondly, crisis response managers would benefit from this research to improve their practice in applying crisis response strategies that help protect the organization's reputation in this new digital age. More studies have examined how practitioners and organizations use social media (for example, Eyrich, Padman and Sweetser, 2008; Lariscy, Avery, Sweetser, and Howes, 2009) as opposed to how audiences use social media to communicate with and about organizations during crises, which this study attempted to do. Thirdly, this study is also significant as it contributes to the growth of the social-mediated crisis communication (SMCC) model to understand how individuals and organizations use social media to communicate in the event of organizational crises. This study has attempted to provide further information to scholars with an interest in this model. Finally, the findings of

this study attempted to inform crisis managers of the role of social media and has provided great guidelines for better strategies in addressing crises within organizations.

1.6 Scope of the Study

The study examined the crises in Kenyatta National Hospital (KNH) in 2018 between January and March, involving the rape of new mothers and the wrong patient's brain surgery. The hospital has been in the limelight with the media focusing on its unfortunate events, including financial failures and tenderpreneurs (getting government tenders through cutting deals) at the facility, mix-ups in patient records and medical data, poor or lack of maintenance of equipment, frequent breakdowns in online payment system, insecurity, and poor administrative services among others. The study only investigated how the public used social media during the two crises, the crisis communications strategies used by KNH to protect its reputation on social media, and finally, how the crisis communication strategies influenced the public's perception of the hospital.

The researcher limited the scope of this research to the social media site Twitter. Kimotho and Nyarang'o (2019) observe that social media, mainly Twitter, has emerged as a significant, near real-time channel for passing critical information across various stakeholders during crises.

1.7 Operational Definition of Terms

Crisis- an unpredictable event that threatens important expectancies of stakeholders and can seriously impact an organization's performance and generate negative outcomes. (Coombs, 2007)

Crisis Communication- the dialogue between the organization and its public prior to, during, and after the negative occurrence. It is meant to prevent harm to others and for the organization to be accountable to its stakeholders. Such endeavors are proactive so that the organization can know, understand, and be able to identify and mitigate conditions that lead to crisis. (Fearn-Banks, 2002)

Organizational Reputation- a collective representation of a firm's past actions and results that describes the firm's ability to deliver valued outcomes to multiple stakeholders. (Fombrun, 1996)

Crisis Response Strategies- What an organization says or does after a crisis. Crisis response strategies are used for reputational repair, to minimize the negative effect, and also curtail negative behavioral intentions (Coombs, 2007)

Social media- group of internet-based applications which allow the creation and exchange of user-generated content (Andreas, 2015)

Stakeholders: Any group that can affect or be affected by the behavior of an organization (Freeman, 1984)

Public: refer to social media users who share common interests at a particular time and share interpretations of events and actions in their online environments (Jin and Liu, 2010)

Chapter Summary

This chapter introduced the purpose of this study which was to investigate the role of social media in crisis communications strategies used by Kenyatta National Hospital during the rape of new mothers and wrong patient brain surgery. The study attempted to understand

how the public used social media during those crises, the crisis communications strategies used by the hospital, and how the crisis communication strategies influenced the public's perception of the hospital. The study attempted to fill the need for more in-depth, qualitative research that furthers previous research concerning the best practices of crisis communication and the value of social media as a communication response and outreach tool.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter presents the theoretical framework and the literature review. The study utilized Jin and Liu's (2010); Liu, Jin and Janoske (2012) Social Mediated Crisis Communications Model (SMCC). The SMCC model is suitable because it describes social media use by audiences to communicate with and about organizations during crises. The chapter discussed the theory's major characteristics, perspectives from scholars, its importance, and a critique of the theory from scholars. On the other hand, the literature review analyzed past similar studies within the context of public social media use during a crisis, crisis communications response strategies employed by organizations, and how the crisis communication strategies influenced the public's perception of the hospital.

2.1 Theoretical Framework

Jin and Liu conceptualized the Social Mediated Crisis Communications (SMCC) model in 2010 to explain how individuals and organizations use social media to communicate in organizational crises. Jin and Liu formerly called the SMCC model the blog-mediated crisis communications (BMCC) model. The BMCC model argued that influential blogs influence blog followers by providing issue-fit opinion leadership that addresses followers' informational and emotional needs during a crisis. After testing the BMCC model with 40 American Red Cross communicators, the two researchers renamed it the SMCC model. This change was to reflect better that crisis can be sparked and spread online through various social media

platforms and offline social interactions, not just by influential bloggers (Jin and Liu, 2010). The renaming of the model was also supported by survey research indicating that the public increasingly used social networking other than blogs and recognized the growth of Twitter as an effective crisis management tool (Jin and Liu, 2010). The SMCC model (see Figure 3) is the first theoretical framework to describe relationships between organizations, online and offline publics, social media, traditional media, and word-of-mouth communication before, during, and after crises (Fraustino and Liu, 2017). Other crisis communications theories, including the situational crisis communications theory, image repair theory, and attribution theory, failed to consider the impact of social media. Social media is changing crisis communication by creating risks or crises and bringing interactive, dialogic, and fast communication between the organization and stakeholders (Schultz and Göritz, 2011). The SMCC model, therefore, provides guidelines for effectively integrating new media into crisis management. Recent research by Adi (2020) proposed a Simplified Social Mediated Crisis Communication model, as a variation of the original SMCC model. This variation was informed by the argument that during a crisis, audiences located nearby typically rely on social media (usually accessed via a mobile phone) rather than a traditional media outlet while seeking information.

Social-mediated Crisis Communication Model

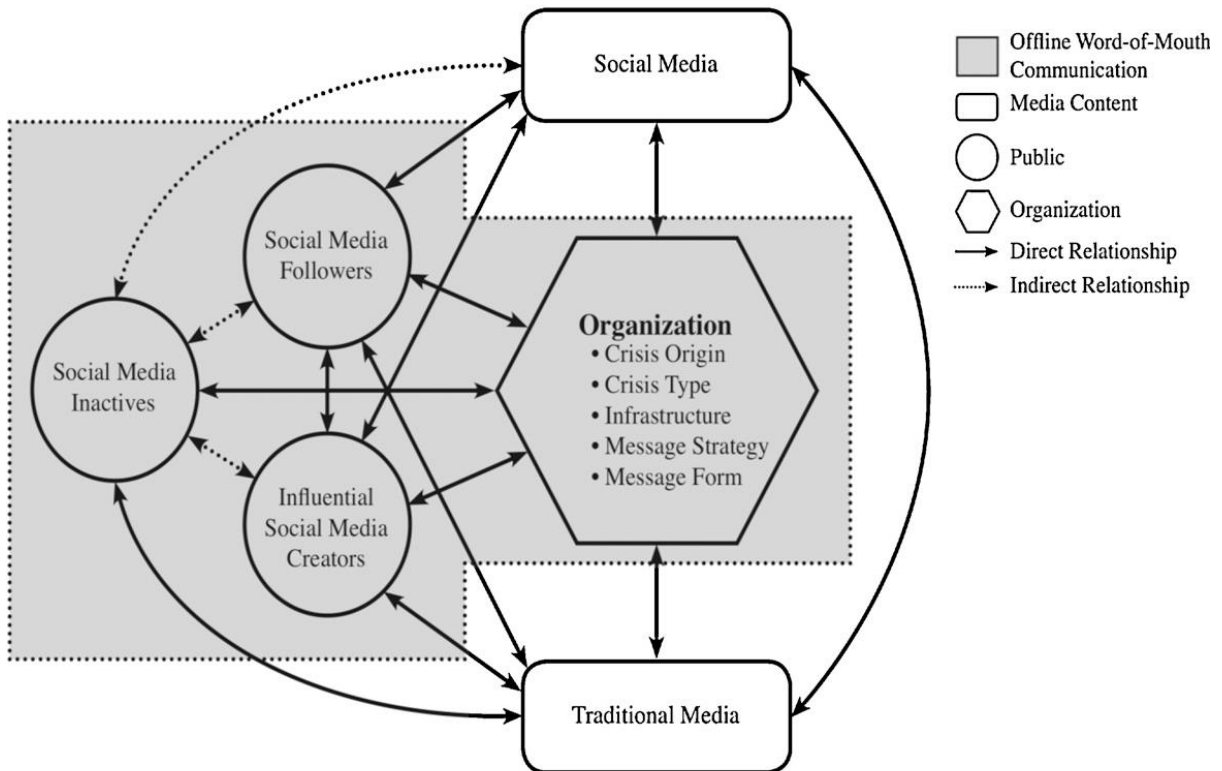


Figure 3: *SMCC Model*

The Social Mediated Crisis Communications (SMCC) model describes; (a) the type of public consuming and producing crisis information (influential social media creators, social media followers, and social media inactive); (b) Forms and how the crisis information is conveyed (YouTube, Blogs, Facebook, Twitter, Traditional Media; (c) sources, who, either include the organization or a third party who sends out the information; d) considerations that would affect how organizations respond to a crisis: crisis origin, crisis type, infrastructure, message, content, and message form. The arrows in Figure 3 show two types of relationships. Solid arrows show direct relationships (e.g., social media and traditional media directly inform each other's crisis coverage), and dotted arrows show indirect relationships (e.g., social media

inactives receive crisis information indirectly from social media followers). The arrows indicate two-way flows between key publics and crisis information sources.

The SMCC model describes the interaction between an organization in crisis and three types of public on social media: (1) influential social media creators, who create crisis information for others to consume, such as influential blogger Mildred Atty Owiso of the rape who ‘broke’ the news of the rape of new mothers at KNH when she posted about it on social media; (2) social media followers who consume the influential social media creators' crisis information. In the case of these KNH crises these include the media who reached out for interviews and people who reacted to the news on social media and either shared it or protested for the management to show responsibility for the crises; and (3) social media inactive, who may consume influential social media creators' crisis information indirectly through word-of-mouth communication or traditional media. The model proposes that the public use social media during crises for the following three motivations: issue relevance, information seeking/sharing, and emotional venting/support (Lucinda and Yan, 2017)

The SMCC model also explains how the source and form of information affect an organization's response selections and then proposes crisis response strategies. The model argues that the organization is considered a source of information; however, a third party outside the organization may also function as a source of information in a crisis. However, having the organization as the central source for crisis information does not indicate that only one organization is involved in any given crisis. This is imperative because it acknowledges how several actors may influence a stakeholder's perception of a crisis in the social media environment. Therefore, the SMCC model represents a single organization's crisis management considerations while acknowledging that other organizations serve as additional

sources of crisis information that affect how the public responds to crises (Jin and Liu, 2010). Consequently, the SMCC model illustrates the interplay between traditional and new media in the event of an organizational crisis while acknowledging that conventional crisis response strategies are still crucial in mitigating reputational threats. According to Lucinda et al. (2012), four factors influence how organizations may communicate information during crises; (1) crisis origin determines whether the organization initiated the crisis from an internal organizational issue or an issue external to the organization. In a study of Hong Kong audiences' reactions to crises, Lee (2004), as cited in Jin, Liu and Austin (2014), found that the public was more negative, less sympathetic, and less trustful of organizations that denied responsibility for internally generated crises. (2) crisis type, for example, victim, accident, or intentional—theoretically affects how organizations should respond to crises and the SMCC model encourages organizations to carefully consider how crisis type affects the publics' acceptance of crisis responses. (3) Organization infrastructure is whether the crisis should be best handled through a centralized organizational message or localized by individual branches, affiliates, or chapters. (4) message content and form are whether the crisis information is transmitted via traditional media, social media, and offline word-of-mouth communication.

2.1.1 Different perspectives from scholars

There are many studies of the Social Mediated Crisis Communications (SMCC) model in the past decade. Different methods such as experiments and interviews tested the model. The studies mainly discussed (1) how crisis information form, sources, crisis type, and history might influence crisis responses; (2) how types of organizations (i.e., corporates, non-profit organizations, and governments) may respond to the publics effectively by adopting different crisis communication strategies (Jin, Liu and Austin 2014; Jin and Liu, 2010; Liu, Austin and

Jin, 2011; Liu, Fraustino and Jin, 2015). For example, Liu et al., (2011) examined the publics' emotions in the SMCC context through a 3 x 2 x 2 mixed-design experiment on college students. The findings showed the importance of revisiting dominant crisis response theories to explore how the introduction of social media influences crisis communication and supported the validity of including variables in the SMCC model, such as crisis origin, form, and source. Also, Jin and Liu (2010) studied how social media influences the practice of crisis communication as a strategic communication area and also discussed how the SMCC model, which this study is built upon, serves as a framework for crisis and issues management in a rapidly evolving media landscape. Jin, et al. (2014) continue the SMCC model's research to understand better how social media affects crisis development and how organizations must engage stakeholders in crises.

2.1.2 Importance of the SMCC model in this study

This theory is vital in this current study because it helps understand how organizations should use social media for crisis communications because (1) it provides a model that identifies audiences' characteristics that can help refine communication strategies and components. For instance, the model allows us to understand the three audiences in social media research- the influencers, social media followers, and social media inactive- and the role they play during a crisis. 2) It allows organizations to move closer to their stakeholders, learn about their communication needs and serve those more immediately and effectively than before – an aspect increasingly considered in crisis communication.

2.1.3 Critique of SMCC model

Valentini (2015) noted that social media measurement research cannot yet provide concrete answers about the added value contributed by social media to securing organizations' objectives. Spence, Lachlan and Rainear (2016) assert that methods and measures for data collection through social media in crises are unstructured and untested, and there is little agreement on the best means to achieve research goals. Roshan, Warren and Carr (2016) conclude that, given the fast pace of social media development and appropriation by organizations and stakeholders, there is a need for far more research attention to organizational crisis communication through social media.

2.2 General Literature Review

This literature review will analyze past similar studies within the study's objectives to ensure relevance to the research problem: the public use of social media during a crisis, crisis communications response strategies, and how the crisis communication strategies influenced the public's perception of the hospital. It will critique existing literature, including gaps in the existing literature.

2.2.1 Public use of social media during crisis

The role of social media in crisis communications has been an exciting topic for many researchers. For example, Wright and Hinson (2009), through a survey of 328 public relations practitioners over three years, showed that 61 percent of public relations practitioners believe the emergence of blogs and social media has changed their organization's (or their client organizations) communication. The study's conclusions showed that social media had a considerable impact on moving public relations toward facilitating more two-way communication by opening up direct communication channels between organizations and their public. In addition, social media has dramatically reduced the turn-around time when organizations communicate with specific target publics. It has provided an opportunity to truly put the public back into public relations by providing a mechanism for organizations to engage in real-time, one-to-one conversations with stakeholders. Past studies, for example (Eismann, Posegga and Fischbach, 2016; Reuter, Hughes and Kaufhold, 2018; Mirbabaie, 2020), have investigated social media use in varying types of events under the scope of crisis management, which falls into the categories of either natural disasters or human-induced crises.

Austin, Liu, and Jin (2012) discussed how the audiences sought information in crises. Findings showed that factors such as convenience, involvement, and personal recommendations encouraged social and traditional media use. In contrast, information overload, low credibility, humor, and attitudes about the purpose of social media discouraged social media use.

On the one hand, some scholars were optimistic about the practical function of social media. For example, Kim and Liu (2012) found that social media was more frequently used than traditional media in organizational crisis management. Utz, Schultz, and Glocka (2013), argued that crisis types (victim and intentional) had almost no direct effects on crisis communications strategies; instead, the media channels (Twitter, Facebook, and newspaper) had a substantial impact on the effectiveness of crisis communications strategies. Through experimental analysis of the effects of crisis communications strategies (i.e., information, sympathy, and apology) via social media in comparison with traditional media, Schultz, Utz, and Goëritz (2011) also found that the strategy of information on social media resulted in fewer adverse crisis reactions than via traditional newspapers: newspapers might be credible to present issues, while Twitter had positive effects on secondary crisis communication (e.g., sharing and posting newspaper messages) and reactions (e.g., willingness to boycott).

2.2.2 Crisis Communications Strategies

Few researchers have studied the impact of social media on crisis communications strategies. Taylor and Perry (2005) studied 92 organizations' use of the Internet for crisis communication and provided five best practices in mediated crisis responses, which included

online chatting, dialogic communication, connecting links, real-time monitoring, and multi-media effects.

DiFonzo (2008) continuously constructed the blog-mediated crisis communication (BMCC) model and the social-mediated crisis communication (SMCC) model, which suggested that the origin of a crisis affected the attribution of responsibility and further influenced the adoption of crisis communications strategies. In his research, if a crisis originated from internal organizations, the stakeholder may expect organizations to take more responsibilities and adopt accommodative strategies.

2.2.3 Public Perception of Attribution of Responsibility for Crisis

According to Kenon and Candace (2010), people with a positive relationship with the organization are less likely to blame the crisis on the organization regardless of the crisis response strategy. The researchers measured perceptions of organization–public relationships after exposing participants to news articles to measure the attribution of crisis responsibility. The study shows that maintaining positive relationships with stakeholders may be more important than individual crisis strategies.

Reputational capital is an organization's 'stock of perceptual and social assets – the quality of the relationship it has established with stakeholders and the regard in which the company and brand is held' (Fombrun and van Riel, 2004). Organizations accumulate reputational capital over time. A favorable prior reputation means an organization suffers less and rebounds more quickly.

2.3 Empirical Literature Review

2.3.1 Public Use of Social Media During Crisis

Important research and findings such as Jin and Liu (2010) have enhanced how we understand the public's motivations to use social media in crises. Through interviews and an experiment, the two researchers revealed that the public used social media to obtain insider information from individuals who might have direct access to relevant information and check-in with family and friends during crises. "During crises, publics—groups of people who share common interests at a particular time and share interpretations of events and actions in their environments—turn to social media for a wide variety of information and support, including emotional support (Jin and Liu, 2010)." The study by Jin and Liu tests essential components of the Social Mediated Crisis Communications (SMCC) model. It shows the crucial role of crisis origin in affecting the public's preferred information form (social media, traditional media, or word-of-mouth communication) and source (organization in crisis or third party). This attribute affects how the public anticipates an organization should respond to a crisis and what crisis emotions they are likely to feel when exposed to crisis information. In a subsequent study, Liu and Kim (2011) found that the public seeks social media because it provided emotional support during crises and showed how social media offered emotional support during the 2009 H1N1 flu pandemic. Through quantitative content analysis, the study revealed how 13 organizations differently framed the H1N1 pandemic. The study demonstrated that the public seeks out social media because it uniquely provides emotional support during crises. The researchers identified gaps in this research. They identified the explicating public use of

social media platforms in other crisis communications, other than a pandemic, as future research areas which this study attempted to do.

Lucinda et al. (2012) advanced that audiences seek out social media during crises because it provides an unfiltered, up-to-date line of communication and provides unique crisis information that audiences cannot get elsewhere. Through interviews with participants selected through convenient and purposive means at a large East Coast university, two themes emerged explaining why participants primarily used social media during crises: insider information and checking in with family/friends. The study built on the SMCC model to understand information-seeking behaviors during organizational crises and primary factors affecting media use concerning organizational crises. The study found that audiences did not actively use blogs or Twitter during crises. However, participants still used forms of social media such as Facebook and text messages during crises to share or obtain insider information and to check in with family and friends. This study is limited because it included one audience who were college students at a single university, therefore the findings are not generalizable to other populations. Also, the crisis scenario was hypothetical which means that the results may lack validity and reliability. The study recommends additional research to explore crisis information seeking behaviors after crises occur and in the recovery stage of crises, which this study attempted to do.

Mirbabaie (2020), through content analysis of crisis-related Twitter communication during Hurricane Harvey, a Category 4 hurricane over the Atlantic Ocean that occurred in August 2017, showed that the public, primarily influential social media users, use social media during crises to provide information to reduce uncertainty through preventive action. The study showed that the public can themselves be a source for rumors, misinformation, and

disinformation and that influential users can be important for countermeasures to disseminate accurate and relevant information. The limitation of this study was that the case study, Hurricane Harvey, was a predicted crisis with a long warning lead time, and there was a need to study a less predictive crisis, which this study attempted through the two KNH crises.

Westerman, Spence and Van Der Heide (2014) said the public uses social media to seek information about serious topics, such as circulating up-to-the-minute information about cholera outbreaks in Haiti and identifying clean water sources during this outbreak. According to the research, health professions and organizations are seeing the advantages of adopting social media because it is seen as an information equalizer allowing access to health care information to populations who, in the past, would not have this access. The authors advanced that the advantage of social media is that it provides a sense of privacy for the information seeker in that he/she does not have to disclose personal information to obtain health-related information. The study tested hypotheses offered through a condition experiment on Twitter and deduced that as new technologies allow the public to obtain information faster and under circumstances that even a few years ago were virtually impossible, use of such new technologies may be another direction for increased future research. The study also raised questions about the credibility of using social media as a source of information. The study concluded that organisations in crisis that use Twitter to communicate should update information quickly to build credibility with their stakeholders. Among the limitations of this study was the sample used since it relied on college students.

2.3.2 Crisis Communications Strategies

Multiple scholars (Benoit, 1995; Bradford and Garrett, 1995; Coombs, 2014; Sturges, 1994) developed several theories or models of crisis management to help organizations eliminate or minimize the damage endured through crises. Sturges (1994) described three types of communication strategies (i.e., instructing, adjusting, and internalizing information). In particular, instructing information was telling people how to react to the crisis physically; adjusting information was helping people emotionally cope with the crisis, and internalizing strategy was formulating a positive image of the organization. Sturges (1994) used the term 'individuals' to describe stakeholders and applied the totality of public opinion to measure communication effectiveness in the crisis communication model. In 1995, Bradford and Garrett conducted management research and proposed four corporate crisis communications strategies (i.e., denial, excuse, justification, and concession) under four different scenarios (i.e., commission, control, standards, and agreement). Their empirical research demonstrated that the concession strategy was the most effective communicative option. In turn, Benoit's (1995) image repair theory proposed five main strategies to help organizations maintain a positive reputation. The first strategy is denial (simple denial or shifting the blame), which means 'the communicator can simply deny that the incident happened or shift the blame in hopes of absolution of culpability' (Benoit, 1995, p. 75). The second one is an evasion of responsibility, which can be applied under four situations: defeasibility, provocation, accidental, and good intentions. Moreover, the third strategy is reducing offensiveness, which includes six sub-strategies such as bolstering, minimization, differentiation, transcendence, attacking accuser, and compensation. The fourth strategy is corrective action, used to 'mend one's ways' (Benoit,

1995, p. 79). Finally, the last strategy is mortification, which means that the organization apologizes for the act.

Coombs (2014) listed crisis communications strategies from the least to the most accommodative level (see Table 1). They include attack the accuser (organization conflicts with the party who claims a fault of the organization), denial (organization denies a crisis), scapegoat (organization blames the supplier of the crisis), excuse (organization claims inability to control the events), justification (organization minimizes perceived damage), remind (organization reminds stakeholders of its past good work), ingratiation (organizations praise stakeholders), compensation (organization offers money or other gifts to victims) and apology (organization takes full responsibility for the crisis). The majority of social-mediated crisis management research does not modify or challenge traditional crisis communications strategies. Crisis managers should use accommodative strategies as the reputational threat from the crisis intensifies (Coombs and Holladay, 1996; Coombs, 2007).

Table 1: *Crisis Communications Strategies*

Crisis Communications Strategy	Description
Attack the accuser:	The communicator confronts the person or group claiming something is wrong with the organization.
Denial:	The organization asserts that there is no crisis.
Scapegoat:	The communicator blames some person or group outside of the organization for the crisis.
Excuse:	The communicator minimizes organizational responsibility by denying intent to do harm and/or claiming inability to control the events that triggered the crisis.
Justification:	The organization minimizes the perceived damage caused by the crisis.
Compensation:	The organization offers money or other gifts to victims.
Apology:	The organization takes full responsibility for the crisis and asks stakeholders for forgiveness
Reminder:	The communicator tells stakeholders about the past good works of the organization.
Ingratiation:	The organization praises stakeholders for their actions

Victim:

The communicator tells stakeholders that the organization is a victim of the crisis too

2.3.3 The Public Perception of Attribution of Responsibility for the Crisis

The value of crisis communication rests on the belief that the messages will positively affect the crisis public, and those positive effects will benefit the organization. The reactions of the crisis public are critical because they provide an assessment of communication effectiveness. The desired outcomes from crisis communication efforts include minimizing reputational damage from a crisis, maintaining purchasing intention, and preventing negative word-of-mouth. Sweetser and Metzgar (2007), in examining the differences between three groups regarding perception of crisis, concluded that the perceived state of a crisis decreased as communication increased and got closer to the organization itself. The researchers conducted a post-test experimental design with participants to study the perception of an organization during a crisis. The study recommended that public relations practitioners who choose to communicate through official social media channels such as blogs should be aware of the impact credibility can have on their crisis communication message; if the message appears to be a "corporate mouthpiece," more damage may be done by the message than good.

Efpraxia, George and Anna (2015) studied a crisis that developed online and was then propagated through various social media. The crisis involved a Greek Apple-authorized service provider and how it responded to a customer's complaint in a blog post. The company didn't engage at all with the public during the crisis. The empirical material of the case study comprised entirely of data collected from online communities (e.g., online social networks,

blogs, forums), where users were posting and sharing comments, opinion pieces, blog posts, and so forth concerning the case, and from websites, online newspapers and magazines, and broadcast networks, where contributors, journalists, and editors were reporting the case to their readership. The pool of data was investigated using content analysis and the attribution theory. The study found that hostile behavior or refraining from comments altogether by the organization in crisis can lead to negative perceptions from the public and could damage the company's reputation. The company, instead of using social media to reach out to its customers, chose to move legally against the disgruntled customer, aiming to suppress the relevant blog post, which quickly resulted to the company's viral defamation. This study emphasises the importance of an appropriate response strategy, and integrating social media for crisis reputation management.

Coombs and Holladay (2014) suggested using content analysis of social media messages, which this study utilized, as an ideal non-reactive way to observe the publics' responses to crises. The researchers advance that publicly available social media messages posted by crisis publics can indicate if they accept the organization's crisis response(s) and if the crisis response has the desired effects. The researchers selected a news story from Huffington Post, the sixth most popular online news outlet with the highest reactions to the Lance Armstrong saga. The messages were coded with two coders to classify the valence (evaluative dimension) of messages. Coders were instructed to identify responses as a favorable reaction, an unfavorable reaction, neutral, or irrelevant. The study concluded that favorably predisposed publics might be more accepting of crisis messages than other publics because they were supportive of the organization before the crisis. The limitation of this study is that the researchers examined only one crisis. Analyzing other crises could indicate if the

type of crisis affects the public's perception of crisis communication efforts. This current study explored two crises' events faced by the Kenyatta National Hospital.

Therefore, the above literature review paved way for the following research questions:

RQ1. How did the public use social media during the two Kenyatta National Hospital crises of rape of new mothers and wrong patient brain surgery?

RQ2. What were the crisis communication strategies used by the organization to protect its reputation on social media?

RQ3. How did the crisis communications strategies influence the perception of the social media public?

2.4 Conceptual Framework

The figure below represents the conceptualization of the interplay between the variables in the study

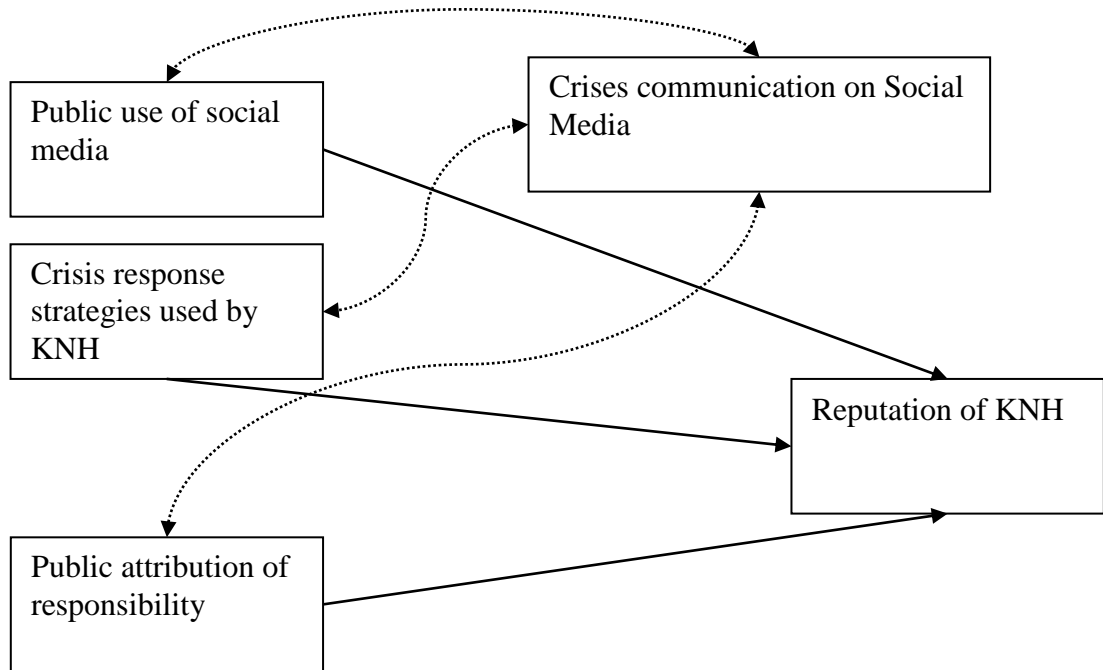


Figure 4: *Conceptual Framework*

Chapter Summary

This chapter presented a review of the literature related to the problem of the study. It also described the Social Mediated Crisis Communications model as the theoretical framework under which this research was built. The literature review paved way to three research questions which this study investigated including the ways the public used social media during

the Kenyatta National Hospital crises of the rape allegations and wrong patient brain surgery, the crisis communications used by the hospital to protect its reputation and how they influenced the perception of the public towards the organization.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

Kothari (2004) defines research methodology as to systematically solve the research problem. It involves the specific procedures or techniques used to identify, select, process, and analyze a topic. This chapter discussed the research design, research approach, data collection method and analysis, and ethical considerations employed to answer the research questions of how the public used social media during the Kenyatta National Hospital (KNH) crises of the rape allegations and botched brain surgery, the crisis communications strategies used by KNH to manage its reputation and how they impacted the perceptions of the public towards the organisation.

3.2 Research Design

Research design is a blueprint or plan specifically created to answer the research questions and to control variance. Answering the research question is the central purpose of all research. There are four major research designs, including descriptive, correlational, quasi-experimental, or experimental (Dulock, 1993). This study adopted a descriptive research design to enable the researcher to investigate the public use of social media, the response strategies, and the public's perceptions during the two Kenyatta National Hospital crises of the rape of new mothers and botched brain surgery. Descriptive research design collects data to describe accurately and systematically an account of a particular event. According to Mugenda and Mugenda (2003), descriptive research portrays the fact as it is. Robison (2002), Chandran

(2004) claim that descriptive research design is one of the best methods for researching human contexts because of portraying accurate, current facts.

3.3 Research Approach

The researcher used the qualitative research method to carry out the study. Qualitative research involves collecting and analyzing non-numerical data (for example text) to understand concepts, opinions, or experiences. Its benefits include gaining a richly detailed understanding of a particular topic, issue, or meaning based on first-hand experience. In addition, qualitative research can describe social phenomena and behavior through the means of rich contextual data. Unlike quantitative data, numeration is not its objective. Instead, qualitative research seeks to explore and explain the world through observation by appreciating the subjective experiences of social actors and unearthing data that is not easy to access through quantitative means.

Cresswell (2013), Hatch (2002), Marshall and Roseman (2011) gave the following characteristics of qualitative methods: first is that it is non-manipulative and non-controlling; the researcher is open to whatever emerges, therefore there is a lack of predetermined constraints on findings. Second, the qualitative researchers collect the data themselves through examining documents, observing behavior, or interviewing participants. Third, the researcher focuses on learning the meaning that the participants hold about the issue or problem, not the researchers' meaning. Fourth, the qualitative researchers report multiple perspectives identifying the many factors involved in a situation and the larger picture. Fifth is that the researcher avoids rigid designs that eliminate responding to opportunities to pursue new paths of discovery as they emerge. Finally, those critical incidents are selected because they are

"information-rich" and illuminative. These characteristics give the qualitative approach an advantage over the quantitative approach, especially in this particular study.

3.4 Population and Sampling Design

The use of census as this study's sampling design meant that the research sample for this study included all the 1100 tweets. Since census involves all members within the population of interest, it is possible to make analytical generalizations about the population being studied (Palinkas, Horwitz, Green, Wisdom, Duan and Hoagwood, 2015). The research population was constructed upon a combined set of metrics, including original tweets, retweets, and mentions during the period the rape scandal and wrong-patient brain surgery lasted or occurred. To obtain only relevant data, postings containing the keywords #KNHSadstories, #KNH, #EndKNHrot #KNHProbereport; #KNHRape, #KNHBrainsurgery and that appeared on the official Twitter handle for KNH @KNH_hospital, @KMPD, and @MOH_Kenya that relate to the wrong patient brain surgery and rape allegations were selected. The sampling frame was from January 1st, 2018, to March 30th, 2018. A total of 90 days of Twitter communications was collected. Twitter API search query allowed the researcher to view in real-time posts and status updates from Twitter. Tweets for each day were spelled out as January 1st (Day 1), January 2nd (Day 2). This division was necessary for monitoring the progression of the crisis, response strategies, and crisis perception of attribution of responsibility. The unit of analysis consisted of sentences and phrases forming a tweet. For picture tweets, captions were used as the unit of analysis. Further, for tweets with links to a document or video, the subject or title was used as the analysis unit. The researcher looked for themes in the sentences and phrases. A codebook was used, and categories were developed to help organize the codes and streamline the approach to working through the codebook. The

research sample included 1100 tweets sent between January 1st, 2018, and March 30th, 2018, on the two KNH crises. All the tweets were collected and organized on an excel spreadsheet.

3.5 Data Collection Methods

The research employed the use of qualitative content analysis. Qualitative data was collected from Twitter using the API search tool. The search tool returns a collection of relevant Tweets matching a specified query. Twitter was selected because it is especially effective for communicating with the public actively involved in a crisis (Kimotho and Nyarang'o, 2019). Twitter is one of the largest online social media network platforms and the social media tool most commonly used to disseminate news information. Twitter has become an essential platform for textual communication and information sharing. With 500 million tweets sent daily, it offers an abundance of accessible and economic data. It allows researchers to retrace real-time interaction over some time. Its architecture draws its basis on the concept of users following the broadcasts of other users, which builds an interconnected web of followers and followees (Mirbabaie et al., 2020). These dynamics allow researchers to get to the bottom of how information spreads through large (online) crowds.

3.6 Data Analysis

This research employed qualitative content analysis to analyze data for the study. Content analysis is a method of analyzing written, verbal, or visual communication messages (Cole, 1988). It was first used to analyze hymns, newspaper and magazine articles, advertisements, and political speeches in the 19th century (Harwood and Garry, 2003). Content analysis as a research method is a systematic and objective means of describing and quantifying phenomena (Krippendorff, 1980; Downe-Wamboldt, 1992; Sandelowski, 1995). It

is also known as a method of analyzing documents. Content analysis aims to organize and elicit meaning from the data collected and draw realistic conclusions. Through content analysis, it is possible to distill words into fewer content-related categories. In qualitative content analysis, data is presented in words and themes, making it possible to draw some interpretation of the results. It is assumed that when classified into the same categories, words, phrases, and the like share the same meaning (Cavanagh, 1997). The method found its critics in the quantitative field, who considered it a simple technique that did not provide detailed statistical analysis. In contrast, others considered that content analysis was not sufficiently qualitative (Morgan, 1993). However, according to Weber (1990), it is possible to attain simplistic results by using any method whatsoever if analysis skills are lacking. Thus, content analysis has an established position in social media research (Kimotho and Nyarang'o, 2019; Andreotta, Nugrohoand Hurlstone, 2015).

The tweets collected were coded with two coders to classify the valence (evaluative dimension) of messages, and they used the code sheet to operationalize categories into various themes for analysis. The general public was active on Twitter throughout the two crises. The researcher classified the tweets to measure the use of social media during the crises into three main categories, 1) producing information concerning the event; 2) expressing emotional and social support for individuals affected by the crisis 3) criticizing the government and KKenya National Hospital (KNH) services. For crisis communications strategies employed by KNH, the tweets were analyzed according to crisis communications strategies suggested by Coombs (2014), attacking the accuser, denial, excuse, justification, reminder, ingratiation, compensation, and apology. The key crisis response strategies and their subcategories were coded using NVIVO 11. To measure the public perception of crisis communications, the coders

were instructed to identify responses as a favorable reaction, an unfavorable reaction, neutral, or irrelevant. Comments were coded as favorable if they demonstrated support for KNH; Unfavorable comments included criticisms and negative evaluations of KNH. Neutral comments included those that provided information or asked questions and did not express a positive or negative evaluation. Irrelevant comments included those that did not mention directly or indirectly KNH and were omitted from the analysis. Inter-coder reliabilities for two coders were calculated using a 10 percent randomly selected sub-sample of the data.

3.6 Ethical Considerations

This study involved analysis of published digital texts rather than research involving human subjects. The study utilized qualitative research involving online content and focused on the unobtrusive study of personal narratives shared via the internet. Ethical guidelines have emerged specific to internet research over the past two decades and continue to evolve. Some of these guidelines pertain to general ethical considerations for internet research, whereas others focus on qualitative research about online communication. Online accounts hold great potential as a source of qualitative research data that can inform discipline-specific practice, education, and research. Some specific guidelines and recommendations have been developed to provide guidance on an array of ethical issues raised by the inclusion of internet data in research (Clark et al., 2015; Eysenbach and Till, 2001; Markham and Buchanan, 2012). According to Burles and Bally (2018), it is admissible for unsolicited website content that is unrestricted and in the public domain to be included in research without ethical review; therefore, this research was guided by this framework. This research was guided by the following ethical considerations:

Protect personal information- All materials on this exercise will be carefully safeguarded by the researcher. Also, the information will be securely stored in the school archives at the United States International University-Africa library.

Consent- The author did not need to seek consent from the participants. Burles and Bally (2018) concluded that it is acceptable to include online content in research without obtaining informed consent from the author if it is overtly public or focused on a general audience. Social media authors can choose whether to restrict access to their pages or remain anonymous by using pseudonyms or withholding personal information (Burles and Bally, 2018). Accordingly, individuals who share information and stories on publicly accessible social media are likely aware that their posts might be read by others they do not know. Therefore, all information gathered, analyzed, and reported was what was published and open to the public on Twitter.

Anonymity – Since confidentiality and maintaining privacy require attention when personal online accounts are included in qualitative research, particularly because data collected from internet sources are often persistently available and easily traceable (Burles and Bally, 2018), the researcher removed identifier components. No names or biographical details of the participants were identified in the data collection, analysis, and reporting of the study findings.

Misrepresentation – The researcher avoided misleading, misunderstanding, misrepresenting, and false reporting of research findings.

Chapter Summary

This chapter explored the methodology used to study the two Kenyatta National Hospital crises of the rape allegation and the wrong patient brain surgery. The researcher used qualitative

research as the research design. The data was collected from Twitter messages sent when the two crises unfolded. The data was analysed using qualitative content analysis.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter described how the researcher analysed the data and the findings. The study results based on the research objectives are also presented.

4.2 Summary of Findings

Using the content analysis method, 1100 tweets were sampled from 1st January 2018 to 31st March 2018. To meet the criteria for selection, every tweet that was selected mentioned any of the five hashtags that were trending on Twitter on that day. A hashtag is a type of metadata tag that begins with the hash symbol (#). Hashtags are popular on microblogging and photo-sharing sites and digital platforms like Twitter and Facebook. The hashtags that were considered were #KNHSadstories, #KNH, #EndKNHrot #KNHProbereport; #KNHRape and #KNHBrainsurgery. In this analysis, all responses in tweets highlighting responses from Kenyatta National Hospital (KNH) were selected. All tweets from Twitter users indicating the hashtags mentioned above were also selected.

4.2.1 Public use of Social Media During Crisis

The first research question asked how the public used social media during the two crises of the rape allegations and the wrong patient brain surgery. Two researchers coded the tweets guided by the codebook and categorized tweets into the following sub-themes: tweets criticizing the government, offering emotional and social support, and giving information about the event. Table 2 shows that most of the tweets sent by the public criticized the

government (244), followed by tweets giving information about the event (157), giving social support (48), and giving general emotional and social support (17).

Table 2 *Counts of the coded tweets per each subtheme*

Quantitative counts for themes and subthemes		
Public use of social media during the two KNH crises of the rape allegations and wrong patient brain surgery.	Criticizing the government	244
	Emotional and social support	
	General emotional and social support	17
	Emotional support	8
	Social support	48
	Giving information about the event	157

Coding comparisons:

Coding comparison was done using NVivo 11 to cover percentage agreement and the kappa coefficient. Percentage agreement shows the number of units of agreement between the two coders. Kappa coefficient shows the statistical measure of agreement that could occur between the coders by chance. A Kappa coefficient of 0.4- shows poor agreement, up to 0.75 shows

fair to good agreement and a Kappa of over 0.75 shows excellent agreement (QSR International , n.d). The results are as shown in Table 3

Table 3 *Average coding comparisons from two coders*

Coding comparison		
Node	Kappa coefficient	% Agreement
Criticizing the government and KNH services	0.9600	90.31
Emotional and social support (general)	0.976	94.71
Emotional support	1	100
Social support	0.7643	96.75
Giving information about the crisis	1	100
Average scores	0.94006	96.354

The public criticized the government over the state of the government-run hospital including the outdated equipment, poor quality of services including shortages of doctors and nurses.

Some of the tweets that criticized the government included:

‘Government procured hospital equipments at exorbitant figures and dumped them in all county hospitals; they are lying idle with dust piling up. No one speaks about it, but busy bodies are at it attacking Lilly Koros. #ENDKNHRot.’

‘Just before the #KNHSadStories dies off, why the hell does a public hospital need a private wing? Again, isn't it shameful that we can afford a KSh500 Billion railway while we can't afford medical equipment worth KSh30 million?’

Many users also used Twitter to show emotional and social support to the victims of the crises. Some of the tweets showing emotional and social support included:

‘#AmKenyan To victims who are coming forth. I Will not pretend I understand. I can only assure you I WILL NOT GIVE UP! #ENDKNHRot.’

‘That mother's who've just given birth can get raped by hospital staff, the woman CEO denies their claims, and hospital staff defend the inhumane act... this is why #MeToo exists! Our women hurt, their plights badged as false, and our men stay silent. #rapeculture #KNH #KOT.’

Some of the tweets giving information about the crises included:

‘I still do not understand why the nursery is 8 floors down from the mothers labour wards.....KNH BOARD just make it happen..... Let the mothers and the babies nurseries be on the same floor.’

‘Government procured hospital equipments at exorbitant figures and dumped them in all county hospitals, they are lying idle with dust piling up. No one speaks about it, but busy bodies are at it attacking Lilly Koros. #ENDKNHRot.’

‘#AmKenyan KNH employees say the #ENDKNHRot allegations are being used to undermine their pay increment deal and they will sue us.’

4.2.2 Crisis Communications Strategies used by KNH to Protect its Reputation on Twitter

The second research question examined the crisis communications strategies used by the Kenyatta National Hospital (KNH) to protect its reputation on Twitter. The tweets were coded according to crisis response strategies by Coombs (2014), i.e., attacking the accuser, denial, excuse, justification, reminder, ingratiation, compensation, and apology. Table 4 shows the most prevalent crisis management strategy used by KNH was victim (37), followed by denial (33), attacking the accuser (14), Excuse (5). The least used crisis management strategy was apology (1) and compensation (1).

Table 4 *Counts of coded tweets per each subtheme*

Quantitative counts for themes and subthemes		
Crisis management strategies used by KNH to protect its reputation on social media	Apology	1
	Victim	37
	Attacking the accuser	14
	Compensation	1
	Denial	33
	Excuse	5

Justification	6
Scapegoating	4
Ingratiation	3

Some of the tweets that portrayed KNH as a victim of the crisis included:

‘Patients are forced to share beds, some sleep on floor at KNH, you end up contracting other diseases you didn't have go sharing beds. This is as a result of overcrowding coz other hospitals are literally not working(deliberate) Systemic Rot.’

‘We can conveniently demonize the doctors coz that's the narrative engineered for the public to distract you from the real issues at KNH but listen we must absorb the truth that if KNH systematic rot is not dealt with sober minds, we're yet to see worse.’

‘We all know the script. High profile people in Gov’t, creating a sensation to remove top medic staffs so as to put in their people serving their own interests e.g tenders. This people would do anything- very Nasty #EndKNHRot.’

Tweets that showed KNH denying the crisis as a response strategy included:

‘Pius Cheboi: We have done our investigations and we found none of our staff is culpable of the allegations #PowerBreakfast.’

‘KNH denies patient affected by surgical mix-up dead <http://3neel.com/knh-denies-patient-affected-by-surgical-mix-up-dead/> #EndKNHRot.’

Tweets that showed KNH attacking the accuser include:

‘This whole #KNHProbeReport is purely political. I don't disagree that there might be cases of rape but why can't the victims show up.’

‘The manner in which some of the tweeps here castigate individuals would make one think that they have been perfect the whole of their entire lives #EndKNHRot.’

Tweets that showed the excuse strategy included:

‘Whoever switched the patient records is still at large at KNH. I suspect it was not Koros #EndKNHRot.’

‘Negligence arising from medical acts may result in a civil action by the injured party (claimant) or a criminal prosecution by the state. If proved, the neurosurgeon will be prosecuted. #EndKNHRot.’

4.2.3 Public Perception of KNH from Crisis Communication Strategies

The third research question asked in what ways the crisis communication strategies influenced the perception of the social media public towards KNH. The tweets were coded on whether the crisis communications strategies generated a favorable perception towards KNH, unfavorable perception, irrelevant or neutral. Table 5 shows the quantitative count from coded tweets, and revealed that the perception of the public towards KNH was negative (287), followed by neutral (90).

Table 5 *Counts of coded tweets per each subtheme*

Quantitative counts for themes and subthemes
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Public perception of KNH	Favorable	32
	Irrelevant	33
	Neutral	90
	Unfavorable	287

Example of tweets that portrayed an unfavourable reaction:

‘Now again, wrong surgery on a wrong patient! How long shall we wait for this incompetent board/management to be dissolved? What other big thing must happen for action to be taken? Rape and Theft has already happened. #KNHSadstories. @EstherPassaris @UKenyatta @WilliamsRuto.’

‘Kenyan are are very strange <http://hypocrites>.At KNH it is extortion galore nothing is done without partying with bribe at all the <http://stages.security> guards,admissions,nurses ,pharmacists,stores,docs.ask just any patient there even now !#EndKNHRot.’

Tweets that were neutral included:

‘#KNHSadStories , CS Mailu please note that whether survivors come out or not, structures for safety of patients in public health facilities must be maintained.’

‘Notice the difference in reaction when ONE Kenyan die because of wrong surgery and when police shoot dead protesters, for nothing #EndKNHRot’

Tweets that were favourable included:

‘When healthcare providers agitate and advocate for better healthcare, join and support them. The #KNHSadStories are among the reasons we need better and universal healthcare. Importantly, let's elect and choose responsible leaders who care.’

‘From the word go I said. this was a well calculated saga by the so called human rights activists. No body was raped no body was intimidated. #KNHProbeReport.’

‘#EndKNHROT Koros can only be responsible for management issues like hiring incompetent personnel.that is the doctors,nurses,anaesthetists etc.lakini blaming her for operating on the wrong patient is a bit far <http://fetched>.how would she know who was taken to the theatre?’

Chapter Summary

This chapter presented the results based on the research objectives. The results showed that the public used social media to criticize the government, followed by giving information about the crisis events. The most prevalent crisis management strategy used by KNH was victim, followed by denial. The least used crisis management strategy was apology and compensation. The perception of the public towards the response strategies was negative.

CHAPTER 5

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter includes discussions, conclusions, recommendations and areas of further research. It reveals the implications of the findings, connects them to literature, and makes empirically informed conclusions and recommendations for practice or improvement. Furthermore, this chapter provides the recommendations for further research based on the findings and expanding the Social Mediated Crisis Communications (SMCC) Model. The study investigated the role of social media in crisis management, examining two crises, the rape allegation and the wrong patient brain surgery in Kenya's largest referral hospital, the Kenyatta National Hospital (KNH). Specifically, the study examined the public use of social media during the crises, the crisis communications strategies used by KNH to protect its reputation on social media, and how the crisis communications strategies influenced the public perception of the hospital

5.1 Discussion

5.1.1 Public use of Social Media During Crisis

The findings showed that the public used social media mainly to criticize the government. According to the Social Mediated Crisis Communications (SMCC) model, crisis origin impacts how the public reacts to an organization in crisis. The public is more negative, less sympathetic, and less trustful of organizations that deny responsibility for internally

generated crises. These crises both originated from internal causes. For the rape of new mothers, mortuary attendants in the facility were held culpable for the crimes. The second crisis involved the wrong patient's brain surgery. Surgeons at the hospital mistakenly operated on a patient who only needed nursing and medication to heal a trauma swelling in his head, medically known as a closed head injury. During the two crises, the reaction of the Chief Executive Officer (CEO) was to deny the allegations, which led to the public pointing blame on the organization. Offering an apology leads to more effective reputation restoration than other crisis response strategies (Benoit, 1995). An example of some of the criticism directed to the government-owned hospital included:

‘Our politicians portray hypocrisy of the highest order when they rush to #KNH like they did not know the poor state it operates it, for the last 116 yrs #sidebar @NTVnewsroom @ntvkenya @LarryMadowo’

The public secondly used social media to provide information about the event. Similar results from a study by Chew and Eysenbach (2010), who examined the H1N1 Pandemic through content analysis of tweets, found that most of the public shared the news, updates, or information about the Pandemic. Denecke and Atique (2016) further show that information can circulate quickly because of the decentralized nature of social media. Lucinda et al. (2012) advanced that audiences use social media during crises because it provides an unfiltered, up-to-date line of communication and unique crisis information that audiences cannot get elsewhere. According to the Social Mediated Crisis Communications model, influential social media creators create crisis information for others to consume. For example, on the rape of new mothers, it is likely that the involvement of Mildred Atty Owiso, a well-known, influential

social media activist, in ‘breaking’ the crisis led to the crisis having more prominence because of her large following.

The public revealed information about the state of the government-run hospital, including:

‘Did you know urologists at KNH are using equipment bought in 1980s to perform kidney transplants in 2018? And doctors have to improvise for surgeries coz lack of equipment?’

Also,

‘One nurse in KNH takes care of 30 sick pts where some are for surgery, need blood, or dialysis. mistakes will definitely occur #EndKNHRot.’

5.1.2 Crisis Communications Strategies used by KNH to Protect its Reputation on Twitter

The findings indicate that two defensive strategies were used by the Kenyatta National Hospital (KNH). These strategies include victim and denial:

(1)Victim: The victim strategy involves portraying self as a crisis victim rather than taking responsibility (Coombs, 2007). This strategy aims to build sympathy for the organization (Coombs, 2015). KNH did not actively tweet during the crisis. However, doctors and the Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU), a trade union that represents all medical doctors in employment and labour, were active on Twitter during the crisis. The Social Mediated Crisis Communications (SMCC) model acknowledges that several actors may represent a single organization's crisis management considerations while admitting that other stakeholders serve as additional sources of crisis information that affect how the

public responds to crises. Some of the tweets they sent that employed the victim strategy in bid to elicit sympathy include:

‘If we continue destroying other hospitals & KNH remains only option for many Kenyans then we will have 40M patients at KNH with the same few doctors & under equipped facility. This is nothing but disaster.’

‘KNH is swallowing more than it can chew & its not stopping.’

Also,

‘KNH is running on old traditional equipment in a fast growing technological era.’

‘Did you know urologists at KNH are using equipment bought in the 1980s to perform kidney transplants in 2018? And doctors have to improvise for surgeries coz lack of equipment?’

(2) Denial: The denial strategy represents a set of strategies claiming no crisis occurred or the accused organization has no responsibility for the crisis (Coombs, 2007). They are used to lessen the organization’s involvement in the crisis. At the onset of the rape of new mothers, the CEO intervened in public discussion on TV interviews by denying that new mothers at the facility were raped through this excerpt:

"I have a very big book for complaints with me here and I can assure you no rape cases have been reported. Furthermore, we didn't have any mother of twins admitted to the institution by the time the social media reports broke," the CEO stated before the Committee.

The use of a denial strategy too soon after a crisis without confirming the facts could result to inaccuracies and further create uncertainty that can cost an organization its reputation as demonstrated in these tweets:

‘Do all those women who were rape victims were liars??.#KNHProbeReport’

‘The line of defense Lilly Koros displayed while denying the rape allegations would have been expected/forgiven if she were a man,but coming from a woman,YAK!!!!

#KNHProbeReport’

‘A rape incident inflicted on a woman is being denied by a woman

CEO..#KNHProbeReport.’

5.1.3 Public Perception of KNH from Crisis Communication Strategies

The perception of the public towards KNH was unfavorable. The reactions of the crisis public are critical because they assess communication effectiveness (Sweetser and Metzgar, 2007). The negative perception of the public could be due to the reluctance of KNH to acknowledge the crisis and take the necessary responsibility toward the victims of the crises. Efpraxia et al. (2015) postulate that hostile behavior or refraining from comments altogether by the organization in crisis can lead to negative perceptions from the public and could damage the company's reputation.

For example, one user tweeted:

‘The board of management is telling us nothing the CEO should lead them in resigning #KNHProbeReport.’

Another showed their disappointment in the hospital's cyclic negative reputation from scandals.

‘True that nothing much has changed since Kenyatta National Hospital first came to be despite the huge budgetary allocations over the years..is it an eating avenue for few people? And now awash with scandals ranging from rape to child theft syndicate...there's need to #EndKNHRot.’

The rule of crisis management for organisations in crisis is that initial crisis response guidelines should focus on three points: (1) be quick, (2) be accurate, and (3) be consistent. Crisis decreases as communication increases and gets closer to the organization itself (Sweetser and Metzgar, 2007).

5.2 Conclusion

This study aimed to answer three critical questions; First, the public use of social media during the KNH rape of new mothers and wrong patient brain surgery crisis. Second, it examined the crisis response strategies used by KNH to protect its reputation on social media. Third, it examined crisis communications influence the public perception of the hospital. Findings show that the public used social media to criticize the government because they attributed blame for the crisis to the government-run facility. Crisis managers need to realize that social media has the power to become one of the most impactful crisis communication

tools. Organizations should react quickly and apologize to the victims, especially for an internally generated crisis, to minimize negative criticism that can go viral on social media. According to Coombs (2007), an apology is a rebuilding strategy used in situations with high attribution of responsibility to cultivate a favorable reputation.

The organization used victim as a defensive crisis communication strategy. Crisis managers must adequately investigate the crisis before going on the defense because this could result in inaccuracies and further create uncertainty that can cost an organization its reputation. Especially in this digital age, issues emerging online can be more unpredictable, taking dramatic turns and multiplying more quickly than issues that occur offline. During a crisis, audiences' social media use increases (Perrin, 2015), and, in some situations, audiences perceive social media to be more credible than traditional mass media (Procopio & Procopio, 2007). The public has become interpretive communities in organizational crisis contexts, capable of cultivating an organization's reputation through information they receive online (Bell, 2010). Therefore, crisis managers must act quickly and provide accurate, consistent information to the public.

The public's perception of the hospital was unfavorable because of the reluctance of KNH to acknowledge the two crises and take the necessary responsibility toward the victims of the crises. Crisis managers need to be aware that hostile behavior or refraining from comments altogether by the organization in crisis can lead to negative perceptions from the public and could damage the company's reputation. Efraxia et al. (2015) postulate that hostile behavior by an organization in crisis can lead to negative perceptions from the public and could damage the company's reputation. Social media has dramatically reduced the turn-around time

when organizations communicate with specific target publics (Wright and Hinson, 2009). It has provided an opportunity to truly put the public back into public relations by providing a mechanism for organizations to engage in real-time, one-to-one conversations with stakeholders.

5.3 Recommendations

Based on the findings of this study, here are key recommendations:

First, public relations specialists need to focus on the role of social media in crisis communications strategies as part of a comprehensive communication strategy. Organizations with a proactive social media strategy in their crisis communications plans can mitigate a damaging event quicker and with fewer damages. Social media has a considerable impact on moving public relations toward facilitating more two-way communication by opening up direct communication channels between organizations and their public. With a strategic approach to social media, crisis management can enable organizations, including hospitals, to quickly and effectively mitigate a crisis.

Second, organizational management must know that the public is using social media to respond to a crisis. Organizations need to strengthen how they communicate with their public and learn how to stimulate conversation for brand building and reputation management. Organizations' management should integrate these aspects of public response into emergency management policies and procedures.

Third, organizational management needs a crisis communications department equipped with a crisis communications team that will monitor crises, prepare for them, and conduct follow-ups to ensure they are fully addressed. It is clear from these Kenyatta National Hospital

crises that the hospital's management did not have a communications team to help with crisis communications management. More so, the crisis teams should be tasked with the ability to address issues before they reach the crisis stage.

5.4 Areas of Further Research

This study suffered some limitations that could be addressed in future studies. This study focused only on Twitter. Therefore, further studies in social media should focus on other social media platforms to add much more meaning to this study.

Further research should focus on content analysis of the different communication media to ascertain the crisis response strategies used by the Kenyatta National Hospital. This can include both traditional and social media content analysis of the strategies used in the wake of the two crises. Additionally, the study methodology only focused on content analysis. Content analysis has been criticized as a simple technique that does not provide detailed statistical analysis. Therefore, there is a need to utilize other methodologies to study these crises. Additionally,

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APPENDICES:

Codebook

THE ROLE OF SOCIAL MEDIA IN CRISIS MANAGEMENT: A CASE OF KENYATTA NATIONAL HOSPITAL RAPE OF NEW MOTHERS AND WRONG PATIENT BRAIN SURGERY CRISES

Coding Protocol (Codebook)

Write the coders name.

The unit of analysis: sentences and phrases forming a tweet. For picture tweets, captions will be used as the unit of analysis. Further, for tweets with links to a document or video, the subject or the title will be used as the unit of analysis. The researcher will look for themes in the sentences and phrases.

Public use of social media during crisis

The general public was active on Twitter throughout the two crises. This activity will be classified into three main categories, 1) producing information concerning the event, 2) expressing emotional and social support for individuals affected by the crisis 3) criticizing the government and KNH services. The elements of the three categories of frames can be presented directly or implied.

For example, for producing information concerning the event, a statement can directly report what happened. For expressing emotional and social support for individuals, a statement can

directly express feeling towards the event using words like “I’m sorry that this is happening,” or “That would make me angry too.’

For tweets around criticizing the government and KNH services, a statement that shows disapproval, condemning, or complaining about the government and KNH services.

Appendix : Code sheet

**THE ROLE OF SOCIAL MEDIA IN CRISIS MANAGEMENT: A CASE OF KENYATTA
NATIONAL HOSPITAL RAPE OF NEW MOTHERS AND WRONG PATIENT BRAIN
SURGERY CRISES**

Name of coder:

Date of the tweet:

Tweet number:

Was the reaction favorable?

Was the reaction unfavorable?

Was the reaction neutral?

Was the reaction irrelevant?

List of Tables

Table 1: Crisis Communications Strategies

Table 2: Counts of the coded tweets per each subtheme

Table 3: Average coding comparisons from two coders

Table 4: Counts of coded tweets per each subtheme

Table 5: Counts of coded tweets per each subtheme

List of Figures

Figure 1: Percentage of hospitals and health systems that use social media for crisis communications

Figure 2: KNH Facebook post on unidentified patient

Figure 3: SMCC Model

Figure 4: Conceptual Framework