A THEMATIC ANALYSIS OF CONSUMERS' SELF-REPORTED THOUGHTS REGARDING BRAND LOYALTY AND COMMUNICATION DURING A HEALTH CRISIS

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I hereby declare that the research report submitted for the BA Honours Strategic Brand Communication degree to the Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes.

Word Count: 12066

ABSTRACT

Literature on strategic brand communication during crises emphasises the importance of protecting consumer-brand relationships. However, little research exists on consumers' views on how brand communications may affect consumer-brand relationships and brand loyalty during health crises. This is important to glean particularly during the current coronavirus pandemic. A convenience sample of eight consumers were interviewed as to how they thought brand communication may either strengthen or weaken their loyalty to a brand during a crisis that threatens or has affected their health. Thematic analysis of the interviews yielded several themes. Consumers preferred (a) direct, transparent, accurate information focussed on safety and trust; (b) competent, trustworthy sources; (c) consistent, coherent communication across multiple platforms; (d) empathic, compassionate communication; (e) accountability; (f) well-timed, proactive, swift and efficient communication; and (g) once safety has been dealt with, messages regarding value and utility. The participants perceive loyalty-weakening brand communication as (a) imprecise with poor explanatory power and solutions; (b) lacking credibility; (c) disparate; (d) insensitive; (e) lacking in integrity; (f) inefficient, delayed, or rushed; and (f) communicating little information regarding value and utility. These findings have practical implications for brand managers.

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INTRODUCTION

Brands are valuable assets for companies, and creating, maintaining and enhancing brand strength can be considered a management imperative (Keller, Aperia & Georgson, 2012). Strategic brand managers try to establish and sustain positive attitudes towards their brands through brand communications. The objective of brand communication is to expose an audience to a brand, to strengthen consumers' relationship to the brand and to enhance brand loyalty (Zehir, Şahin, Kitapçı & Özşahin, 2011).

A substantial body of research in the field of strategic brand communication emphasises the importance of protecting consumer-brand relationships (Barker & Angelopulo, 2017; Cunningham, 2021; Fourie & Cant, 2017; Parumasur & Roberts-Lombard, 2019). This literature extends to protecting consumer-brand loyalty during crises (Harcek, 2018; Salvador & Ikeda, 2018). Crises are unpredictable events that can undermine brand strength and threaten a brand's sustainability (Fourie & Cant, 2017). A useful objective of brand communication during a crisis is to demonstrate to a brand's supporters that the brand values them and will keep them informed about the crisis honestly and respectfully (Fourie & Cant, 2017).

Despite these areas of focus on strategic brand communication and brand communication during crises, there is little academic literature on consumers' perspectives on how brand communications may promote, sustain, or compromise consumer relations and brand loyalty during crises that threaten health. Health crises present unique issues for brand-consumer relationships when there is or has been a risk of contamination, illness and/or death. What is missing from the research is direct feedback from consumers relating to how they think brands should communicate during a health crisis.

The research question is, "What style of brand communication do consumers think would maintain or strengthen their loyalty, and what style of brand communication do they think would weaken their loyalty to a brand, when there is a health crisis that threatens or has threatened their health?" The objective is to identify what type of brand communication consumers think would facilitate and what communication they think would hinder their loyalty to a brand during a health crisis.

The findings are likely to be of interest to brand managers who must navigate consumer relations during health crises. The study is relevant because a poorly handled crisis can damage consumer relations and a brand's reputation (Lakshmi & Muthumani, 2014). For example, the outbreak of listeriosis in a meat packaging factory in South Africa in 2017 damaged the brand's reputation and affected its earnings (Business Day, 2019; Van der Vyver, 2018). Brand communication and brand loyalty during a health crisis are particularly topical during the current COVID-19 pandemic, during which there is a general, significantly elevated risk of infection, illness and death (World Health Organisation, 2020). It is important for consumer relations and brand loyalty to understand how brand communication during a health crisis may usefully draw on a brand's general brand communication strategy, and when and how communication during a health crisis may need to deviate from the brand's general communication strategy.

LITERATURE REVIEW

This literature review will discuss the notion of brand loyalty, brand trust and brand communication during crises. Reference will be made to poor brand communication during the listeriosis outbreak in South Africa in 2017 and to brand communication during the current coronavirus pandemic. Finally, social exchange theory (Blau, 2017; Cook, *et al.*, 2013), which provides a theoretical foundation for the study, will be discussed in relation to brand loyalty, trust and communication.

Brand loyalty

Brand loyalty exists when a consumer's level of attachment to a brand results in repeat purchasing and to the brand being the consumer's primary choice, regardless of price, competition, or convenience (Aaker, 1991, cited in Burns, 2020). Brand loyalty is a biased, consistent, repurchase pattern because of positive affection towards the brand (Ishak & Abd Ghani, 2013; Mellens, DeKimpe and Steenkamp, 1996, cited in Ishak & Abd Ghani, 2013).

Consumers exhibit varying degrees of brand loyalty toward different brands (Cant & van Heerden, 2017). Consumers who recognise a brand but for whom the brand has no appeal are at the bottom of the loyalty scale (Cant & van Heerden, 2017). Some consumers favour a brand but settle for a substitute, while others reject substitute products or services and insist on obtaining a specific brand based on their emotional attachment to the brand (Cant

& van Heerden, 2017). At the top of the loyalty scale are consumers who develop a cultish reverence for or devotion toward a brand (Fortes, Milan, Eberle & De Toni, 2019).

Specific products satisfy basic needs, and well-positioned brands meet consumer's deeper needs, wants and urges (Parumasur & Roberts-Lombard, 2019). Loyal consumers perceive favoured brands as unique, memorable, identifiable and trustworthy (Murphy, 2015) and are psychologically committed to a brand (Cant & van Heerden, 2017; Parumasur & Roberts-Lombard, 2019).

Customers establish relations with brands akin to relations in a social context (Fortes *et al.,* 2019). A brand is sometimes depicted as a personification of a company's product and/or service. From this perspective, consumers form emotional relationships with brands that take on a relationship role (Alvarez, Brick & Fournier, 2021; Fortes *et al.,* 2019).

Customers easily associate human personality traits with brands. The attribution of humanlike or anthropomorphic attributes to a brand establishes brand personality as a determinant of brand loyalty (Fortes *et al.,* 2019). Just as individuals form different relations with one another socially, consumers establish different relationships with brands that have varying personalities (Fortes *et al.,* 2019). Customers may evaluate a product more favorably if they appreciate the brand's personality (Nikhashemi, Valaei, & Tarofder, 2017, cited in Fortes *et al.,* 2019). Brand personality as a construct predicts customers' preferences, purchasing choices and brand loyalty (Aaker, 1997, cited in Fortes *et al.,* 2019).

Developing and maintaining strong brand loyalty is a strategic, key objective for companies facing increasingly competitive markets (Fortes *et al.,* 2019). Marketing professionals who recognise that customers are not passive receptors of marketing content but actively engage in interactive relationships with companies and their brands, try to construct strong, renowned, admirable brands (Fortes *et al.,* 2019).

Customers who perceive a brand positively will be more inclined to seek and to purchase a product or service attached to the brand (Fortes *et al.,* 2019). However, there is little research that explores consumers' deeper needs and urges during a health crisis, and what aspects of a consumer's loyalty to a brand may be perceived by a customer as being too costly during a health crisis. There is a need to identify what consumers need during a health

crisis and how brand managers may best communicate to meet consumers' relational needs.

Brand Trust

Trust is an expectation or belief that one can rely on another person's actions and words and that the person has good intentions to carry out their promises (Bligh, 2016). It is a key factor in business relationships (Barker, 2017). Characterised by confidence in an exchange partner's honesty, reliability and integrity, trust is facilitated by the belief that a relationship will benefit both parties, even in new circumstances, that a person will meet another's expectations, that parties will not betray one other, and by positive expectations of benevolence in situations entailing risk (Barker, 2017). Delgado-Ballester, Munuera-Aleman and Yague-Guillen (2003) define brand trust as a "feeling of security held by the consumer in his/her interaction with the brand, that is based on the perceptions that the brand is reliable and responsible for the interests and welfare of the consumer."

According to the global communications firm, Edelman (2020), trust can make or break a brand. Edelman (2020) found that trust was second only to price when purchasing a new brand. Brand trust has increased in importance because of consumers' personal vulnerabilities around health, financial stability and privacy, and because brands are perceived as impacting upon society (Edelman, 2020).

One way of building trust is through empathic communication (Esmaeilpour, Sayadi & Mirzaei, 2017). Empathy increases capacity and willingness to understand situations, to accept proposed changes, to hear the opinions of others and to be flexible (Goleman, McKee & Waytz, 2017).

Trust is a key factor affecting consumer-brand relations, brand loyalty, how brand communications are received and whether a consumer will find a relationship with a brand advantageous or disadvantageous (Barker, 2017; Edelman, 2020; Murphy, 2015). There is therefore a need to identify what type of communication will make a brand trustworthy or untrustworthy during a health crisis.

Brand communication during crises

A crisis is an unexpected event that can threaten the existence of an organisation (Chauke & du Plessis, 2017). Crises are usually unexpected, develop at an increasing rate of

destruction, create financial chaos and must be brought under control as quickly as possible (Meister, 2019; Salvador & Ikeda, 2018). Crises can threaten organisational objectives, lead to monetary loss, undermine corporate reputations, endanger the existence of companies and generate a sense of urgency but uncertainty about how to respond (Cortez & Johnston, 2020; Salvador & Ikeda, 2018).

When a crisis occurs, an organisation may find itself racing for credible leadership against consumers' messages in the communication process (Salvador & Ikeda, 2018). Brand managers should skill themselves in crisis management because of increased incidents of brand crises and the increasing speed and empowerment of consumers to generate voluminous, varied messages on the Internet (Salvador & Ikeda, 2018). Consumers are active content creators who can rapidly create "an online firestorm" for brands experiencing crises (Zheng *et. al,* 2018:57, cited in Meister, 2019). Brands that establish contingency plans for the eventuality that a crisis may occur may be able to react more swiftly to avoid reputational damage, protect staff, sustain operations and keep an organisation alive (Harcek, 2018).

Organisations that develop a 'digital culture' among employees may anticipate public opinion and learn to address crises directly, personally, and humanly (Borca, Serban, Mihartescu & Gui-Bachner, 2016). Companies may strengthen brand loyalty through strategic, compassionate communication (Liebrecht, Tsaousi & van Hooijdonk, 2021). People feel vulnerable during crises and a brand that communicates empathy for consumers' situations may enhance perceptions regarding the brand (Liebrecht, *et al*., 2021). When a brand has been the cause or has been unable to stop a crisis from developing, offering an apology or showing regret may demonstrate that the brand takes consumers' seriously (Liebrecht *et al.,* 2021). The brand may also do well to invite consumers to interact with the brand to solve the problem, in preference to disgruntled consumers badmouthing the brand (Liebrecht *et al.,* 2021).

Literature on brand communication during crises is confluent with research literature that recognises the importance of facilitating brand loyalty as a relationship. Moreover, and as will be discussed, social exchange theory (Blau, 2017; Cook, *et al.,* 2013) predicts that when a consumer loses relational trust in a brand because of a crisis, the consumer may desert the brand. However, despite the literature that has developed regarding brand personality,

brand loyalty and communication during crises in general, there is little information on what consumers believe constitutes helpful brand communication during a health crisis.

Health crises are often associated with contaminated food and infections, tend to appear suddenly and unexpectedly, threaten a population, evoke feelings of risk and shock, demand an immediate health response (Gérvas & Meneu, 2010) and can threaten the existence of an organisation (Chauke & du Plessis, 2017). It seems reasonable to assume that brand communication during a health crisis will sometimes draw on a brand's general brand communication strategy with good effect, but that communication during a health crisis may sometimes need to differ from the brand's general communication strategy.

The listeriosis crisis

While there is little explicit, academic information on what consumers believe constitutes helpful brand communication during a health crisis, we can learn from mistakes. The way the listeriosis outbreak in South Africa was handled in 2017 provides an example of poor brand communication during a health crisis. In 2017, South Africa experienced a deadly outbreak of listeriosis, a serious infection caused by the bacterium, listeria monocytogenes, which killed 183 people (World Health Organisation, 2018). It was initially unclear what caused the outbreak, but listeriosis was subsequently detected in 'ready-to-eat' polonies produced by the Enterprise brand. Enterprise suffered reputational damage (Business Insider South Africa, 2019; Health-e News, 2018) and the brand's holding company, Tiger Brands, dropped 39% in revenue for its meat products (IOL, 2019). Even after Enterprise increased safety precautions in its factories, public spending on Enterprise foods remained depressed and the business incurred losses (Business Day, 2019).

There is little research on the specific thoughts and feelings of consumers in relation to the listeriosis outbreak other than news quotes (e.g., Business Day, 2019; Health-e News, 2018; IOL, 2019) and analysis of Twitter comments (Van der Vyver, 2018). Qualitative analysis (Van der Vyver, 2018) of 3,451 tweets on the social platform, Twitter, found that numerous politicians, scientists, and public opinion leaders were annoyed that Tiger Brands had denied its role in the outbreak (Van der Vyver, 2018).

The Enterprise brand appears not to have met several requirements that literature identifies as facilitating brand loyalty during a crisis. Management did not communicate directly and expressed no regret or empathy that could have served to protect its relationship with

consumers. This failure by the brand to communicate effectively highlights the important role that brand managers have in communicating transparently, responsibly, accountably, humanely, and empathically during a health crisis. It further illustrates the importance of trust in influencing whether consumers will maintain a relationship with a brand.

The coronavirus pandemic

An even greater health crisis than the 2017 listeriosis outbreak is the Covid-19 pandemic. Covid-19 has afflicted millions of people worldwide. It shrunk the global economy and caused several brands to collapse (National Business Initiative, 2020; World Bank, 2020). Brands had to contend with panic, restricted movement, job losses, shops being closed, businesses at a standstill, and people thinking twice before making purchases (Gogoi, 2021).

Research conducted by the Internet Advertising Bureau (IAB-UK, 2020), an industry body for digital advertising, found that people were more likely to purchase products from brands that they believed reacted to the Covid-19 crisis with clear and frequent communication and by putting safety measures in place. Research participants reported being less likely to purchase products or services from companies that they believed were insensitive or took advantage of the situation (IAB-UK, 2020). This is confluent with recommendations that organisations need to be credible, transparent, humane, and responsive in their engagement during the pandemic (Camilleri, 2020).

It has been suggested that brands should not consider the COVID-19 pandemic as something to capitalise on, but as ‘something to go through together’ with the public (Oprea, 2020). However, brands have also needed to maintain their visibility for commercial reasons. COVID-19 is a major negative event, but periods of lockdown at home have provided opportunities for brands to connect with consumers (Gogoi, 2021). The pandemic also offers companies an opportunity to shift towards more genuine, authentic, and humanised communication (Platon, 2020). Some brands have offered products that add value to home confinement, responded to the financial needs of companies and people, or focused on supporting, cheering up the public and returning to normal life (Jiménez-Sánchez, Margalina & Vayas-Ruiz, 2020).

Consumers and brands are increasingly communicating online (Liebrecht, *et al*, 2021) and the pandemic has generated an exponentially increased move to online communications

(He & Harris, 2020). Using a conversational human voice in online brand messages may positively influence consumers' brand evaluations and a brand's reputation and levels of trust (Liebrecht et al., 2021). A conversational human voice, as opposed to a corporate tone, may include a sense of humour, treating others as humans, providing prompt feedback and being open to dialogue (Kelleher, 2009). However, dialogic features enabled by corporates and institutions may not always result in improved stakeholder relationships (Camilleri, 2020). There is a need to understand what styles of digital communication appeal to consumers and what styles of digital communication may leave consumers cold.

The advice given to brand managers on how to communicate during Covid-19 is often anecdotal or derived from commentators' or experts' experience in strategic brand communication or crises predating the onset of the pandemic. Professionals have recommended:

1. Utilising digital and social media channels to deliver content that is credible and backed up by data and facts (Golovatenko, 2021),
2. Demonstrating a deep commitment to consumers' best interests (Puri, 2020),
3. Presenting brand messages that are empathic, honest, transparent, genuine, and authentic (Platon, 2020), and
4. "Humanising" brands by making them more relatable to consumers (Platon, 2020).

Such branding advice is largely drawn from prior experience as opposed to being based on comprehensive research specific to Covid-19. An exception to reliance on past insights is a large-scale survey conducted by Edelman (2020). Edelman, a global communications firm, surveyed 12,000 consumers in 12 countries, including South Africa, to understand how consumers were responding to the coronavirus crisis and to provide guidance regarding branding during the crisis. Edelman (2020) found that consumers wanted to hear from brands during a crisis, but only when communication was comforting, reassuring and provided information about what brands were doing to respond to the pandemic (Avery & Edelman, 2020). Most of the consumers (90%) stated that brands should be willing to suffer substantial financial losses to ensure the well-being and financial security of others. Most of the consumers (71%) predicted that brands and organisations who put profits ahead of people would lose their customers' faith permanently (Avery & Edelman, 2020). Communications that were perceived to benefit the brand more than consumers or that offered frivolous rather than real solutions raised eyebrows (Avery & Edelman, 2020).

Consumers also warned brands against utilising comedy or telling overly cheerful brand stories (Edelman, 2020). Some participants advised against using escapist fantasies based on how life was before the crisis, although others were more amenable to hopeful messages that featured a return to normal. Some customers (60%) said they were gravitating toward brands that they knew they could trust, perhaps favouring legacy companies and/or brands that had nurtured strong consumer-brand connections before the crisis (Avery & Edelman, 2020). These results indicate that brands that communicate with compassion and solution-based action, and that create real value, have a better chance of gaining trust and loyalty (Avery & Edelman, 2020).

The Edelman (2020) study is one of the few wide-scale research studies that have investigated consumer responses to the Covid pandemic. It was a quantitative study that surveyed many international respondents. However, as instructive as the Edelman (2020) results may be, the study's survey questions were close-ended. Respondents could only indicate the extent to which they agreed or disagreed with pre-determined answers. A qualitative study may have posed more open-ended questions and may have yielded different answers and a wider range of responses.

In contrast to the Edelman study that required participants to select pre-determined options, a qualitative analysis (Gogoi, 2021) of 28 news articles published in Indian newspapers provided rich information on non-quantitative themes. However, it is unclear whose views the analysis of the newspaper content reflects. The themes appear to reflect a variety of views from consumers, business owners, policy makers, the public and journalists themselves on topics relating to branding during the Covid pandemic. There remains a need to glean qualitative information specifically on consumer's attitudes toward brands and brand communications during crises that threaten consumers' health.

Another qualitative study, conducted by Cortez and Johnston (2020), used a grounded theory approach to investigate practical ways for managers to deal with the coronavirus crisis. The study focussed on managers' rather than consumers' views. Managers with in-depth knowledge of their respective industries were interviewed to ascertain business-to-business dynamics. The results were analysed using grounded theory and social exchange theory as a theoretical foundation. Based on the findings, the researchers recommended a checklist of tasks for managers to implement in response to the coronavirus crisis. Some recommendations (Cortez & Johnston, 2020) with implications for brand communication

were to use digital and virtual platforms to keep cultivating social exchange, to use webinars to disseminate technical information, and to modify website content to include links to videos/podcasts, downloads or the phone number of service employees.

Like the Cortez and Johnston (2020) study, the current study also uses a qualitative methodology, social exchange theory as a theoretical foundation and aims at understanding what would constitute useful practice during a time of crisis. A key difference is that the Cortez & Johnston (2020) study analysed data from managers, whereas the current study investigates the views of consumers.

Social exchange theory

Social exchange theory (Blau, 2017; Cook, *et al*., 2013) will be used as a theoretical foundation for this qualitative study into the views of consumers during a health crisis. Social exchange theory has become an influential paradigm in the understanding of organisational behaviour (Cropanzano & Mitchell, 2005). Based on principles of behaviourism and economics, social exchange theory posits that a person will usually leave a relationship when the perceived costs of the relationship outweigh the relationship's perceived advantages (Cortez & Johnston, 2020). The theory posits that people seek reward, avoid punishment, interact to maximise profit and to minimize cost, calculate relationship profits and costs before engaging in a relationship and are cognisant that payoffs fluctuate from individual to individual and over time (Tulane University, School of Social Work, 2018).

Social exchange theory can be applied to any form of social exchange, including tangible, intangible, material and non-material exchanges between people, entities, firms, and/or groups (Cortez & Johnston, 2020). The theory recognises that social costs and rewards drive human decisions and behavior. A basic assumption made by social exchange theory is that individuals enter and maintain a relationship expecting to receive a net positive value from the relationship (Cortez & Johnston, 2020).

There are several reasons why social exchange theory would prove useful as a theoretical foundation for a study focused on consumer reactions to brand communications during a health crisis:

1. Social exchange theory has potential to predict reductions in brand loyalty (Cortez & Johnston, 2020).

2. The theory's premise that an individual typically exits a relationship when the relationship is perceived as more costly than advantageous seems beneficial in understanding consumer-brand relationships at a time of perceived threat, such as the threat of compromised health.
3. Social exchange theory recognises that there is more to business relationships than just economics. Business is conducted in both the economic and the social domains (Cant & van Heerden, 2017; Paramusar & Roberts-Lombard, 2019).
4. Social exchange theory seems compatible with extant research on brand loyalty and on brand communications that may either facilitate or hinder consumer-brand relationships.
5. There is utility in using social exchange theory to consider both benefit and cost factors in the understanding of communications during health crises, as opposed to an approach that focusses on just one of these factors (Xia, Wu & Zhou, 2021).
6. The foundational premises of social exchange theory provide a suitable theoretical background for developing practices to navigate abrupt organisational crisis (Cortez & Johnston, 2020).

Conclusion

Creating and strengthening brand loyalty and brand trust through effective communication is a strategic objective for companies (Barker & Angelopulo, 2017; Cunningham, 2021; Fourie & Cant, 2017; Parumasur & Roberts-Lombard, 2019). There is a need to identify optimal styles of communication that safeguard this objective during health crises that pose a threat to consumers. Social exchange theory (Blau, 2017; Cook, et al., 2013) predicts that when a consumer feels threatened and loses relational trust in a brand during a crisis, the consumer may desert the brand. Credible, qualitative research on what consumers believe constitutes helpful as opposed to unhelpful brand communication during a health crisis and on how brand managers may best communicate to meet consumer needs so that the brand's relationship with the consumer will be more rewarding than negative is needed. In this literature review, concepts of brand loyalty, brand trust and brand communication were discussed in relation to health crises, with specific reference to the listeriosis and coronavirus crises, and social exchange theory was identified as a useful theoretical model for exploring consumers' views on brand communication during a health crisis.

KEY TERMS

Brand loyalty

Brand loyalty is a biased, consistent repurchase pattern of a brand because of positive affection towards the brand (Ishak & Abd Ghani, 2013; Mellens, DeKimpe and Steenkamp, 1996, cited in Ishak & Abd Ghani, 2013). This description facilitates understanding of brand loyalty as an emotional relationship that a consumer has with a brand and the effects of that relationship.

Brand Trust:

Delgado-Ballester, Munuera-Aleman and Yague-Guillen (2003) define brand trust as a "feeling of security held by the consumer in his/her interaction with the brand, that is based on the perceptions that the brand is reliable and responsible for the interests and welfare of the consumer." This depiction of trust as a positive expectation is useful because at the time of a health crisis consumers may evaluate their relationship with a brand as positive and trustworthy or as negative and untrustworthy.

Health Crisis

The Council of the European Union (2019) defines a health crisis as any crisis commonly perceived as a threat, having a health dimension and which requires urgent action by authorities under conditions of uncertainty. This definition adds the health dimension to crisis and usefully notes the elements of threat, uncertainty and urgency associated with crises. It is also compatible with other definitions of crises, such as the seminal definition of a crisis as "a specific, unexpected, and non-routine event or series of events that create high levels of uncertainly and threaten or are perceived to threaten an organization's high priority goals" (Seeger, Sellnow & Ulmer, 1999). The Council of the European Union's (2019) definition is useful to describe health crises that threaten consumers and that require urgent action by brands.

Social Exchange Theory

Social exchange theory is a theory that understands social behaviour as an exchange process in which people are motivated to maximise benefits and minimise costs (Tulane University, School of Social Work, 2018). This definition of social exchange theory is relevant in the context of the study because it allows for an understanding of brand loyalty based on whether consumers evaluate their relationship with a brand as advantageous or as too costly to continue during a health crisis, and it may facilitate understanding of how relationships

are strengthened or weakened by brand communications during a process of social exchange.

RESEARCH DESIGN AND METHODOLOGY

Theoretical paradigm

The study follows an interpretivist paradigm, which values deep understandings of people's subjective realities and qualitative research (du plooy-Cilliers, 2019). The qualitative research approach contends that reducing people's motivations to numbers and statistics leads to one-dimensional models of human behaviour, whereas interpreting non-numeric data allows appreciation of the multiple meanings that people assign to complex social situations (Patton, 2015). The study aims at understanding consumers' subjective thoughts and utilising an interpretivist, qualitative approach is appropriate to identify nuanced attitudes regarding brand loyalty and brand communications during a health crisis. Rich, complex data are the "crown jewels" of qualitative research, and allow for deep, nuanced insights (Terry, Hayfield, Clarke & Braun, 2017).

Research approach and design

A qualitative research approach was used to collect and analyse information. Consumers' self-reported thoughts regarding brand communication that would facilitate and brand communication that would hinder their loyalty to a brand during a health crisis were gleaned via semi-structured interviews and then analysed using thematic analysis. This enabled exploration of consumer thoughts regarding the style of brand communication that is likely to maintain or strengthen their loyalty, and the style of brand communication that is likely to weaken their loyalty to a brand during a health crisis.

Population and sampling method

The population consists of all consumers who have experienced or who have heard of brand responses to a health crisis that threatened their health. The participants did not actually have to have suffered poor health themselves, but by virtue of the ubiquitous nature of Covid-19 would at least have known about Covid-19 as a health crisis. With the advent of Covid-19, which is pervasive, all consumers have had their health threatened. The sample of consumers was the unit of analysis.

A convenience sample of eight consumers comprised a non-probability sample. Non-probability sampling is sampling whereby an individual's chances of being selected as part of the sample is unknown. Non-probability sampling differs from probability sampling in which efforts are made to ensure that each member of the target population has an equal probability of being selected for the study so that results are generalisable to the larger population (Nieuwenhuis, 2021). Generalising to a larger population is not the goal with nonprobability samples or qualitative research. Qualitative research values in-depth understandings of individual social actors' attitudes and does not insist on probability sampling or large sample sizes (Patton, 2015). A convenience sample is a non-probability sample where participants meet practical criteria, such as being easily accessible, geographically nearby, available at a given time, and/or willing to participate (Etikan, Musa, & Alkassim, 2016).

The participants were from Johannesburg, South Africa and were known to the researcher. The participants were selected because the trust and rapport between the interviewer and interviewees were likely to facilitate cooperation and to enhance honest, rich self-disclosure.

The researcher informally approached people who were likely to agree to participate in a one-hour interview by texting them on the *WhatsApp* messaging platform and asking whether they would be willing to be research participants. Those who expressed an interest in participating were emailed consent forms and information regarding the study. Not everyone approached could participate in the time slots that were available. Eventually, eight participants were interviewed. Data saturation was reached and interviews with more participants would have added to the analytic task without necessarily adding much to the final analysis. Saturation had been reached after the sixth interview. However, eight interviews were conducted to confirm saturation.

Data collection

Interviews

The participants were sent a Participant Consent Form (cf. Annexure B) at least one day prior to interviewing. The contents of the form were clarified with the participants on the day they were each interviewed. The form explained that they had been invited to participate in the research because they were consumers who had experienced or who had heard of brand responses to a health crisis that had threatened their health. The Consent Form

explained that the researcher was a student at Vega School conducting research on consumers' self-reported thoughts regarding brand loyalty and communication during a health crisis. Participants were informed that the research would enhance understanding of what type of communication consumers thought would facilitate and what communication they thought would hinder their loyalty to a brand during a health crisis. The Consent Form further established each participant's voluntary participation in the study under conditions of anonymity. This information was repeated verbally by the researcher at the start of each interview to introduce the focus of the interviews. In addition, signed consent to record the interview was obtained from each participant (cf. Annexure C). The interviews were conducted by the researcher in August 2021 and were each up to one hour in duration. Six of the interviews were conducted face-to-face and two of the interviews were conducted using *Zoom*, which has become a safe and convenient teleconferencing platform. The reason for two of the interviews being conducted by *Zoom* were that one of the participants did not want to run the risk of face-to-face social engagement during the coronavirus pandemic and the other participant found *Zoom* participation more convenient than travelling to a meeting place. The interviews provided rich information for analysis, and further interviews were not deemed necessary.

The interviews were semi-structured. As is common with semi-structured interviews (Nieuwenhuis, 2021), open questions were asked based on a line of inquiry predetermined by the researcher before the interview and were followed by further probing and clarification by the interviewer. The interviewer avoided overly directive interviewing that could have cut off rich data. The interviewer attempted to maintain a tone of 'friendly chat' while remaining close to the guidelines of the research questions. The participants were thus encouraged to talk freely regarding what they considered appropriate, and the interviewer also raised matters of interest that did not emerge spontaneously.

Interview Schedule

Participants were initially asked two general, open-ended questions:

1. *What type of communication from a brand or company may make you support a particular brand during a health crisis?*
2. *What type of communication from a brand or company may make you not support the brand during a health crisis?*

The following questions were also asked as general prompts:

3. *What type of brand communication is likely to upset or alienate you and reduce your support of the brand?*
4. *What type of brand communication is likely to attract you and increase your support of the brand?*
5. *What would constitute sensitive brand communication during a health crisis?*
6. *What would constitute insensitive brand communication during a health crisis?*
7. *What constitutes useful brand communication during a health crisis?*
8. *What constitutes inappropriate brand communication during a health crisis?*

Later in the interview, the following more specific questions were asked if the information required had not emerged spontaneously:

9. *To what extent do you think issues of trust might affect your loyalty to a brand during a health crisis?*
10. *Which media, platforms or apps would you prefer companies to use to communicate with you when there is or has been a health crisis? Why?*
11. *What sources would you trust more (for example, CEOs, articulate spokespersons, community leaders, celebrities or public opinion)?*
12. *What tone should companies use when there is a health crisis (for example, formal, business-like, professional, conversational, friendly, reassuring, humorous or interactive)?*
13. *Do you experience any ambivalence regarding your responses?*

This line of questioning permitted exploration of the research question, which was “What style of brand communication do consumers think would maintain or strengthen their loyalty, and what style of brand communication do they think would weaken their loyalty to a brand, when there is a health crisis that threatens or has threatened their health?” It facilitated the study’s objective of identifying what type of brand communication consumers think would facilitate and what communication they think would hinder their loyalty to a brand during a health crisis.

Recording of responses

The interviews were audio recorded, the recordings were transcribed, and the transcriptions were checked for accuracy. Each participant was identified in the transcript of their interview by a letter (e.g., *Participant A*) so that participants' real identities remained confidential. Each line of each transcript was numbered.

The transcription conventions used included standard writing conventions and punctuation. Since the aim was to identify themes related to participants' self-reported thoughts, the transcriptions did not detail elements that complex systems of written transcription provide for linguistically orientated researchers (such as prosodic, paralinguistic or extralinguistic elements). Only components of self-reported thoughts were transcribed for the analysis.

Data analysis method

Thematic analysis was used for the analysis. Thematic analysis is a qualitative research method that systematically identifies, organises, and offers insight into social experiences and the meanings attached to them (Terry, Hayfield, Clarke & Braun, 2017). A flexible, six-step approach to thematic analysis, described in the seminal work of Braun and Clarke (2006) and endorsed by Terry, *et al* (2017) was employed as follows:

1. The researcher became immersed in the data by listening to the audio recordings, transcribing the interview material and reading and re-reading textual data. This increased the likelihood of the researcher interpreting the respondents' perceptions rather than the researchers' assumptions.
2. Initial codes were generated by identifying and providing a label for a feature of the data that was potentially relevant to the research question. Beginning with the first paragraph of a typescript, a label was assigned for what seemed important in the paragraph. The label and subsequent labels were recorded as the title heading of a word processing document. A reference to the typescript and relevant line numbers was noted on each emerging file document, together with a précis of the data. This process was applied for each paragraph of each typescript. New codes that emerged were recorded in new documents, with each document assigned its own label or name until the entire dataset had been coded. When during the process of coding each interview information came up that repeated a code that had already emerged, a reference was made to the participant's name and the relevant line number in the transcript where the information had been found. As is common with thematic

analysis (Terry, Hayfield, Clarke & Braun, 2017), this process of coding helped the researcher to understand data and gain insight. The coding provided a solid foundation for the analysis, which aimed to identify the type of brand communication that consumers thought would facilitate and what communication they thought would hinder their loyalty to a brand during a health crisis.

3. In the stage of theme development, the codes were examined to ascertain how they combined to form over-reaching themes. Codes that were similar, overlapped or seemed to share a unifying feature were collapsed or clustered to reflect their shared coherence and meaning. The researcher used visual mapping aids to identify and understand prospective, 'candidate' themes in relation to each other and the overall dataset. Two distinct sets of themes emerged in alignment with the research question: the style of brand communication that consumers thought would maintain or strengthen their loyalty, and the style of brand communication they thought would weaken their loyalty to a brand when there is a health crisis that threatens or has threatened their health.
4. Themes that until now could only be considered 'candidate themes' for the final presentation were checked and re-read with all the data to determine whether they adequately captured the dataset and could be meaningfully finalised. Some themes were adjusted before being finalised.
5. A clear statement was written as to what was unique and specific about each theme. This involved writing the analysis in a way that tried to facilitate clarity, cohesion, precision and quality. In alignment with the research objective, statements were generated that juxtaposed positively perceived brand communication against poorly perceived brand communication. The researcher then asked a senior researcher to visit the raw data and to check that the thematic analysis was trustworthy.
6. Finally, the analysis was transformed into a coherent report using extract examples relating to themes, the research question and relevant literature. In this stage, interrelationships between categories were highlighted with consideration to their wider theoretical relevance to the literature.

This six-phase approach to thematic analysis may sound sequential but was not a strictly linear process. The approach was iterative and recursive, with the researcher often moving between the different phases, as accords with a comprehensive approach to thematic analysis (Terry *et al*., 2017).

INTERPRETATION AND FINDINGS

The presentation of findings and their interpretation is divided into two main sections: loyalty-promoting communication and loyalty-weakening communication. The loyalty-promoting communication is discussed under the following themes:

- *Direct, transparent, accurate*;
- *Competent, trustworthy communicators*;
- *Consistent, coherent, multiple platform information*;
- *Empathic and compassionate*;
- *Accountable*;
- *Efficient, well-timed, proactive*; and
- *Conveying value and utility*.

The loyalty-weakening communication is discussed under the following themes:

- *Imprecise with poor explanatory power and solutions*;
- *Junior staff lacking credibility;*
- *Disparate information;*
- *Insensitive;*
- *Lacking integrity;*
- *Inefficient, delayed, or overly rushed;* and
- *Conveying little value and utility*.

Loyalty-promoting communication

Direct, transparent, accurate

Participants frequently expressed a view that they would be more likely to continue supporting a brand, even if that brand experienced a crisis that threatened their health, if the brand were transparent about the nature of the health crisis and risk. Participants want brands to be clear about problems, their causes and precautions taken by the brand to ensure future safety.

When a health hazard has occurred, consumers need direct information as to what has been done or is being done to contain the risk. This may include information about closing stores for sterilisation or recalling products. If consumers have been injured or compromised, they would want the brand to provide detailed information as to where they can be treated. Some consumers will source their own medical attention, but many participants expressed a view that they would like the brand to advise them on best options for treatment and, in some cases when the brand is the cause of the health risk, that the brand will provide or pay for that treatment.

Participants often expressed a view that they would value brand communication on scientific safety checks on products and premises. The following excerpt is illustrative:

> '*I want to know exactly what happened, why it happened and what they are doing to stop it from happening again. I want scientific explanations. How are they going to check? Experts must test and measure*.'

The participants' favourable perception of accurate brand communication focussed on safety is congruent with research findings from the Internet Advertising Bureau (IAB-UK, 2020). This bureau found that people were more likely to purchase products from brands that they believed reacted to the Covid-19 crisis with clear and frequent communication and by putting safety measures in place. From a social exchange perspective (Blau, 2017; Cook, *et al.*, 2013; Cortez & Johnston, 2020), the communication of direct, transparent and accurate information focused on safety adds positive value to the social exchange relationship between consumers and brands.

Competent, trustworthy communicators

Participants stated that they would more likely return to supporting a brand that was beset by a health crisis if they received reassurance from multiple, trustworthy sources of information. They mentioned health authorities, community representatives, CEOs and company spokespersons. The participants were also open to hearing public opinion from non-professionals and even from social influencers.

Consumers may value professional advice disseminated by a brand but may also want to hear information from others not associated with the brand because of cynicism that brands are focussed on profits. The following excerpts illustrate this

> '*I want experts' opinions. But I won't trust them so much if the business is punting them. Companies can pay people to make them look good.*'

> '*I want people with authority to explain what is going on, but I will also listen carefully to what my family and friends are saying. And people on the Internet*.'

Overall, the consumers expressed a desire for competent, trustworthy people to be sources of replicable information and guidelines. Brand communicators may therefore do well to put out information that is authoritative and likely to be taken up by social network groups. This could enhance brand trust, which is characterised by the belief that one can rely on another person's actions and words as being honest and reliable (Bligh, 2016; Delgado-Ballester, Munuera-Aleman and Yague-Guillen, 2003).

Consistent, coherent, multiple platform information

Participants were clear that consistent, coherent messages across multiple platforms enhance trust that information is factual and believable. Participants mentioned television, radio, websites and the press as channels from which they received information. One participant said:

> '*It is reassuring to watch the news, get an email and read the paper and they all say the same. If they say different things, I will probably buy another brand or shop at a place that I don't hear lots of different things about.'*

Consistent, coherent communication across multiple platforms is likely to enhance trust that information is believable and replicable. Belief that a brand is believable, facilitated by consistent, multiple platform information, would constitute a positive evaluation of the brand's personality, which has positive implications for brand loyalty (Aaker, 1997, cited in Fortes *et al.,* 2019).

Empathic and compassionate

Research is clear that a brand that communicates empathy for consumers' situations may enhance perceptions regarding the brand (Borca, Serban, Mihartescu & Gui-Bachner, 2016; Edelman, 2020; Liebrecht, Tsaousi & van Hooijdonk, 2021). It has been noted (Camilleri,

2020) that organisations need to be especially humane and responsive in their engagement during the coronavirus pandemic. Congruent with this, the participants were unanimous that they value communication that is empathic, sincere and caring.

The participants were generally unfazed whether the style of communication was formal or informal so long as it conveyed a sense of empathy and useful information. Polite, patient communication was perceived as amongst the signs that a brand was sincere and empathic.

Participants often expressed a view that there was little place for humour when customers had suffered injury or when people were in shock because of a health crisis. This resonates with findings by Edelman (2020) in which consumers warned brands against utilising comedy at a time of distress.

Communication that informed consumers about health and safety was perceived as respecting consumers' right to information regarding their health. In this regard, there was a link between empathy, care and transparent communication.

Sometimes, compensating a consumer for a financial loss or paying for their medical treatment were seen as necessary prerequisites for the brand to be perceived as sufficiently empathic and compassionate. One participant stated:

> '*Talk is cheap. Action speaks louder than words. If they go the extra mile – pay for my troubles and recuperation – that would impress me. Put their money where their mouth is. It will help their reputation.*'

Understandably, brands may need to distinguish between apologies that indicate empathy from communications that concede legal responsibility for crises they had no control over.

Social exchange theory provides a theoretical foundation for conceptualising the finding that communication that expresses empathy, sensitivity and care may strengthen brand loyalty. From a social exchange perspective (Blau, 2017; Cook, *et al.,* 2013), empathic, sensitive and caring messages could act as positive reinforcers for ongoing social engagement between consumers and a brand.

Accountable

Participants noted that they would perceive a brand more positively if the brand took responsibility for its role in managing a health crisis. A particular indication of accountability would be if the brand offered an apology, whether the brand was responsible for the health crisis that emerged or not. As noted by Liebrecht et al. (2021), offering an apology, or showing regret may demonstrate that the brand takes consumers' seriously.

Where the brand had a role in the outbreak of a crisis or in its poor management, offering compensation would be perceived as the brand taking accountability. In the opinion of one of the participants:

> '*They should pay if there is something like contamination of food that is their fault. During Covid, businesses cannot pay everyone who is inconvenienced because it is not their fault. But if they apologise, that would be nice. Not because they are guilty but because it shows they care. They are connecting with us in our situation - how we suffer. They are also suffering; it is hard to be in business during Covid. But saying sorry makes us all feel that we are in the same boat.'*

This quote indicates that some consumers will expect compensation when a brand is at fault, and even when the brand is not blameworthy an apology can communicate both accountability and empathy. Brands that take accountability for their actions are more likely to be perceived as trustworthy and to retain the loyalty of clients who actively evaluate the costs and benefits of remaining involved with the brand (Blau, 2017; Cook, *et al.,* 2013).

Efficient, well-timed, proactive

From an organisational perspective, crises are destructive and must be brought under control as quickly as possible for the survival of the organisation (Harcek, 2018, Meister, 2019; Salvador & Ikeda, 2018). Analysis of the participants' responses indicate that not only businesses but also customers need brands to respond proactively and quickly when there is a health crisis. One participant declared:

> '*If it is my health. I want quick answers. In a medical emergency, hours or minutes make a difference. Give me the info without me having to find it.*'

Effective, well-timed and efficient communication is likely to result in enhanced goodwill. From a social exchange perspective (Blau, 2017; Cook, *et al.*, 2013), the benefits of efficient, well-timed, proactive communication could lead to a greater willingness on the part of consumers to remain in relationship with the brand when they weigh up whether engaging with the brand is sufficiently rewarding.

Conveying value and utility

Consumers are interested as to whether a brand provides value for money and utility. Edelman (2020) found that price was the foremost criterion influencing whether a consumer purchased a new brand. However, in the current study, participants placed safety before price. Nearly all the participants placed price as secondary to their interest in establishing that they are medically safe. Consumers may desire information on prices and the quality of products and services after immediate threats to their safety have subsided.

Some participants expressed the view that brands should not mix promotional advertisements with notifications regarding health issues, calling such practices, should they occur, "*callous*", "*tacky*" and "*insensitive*." However, participants expressed little reservation about brands advertising independently of their communications regarding safety once a crisis has subsided. Knowledge of prices, value and the utility of services and products are a differential affecting brand loyalty once consumers feel safe enough to use a product or service.

> '*If I want to buy something, I want to know its price. How does it compare to other products? Is the quality good? Does it do what it is supposed to? Obviously, I don't care if I am still looking out for my health and avoiding a situation. But after that, I may buy a different product if I can't find information.'*

Not knowing a product's price, value and utility makes it impossible for consumers to conduct the social exchange, cost-benefit calculation (Blau, 2017; Cook, *et al.*, 2013; Cortez & Johnston, 2020) that they must make when deciding whether it benefits them to engage with a brand. Brands that create real value have a better chance of gaining trust and loyalty (Avery & Edelman, 2020). Brand communicators should not shy away from communicating their brands' offerings of value when the time is right, once consumers have been reassured regarding safety.

Loyalty-weakening communication

Imprecise with poor explanatory power and solutions

Brand communication lacking in clarity, explanatory power and solutions is likely to hinder brand loyalty. One participant stated, and then asked the following rhetorically:

> '*I phoned to find out what happened because I knew there had been some sort of exposure to Covid at the pharmacy. All they told me was that they would re-open soon. No reason was given why. They couldn't give a damn to let me know. So, must I trust they will ever fix whatever went wrong? Why should I support them*?'

Similarly, another participant stated:

> '*I went to a shop, and there was a notice on the window that it was closed. There was no explanation why they were closed, no notice when they would re-open. Was it because customers had Covid? Was it staff? Well, if you're not going to tell me if I am safe or if you are going to be open, bye-bye. I ordered what I needed online, from somewhere else.*'

These excerpts demonstrate the pitfalls of brand communication that is vague and/or lacking in transparency. Brand loyalty and brand trust are undermined when there is no communication providing comprehensive answers and solutions to consumer concerns around safety. Social exchange theory (Blau, 2017; Cook, et al., 2013) posits that a person will usually leave a relationship when the perceived costs of the relationship outweigh the relationship's perceived advantages. From a social exchange perspective (Blau, 2017; Cook, et al., 2013; Cortez & Johnston, 2020), communication lacking precision, explanatory power and solutions has negative value and threatens or weakens the continuation and/or the quality of the social exchange between consumers and brands.

Junior staff lacking credibility

Psychological needs, which social exchange theory (Blau, 2017; Cook, et al., 2013) recognises as necessary for the continuation of a loyal relationship, may not be adequately met for consumers by junior personnel perceived to be lacking decision-making authority. Participants indicated that it would be a mistake to leave communication solely to junior staff whose views may be perceived as lacking autonomy and gravitas.

> '*If I phone and get a call centre agent, or someone low in the organisation, I won't take them so seriously. I don't know how much to trust someone who needs supervision or who is a puppet.'*

> '*I want to hear from someone at the top. A clerk making up stuff wont impress me. Unless they really know what they're saying or it is the same as what doctors and bosses are saying.'*

Junior staff were sometimes perceived as lacking answers, or as being inflexible when they had to adhere to company policy. When junior staff are perceived as being inflexible, their inflexibility may be perceived as reflecting brand intransigence. One participant, referring to her attempt to have a parcel delivered rather than having to fetch it from a store during the Covid pandemic, stated:

> '*I wonder if they put people in call centres to stop you challenging management. The managers are inflexible and then the call centre people have to tow the line. The big bosses make the decisions. The staff are just messengers. You can't challenge the inflexibility because you can't get to the top people who pass down rigid decisions*.'

Junior staff who communicate a corporate line may shut down the type of spontaneous dialogue that some researchers believe is useful to convey a sense of humanity (Kelleher, 2009; Liebrecht et al., 2021).

Disparate information

Disparate information across different channels is likely to erode brand trust and loyalty. As noted earlier, one participant stated:

> '*It is reassuring to watch the news, get an email and read the paper and they all say the same. If they say different things, I will probably buy another brand or shop at a place that I don't hear lots of different things about.'*

From a social exchange theory perspective (Blau, 2017; Cook, et al., 2013; Cortez & Johnston, 2020), disparate information will make it difficult for consumers to calculate

whether the perceived costs of engaging with a brand outweigh the perceived advantages. As a result, they may disengage from a relationship with the brand.

Insensitive

Participants were clear that they would be annoyed if staff associated with the brand downplayed the crisis, trivialised consumers' experiences or were impolite. Some participants used strong language to indicate how alienated they would feel from the brand if a brand's staff were insensitive to their distress. Communication that fails to express empathy, sensitivity and care is likely to erode brand loyalty and, from a social exchange perspective (Blau, 2017; Cook, et al., 2013), is a negative reinforcer for ongoing social engagement.

Lacking integrity

Participants were adamant that they would see through brand communications that attempt to dismiss issues to protect their reputations. Perceptions that a brand is being defensive or shifting blame will corrode brand trust. In the words of one participant:

> '*They should not cover up or bluff but tell us what happened. Even if things come right, it will always be at the back of our heads if they cover up. If they treat us like idiots, we will feel disrespected. But really, they will be the ones losing respect.'*

This quote demonstrates the reciprocal nature of social exchange (Cortez & Johnston, 2020) during a health crisis. A brand's reputation will be negatively affected should the brand be inconsiderate in relation to consumers' needs for honest communication. Brands that communicate in an overly defensive manner to protect their reputation run the risk of being seen as untrustworthy and lacking in integrity. They may also miss out on an opportunity to connect empathically with consumers.

Inefficient, delayed, or overly rushed

Participants were unanimous that they would be frustrated by inefficient communication and delays in responding. A chief bugbear was with call centres that were inefficient or that kept consumers waiting. The following extract conveys this sentiment:

'*I hate it; waiting for someone to answer the phone. Half the time you have to listen to crappy music or the company's adverts. And then they drop calls or you can hardly hear the person. And all the time, all you want to know is if you are safe - what you must do.'*

Although participants reported that they desired information to be provided quickly and efficiently, some participants indicated that they would not value brands making false promises that a problem would disappear rapidly. The following excerpts are illustrative:

'I would like information on tap. But that does not mean I will trust straight away. It will take time. I will only trust when the problem has reduced.'

'I will not trust if the business makes promises that are unrealistic.'

Several participants expressed the view that brands should not have unrealistic expectations that consumers will automatically reward them with instant displays of loyalty. The implication is that trustworthy brands will provide useful information timeously for consumers' benefit, but brands should not assume that they will be rewarded instantly with consumers' renewed loyalty. Swift and helpful communication by a brand will help facilitate brand loyalty, but this will be tempered by consumers' needs to feel safe when using a product or service. As noted earlier, consumers may require scientific reassurance and/or reassurance from trusted sources that they are no longer under undue risk. From a social exchange perspective (Blau, 2017; Cook, et al., 2013; Cortez & Johnston, 2020), consumers will weigh up the pros and cons of their loyalty and trust. Brand communication that is rushed or that seems to press consumers to resume using the brand straightaway may be viewed with suspicion to the extent that such communication becomes counter-productive and adversely affects brand loyalty.

Conveying little value and utility

As noted earlier, some participants expressed the view that brands should not mix self-serving advertisements with notifications regarding health issues. However, participants expressed little reservation about brands advertising independently of their communications regarding safety once a crisis has subsided.

Knowledge of prices, value and the utility of services and products are a differential affecting brand loyalty once consumers feel safe enough to use a product or service. It is worth revisiting the quote from one of the participants who stated:

> '*If I want to buy something, I want to know its price. How does it compare to other products? Is the quality good? Does it do what it is supposed to? Obviously, I don't care if I am still looking out for my health and avoiding a situation. But after that, I may buy a different product if I can't find information.'*

Business is conducted in both the economic and the social domains (Cant & van Heerden, 2017; Paramusar & Roberts-Lombard, 2019) and price is a foremost criterion influencing whether a consumer will purchase a new brand (Edelman,2020). Neglecting to address issues of value and utility may be a mistake for brands needing to prosper or simply to survive by riding out the effects of a crisis. Brands facing increasingly competitive markets need to maintain their visibility for commercial reasons (Fortes *et al*., 2019; Jiménez-Sánchez, *et al*., 2020).

Communicating value for money and utility may attract the interest of consumers who, social exchange theory (Blau, 2017; Cook, et al., 2013) informs us, evaluate the value of their interaction with a brand across multiple dimensions. Consumers are motivated to reduce costs and to receive a net positive value from their relationship with a brand (Blau, 2017; Cook, et al., 2013; Cortez & Johnston, 2020). Consumer loyalty may be contingent on price and the value of a product. Neglecting to communicate value and utility could lead to avoidance of the brand.

Trustworthiness of findings

Every effort was made to ensure that the aforementioned findings and their interpretation are trustworthy. Trustworthiness in qualitative research is in some ways akin to the notions of reliability and validity in quantitative research, but with some differences. In quantitative research, reliability refers to the replicability of research processes and results, and validity refers to whether the results and the instruments used to obtain them really measure what they are meant to measure (Du plooy-Cilliers, Davis and Bezuidenhout, 2019). Qualitative research may also refer to validity and reliability but is not as concerned as quantitative research on discovering or generalising results from numbers. Qualitative research values in-depth understandings of subjective phenomena that are 'trustworthy' - that is,

understandings that are credible (accurate), transferable (applicable to similar situations with similar results), dependable (well-integrated) and confirmable (by other researchers who would arrive at similar conclusions) (Du plooy-Cilliers, Davis and Bezuidenhout, 2019).

The researcher aimed at trustworthiness in the following ways, as recommended by Morrow (2005):

1. Ensuring credibility via lengthy reviewing and re-reviewing of data, and by continually comparing transcripts, coded concepts, and categories;
2. Ensuring transferability by clearly and succinctly describing the methodological process, participants' perspectives, and a rational interpretation of results;
3. Ensuring dependability by verifying procedures and the outcomes of the research with a more senior researcher, to ensure that the procedures and findings represent the phenomena under scrutiny; and
4. Ensuring objectivity by obtaining an independent review of the methodology and processes that were used from a more senior researcher.

The following measures outlined by Zohrabi (2013) were also used to ensure trustworthiness:

1. Ensuring that interview questions were unambiguous;
2. Facilitating semi-structured interviews flexibly and inviting interviewees to provide more information;
3. Using everyday language in interviews;
4. Communi
5. cating findings honestly; and
6. Describing in detail how data were collected and analysed, so that others may be able to see if the results are replicable.

CONCLUSION

This study contributes to research by focussing on the little-researched topic of consumer's perceptions of brand communications during health crises. A thematic analysis yielded information on how consumers believe brand communication may promote, sustain, or compromise consumer relations and brand loyalty during crises that threaten health. Using a qualitative research design and social exchange theory as a theoretical foundation, the study yielded information on the nuanced thoughts of consumers negotiating decisions as to whether it is worth remaining faithful to a brand, or whether their relationship with the brand is too unrewarding. The broad range of themes that emerged should be of interest to brand managers who must navigate consumer relations during health crises and offer implications for strategic brand communication in general. Focussing on consumers' perceptions of what constitutes effective and ineffectual brand communication during health crises, the findings enhance understanding of the 'dos and don'ts' of strategic brand communication during health crises.

Two related sets of information emerged that answer the research question, "What style of brand communication do consumers think would maintain or strengthen their loyalty, and what style of brand communication do they think would weaken their loyalty to a brand, when there is a health crisis that threatens or has threatened their health?" These two sets of information, namely the style of brand communication that consumers think would maintain or strengthen their loyalty to a brand, and the style of brand communication they think would weaken their loyalty to the brand when there is a health crisis that threatens or has threatened their health are, in a manner of speaking, flipsides of the same coin. Juxtaposed against each other, the consumers' perceptions regarding loyalty-strengthening and loyalty-weakening styles of brand communication during health crises provide a comprehensive set of implications:

1. Participants perceive communication that is direct, transparent, and contains accurate information focussed on safety and trust as strengthening brand loyalty. In contrast, communication lacking in precision, explanatory power and solutions are perceived as weakening brand loyalty. Two examples of how brands can provide direct information focussed on safety is for them to communicate safety measures that they are taking to contain risk and for them to direct consumers who have been injured or compromised to helpful information regarding treatment.

2. Competent, trustworthy sources of information are perceived as increasing brand loyalty. Brand communicators may do well to put out information that is authoritative and likely to be taken up by social network groups. In contrast, communication by junior personnel lacking credibility and gravitas may diminish brand loyalty. It would be a mistake to leave communication solely to junior staff.
3. Consistent, coherent communication across multiple platforms enhance trust that information is factual, believable and replicable. Disparate information appearing across different channels erode trust in the brand and brand loyalty. It would make sense for brands to appoint at least one person whose task it would be to check that all brand communication being disseminated is reliable, consistent and non-contradictory across all platforms and media.
4. Empathic, compassionate communication is more likely to strengthen brand loyalty. Communication lacking in sensitivity and care erode loyalty. Staff should be coached to be respectful and empathic, and never to downplay or trivialise a consumer's experience of distress. This includes not using humorous content when consumers are in distress.
5. Communication demonstrating accountability facilitates brand trust. Where a brand had a role in the outbreak of a crisis or in its poor management, apologising and/or offering compensation would be perceived as the brand taking accountability. Even when a brand is not the cause of a crisis, offering an apology as a form of empathy as opposed to as a concession of legal responsibility may be well received. Brand staff should be coached not to be defensive or to shift blame. Defensive communication may be interpreted by consumers as an indication of a lack of integrity that corrodes brand trust.
6. Efficient brand communication is well-timed, proactive, swift and efficient. In contrast, inefficient and delayed, or, conversely, overly rushed communication, adversely affect brand loyalty. Brands should provide consumers with realistic, scientifically based reassurance and advice when they can, while guarding against providing rushed information and false reassurance. In addition to well-timed information from senior brand managers, it would be useful to ensure dedicated call centre structures that do not keep consumers waiting and that are staffed by well trained personnel.
7. Effective brand communication indicates value for money and utility. Ineffective communication that neglects to address these issues can undermine brand loyalty. Brands should not mix self-serving advertisements with notifications regarding health

issues. However, companies may communicate their brands' value and utility sensitively once safety issues have been dealt with and adequately communicated.

Research ethics

Care was taken during the study to abide by principles of research ethics. In accordance with ethical guidelines (Nieuwenhuis, 2021):

1. The aim of the study and procedures were communicated clearly and openly in an information sheet sent to participants before their interviews.
2. Participants' informed consent to voluntary participation was established.
3. Permission to record the interviews was obtained from each participant.
4. Guarantees were given as to anonymity and the right to withdraw from the study at any stage without negative consequence.
5. Participants' names and identifying information were not disclosed. Where necessary, identifying information was deleted or altered in the text.
6. The researcher had another, more senior researcher, check the thematic analysis for trustworthiness.

Ethical requirements of the Independent Institute of Education (IIE) were met. An explanatory information sheet (Annexure B) and consent form was sent to and signed by participants, as was a consent form for audio or video recording (Annexure C). The content of these forms was also clarified with each participant on the day that they were interviewed. Participants were informed not only of their right to withdraw from the research at any time with no adverse repercussions but also that they could choose not to answer any of the questions asked during the interview. Recordings of interviews were stored in a password-protected file on the researcher's computer and access to the recordings were controlled strictly. The researcher obtained ethical clearance for the study from the IIE (Annexure D)

Limitations

The following were limitations of the study:

1. The study gauged consumers' perceptions but not managers' views on communication during health crises.

2. Brand communication is at least a two-way process between brands and consumers. However, the present study focused on only consumers' perceptions of the interaction and not on the perceptions of brand personnel.
3. The study did not investigate whether or how communication during health crises may be influenced by the particular business sector affected. The communication of different industries with diverse characteristics was not explored.
4. As useful as an interpretivist paradigm was for the purposes of this study and that a quantitative study would lack, the study lacks some of the strengths of quantitative research. For instance, the small number of subjects used in qualitative studies, such as the present one, compromises the generalisability of research findings. Moreover, in interpretivist research, the analysis and organisation of the results are influenced by the subjectivity of the researcher and are not be objectively definitive.
5. The consumer's thoughts about how they may react to certain situations may differ from how they would act in those circumstances.

These limitations may, however, be somewhat mitigated by the implications of the comprehensive and nuanced themes that emerged, and by having a senior researcher verifying the outcomes of the study.

Implications for future research

Further research may do well to use larger sample sizes of consumers and brand managers. Moreover, research should be conducted into how managers from different industries and fields can operationalize guidelines that have emerged from this study. The study has general implications regarding communication during health crises, and it would be useful to investigate how different industries with diverse challenges may implement the guidelines that have been suggested. Social exchange theory proved a useful theoretical foundation for exploring brand relations at the time of a health crisis, and it would be interesting to set up dialogical interactions between consumers and brand managers to further investigate communication problems and opportunities in particular industries during health crises. Focus groups combining consumers and brand managers from different industries may reveal interesting processes of social exchange affecting brand loyalty.

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ANNEXURE A: Final research report summary document

TITLE: A thematic analysis of consumers' self-reported thoughts regarding brand loyalty and communication during a health crisis

<table>
<tr><th>Research Objective</th><th>Research Question</th><th>Research Rationale</th><th>Seminal Authors</th><th>Literature Review</th><th>Paradigm</th><th>Approach</th><th>Data Collection</th><th>Ethics</th><th>Key Findings</th><th>Recommen-dations</th></tr>
<tr><td rowspan="2">Identify what type of brand communi-cation consumers think would facilitate and what communi-cation they think would hinder their loyalty to a brand during a health crisis.</td><td rowspan="2">What style of brand communication do consumers think would maintain or strengthen their loyalty, and what style of brand communication do they think would weaken their loyalty to a brand when a health crisis threatens or has threatened their health?"</td><td rowspan="2">A poorly handled crisis can damage consumer relations and a brand's reputation. How brand managers should navigate consumer relations during health crises is particularly relevant during COVID-19.</td><td rowspan="2">Blau, 2017

Cook, Cheshire, Rice & Nakagawa, 2013

Cortez & Johnston, 2020

Edelman, 2020

Parumasur & Roberts-Lombard, 2019</td><td rowspan="2">Theme 1:
Brand loyalty

Theme 2:
Brand Trust

Theme 3:
Brand communication during crises

Theme 4:
The listeriosis crisis

Theme 5:
The coronavirus pandemic

Theme 6:
Social exchange theory</td><td rowspan="2">Paradigm
Interpretivism

Epistemology
Understanding subjective perspectives should empower people to change their world.

Ontology
Reality is fluid, subjective and influenced by interaction.

Axiology
Analyses of subjective experiences must be trustworthy and assist in pursuing equality and freedom.</td><td>Qualitative</td><td rowspan="2">Semi-structured interviews</td><td rowspan="2">Potential challenges were people feeling obliged to participate, privacy violations and researcher bias. Safeguards were to ensure transparency regarding the nature of the study, informed consent, anonymity and others checking the analysis.</td><td rowspan="2"><u>Loyalty strengthening communication:</u> transparent, accurate. competent, trustworthy, consistent, empathic, accountable, swift, shows value.
<u>Loyalty-weakening communication:</u> Imprecise, lacking explanations, solutions, and credibility. Disparate, insensitive, low integrity, inefficient, delayed, value unclear.</td><td rowspan="2">Communicate safety measures and treatment options. Disseminate authoritative information. Check messages for consistency across media. Coach staff in empathy and non-defensiveness. Apologies can communicate a form of empathy. Provide scientifically based, not false reassurance. Provide information from senior managers and set up dedicated call centres staffed by well-trained personnel. Communicate value and utility once safety issues are dealt with.</td></tr>
<tr><td>Population

Population Parameters

All consumers who have experienced or who have heard of brand responses to a health crisis that threatened their health.</td></tr>
<tr><td>Research Problem</td><td></td><td>Key concepts</td><td>Key Theory</td><td>Sampling</td><td>Data Analysis</td><td>Limitations</td><td>Key Contribution</td></tr>
<tr><td>There is little academic literature on consumers' perspectives on how brands should communicate during a health crisis.</td><td></td><td>Brand loyalty; Brand Trust; Health Crisis; Social Exchange Theory</td><td>Social Exchange Theory</td><td>Non-probability

Convenience Sampling

8 participants</td><td>Unit of Analysis
The sample of consumers

Method
Thematic analysis</td><td>Sample size, Researcher subjectivity, Managers' views and diverse businesses not included. Consumers may not act as they think.</td><td>The findings help to identify appropriate versus inappropriate brand communication during health crises.</td></tr>
</table>

ANNEXURE B: Participant Consent Form

Explanatory information sheet and consent form for participants
To whom it may concern, My name is Samuel Strous, and I am a student at Vega School. I am currently conducting research under the supervision of Tish Taylor about consumers' self-reported thoughts regarding brand loyalty and communication during a health crisis. I hope that this research will enhance our understanding of what type of communication consumers think would facilitate and what communication they think would hinder their loyalty to a brand during a health crisis. I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.
What will I be doing if I participate in your study?
I would like to invite you to participate in this research because you are a consumer who has experienced or who has heard of brand responses to a health crisis that threatens or has threatened your health. If you decide to participate in this research, I would like to ask you to participate in an interview to discuss your thoughts on the subject. The discussion is likely to be about one hour in duration. You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.
Are there any risks/ or discomforts involved in participating in this study?
Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however, indirectly find that it is helpful to talk about your thoughts regarding brand loyalty and communication during a health crisis. If you find at any

stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.

Do I have to participate in the study?

- Your inclusion in this study is completely voluntary;
- If you do not wish to participate in this study, you have every right not to do so;
- Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.

Will my identity be protected?

I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor, I and possibly a professional transcriber (who will sign a confidentiality agreement) will have access to these recordings. Nobody else, including anybody at Vega School, will have access to your interview information. I would like to use quotes when I discuss the findings of the research, but I will not use any recognisable information in these quotes that can be linked to you.

What will happen to the information that participants provide?

Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my B.A. Honours in Strategic Brand Communication. You may ask me to send you a summary of the research if you are interested in the final outcome of the study.

What happens if I have more questions about the study?

Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.

You should not agree to participate unless you are completely comfortable with the procedures followed.

My contact details are as follows:

Samuel Strous

[redacted]

[redacted]

The contact details of my supervisor are as follows:

Tish Taylor

[redacted]

Participant or respondent consent	
I, _____, agree to participate in the research conducted by Samuel Strous about consumers' self-reported thoughts regarding brand loyalty and communication during a health crisis. This research has been explained to me and I understand what participation in this research will involve. I understand that: • I agree to be interviewed for this research. • My confidentiality will be ensured. My name and personal details will be kept private. • My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research. • I may choose not to answer any of the questions that are asked during the research interview. • I may be quoted directly when the research is published, but my identity will be protected.	
Signature	**Date**

ANNEXURE C: Consent Form for Audio or Video Recording

Consent form for participants	
I, _____, agree to allow Samuel Strous to audio and video record my interviews as part of the research about consumers' thoughts regarding brand loyalty and communication during a health crisis. This research has been explained to me and I understand what participation in this research will involve. I understand that: • My confidentiality will be ensured. My name and personal details will be kept private; • The recordings will be stored in a password-protected file on the researcher's computer; and • Only the researcher, the researcher's supervisor and possibly a transcriber (who will sign a confidentiality agreement) will have access to these recordings.	
Signature	**Date**

ANNEXURE D: Ethics clearance letter

Date 15 July 2021

Student name: Samuel Strous
Student number: [redacted]
Campus: Vega Bordeaux

Re: Approval of RESE8419 Proposal and Ethics Clearance

HONOURS ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

Your research proposal posed no significant ethical concerns and your supporting documents and instruments are in order to proceed. We hereby provide you with permission to proceed with your research.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

Supervisor name: Dr Tish Taylor

Signature: [redacted]

Campus Postgraduate Coordinator (CPC) name: Dr Tish Taylor

Signature: [redacted]