COVID Implications for Southeastern States: A Thematic Analysis of Influences

From Leaders And Health Agencies Social Media Platforms

JENNIFER R. SUBER

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COVID IMPLICATIONS FOR SOUTHEASTERN STATES

ABSTRACT

The problem investigated in this study was the conflicting social media messages between the Office of the President and the two preeminent national health organizations (the Centers for Disease Control and Prevention (CDC) and the National Institute of Allergy and Infectious Diseases (NIAID) at the U.S. National Institutes of Health) regarding the COVID-19 crisis. The purpose of this study was to explore alignment and disconnect in the social media messaging between the Office of the President and the top two health organizations and subsequent state government decisions around the COVID-19 pandemic in the southeast region of the United States. Given this research purpose, the research approach used was a qualitative analysis with thematic analysis of social media messaging from the Office of the President and the top two health organizations during the first 6 months of the COVID-19 pandemic. Unfortunately, the southeastern region of the United States chose to disregard the advice of the CDC and the NIAID offered through their respective Twitter accounts during the first 6 months of 2020, at the height of the COVID-19 pandemic, regarding wearing face coverings, testing, staying at home, and vaccines. Though the Tweets of President Trump initially also supported these initiatives to mitigate the spread of the vaccine, his Tweets and actions in the later part of the study period did not, leading Republican followers, specifically, to follow suit. The nation's two top health agencies and the President were often not in alignment due to a lack of a concerted effort to work together to provide the best possible information to the public. Because this study primarily focused on the decisions made in the southeastern region of the United States, it would be beneficial to extend this study to other populations to determine experiential differences and similarities.

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INTRODUCTION TO THE STUDY

With the introduction of the Coronavirus Disease 2019 (COVID-19) crisis in the

United States came even more heightened levels of political division, mistrust of the

media, and health experts' dilemma between telling the truth and telling the public what

they wanted to hear. COVID-19 is a disease caused by the virus SARS-CoV-2 that was

first discovered in Wuhan, China, in December 2019. This extremely contagious virus

rapidly spread throughout the world via rapid human-to-human transmission through the

droplets expelled by an infected person through their nose and mouth. The early

symptoms of COVID-19 generally are the same as those of a cold or the flu. Often,

COVID-19 affects the respiratory system but can also affect any part of the body as it

progresses (Centers for Disease Control and Prevention [CDC], n.d.).

As the virus spread across the world and to the United States, leaders were at odds

about how to address its spread, and this dissension was displayed publicly on social

media, where most of the public turned to for the most current and reliable information to

help them stay safe and alive. With social media, public health officials, and leaders in

disagreement regarding accurate information, precautions, and protocols, there was no

nationally agreed-upon approach. Each region of the country adopted different policies,

and subsequently experienced very different outcomes in terms of the number of cases,

recoveries, and deaths (Zhang & Warner, 2020). The aim of this study is to explore the

disconnect and alignment between social media, health experts, and local leaders in the

Southeastern region of the United States as it pertains to what was reported about the

virus and how leaders approached decision-making in 2020—the year primarily impacted by the onset of this pandemic.

Background of the Study

      In 2020, the world faced a pandemic that has resulted in over 600 million infections and almost 6.5 million deaths worldwide to date, worldwide quarantines, mask mandates, and social and political unrest (John Hopkins Coronavirus Resource Center, n.d.).

National Response

      The CDC was uniquely prepared to begin work to identify a means to slow the spread of COVID because of previous successes in preventing, detecting, and responding to threats of infectious diseases worldwide. Because of the CDC's experience with controlling diseases such as HIV, tuberculosis, malaria, polio, Ebola, swine flu, and influenza, it was uniquely qualified to deal with the COVID-19 situation. The CDC's Emergency Operations Center was activated to work with the World Health Organization (WHO), as well as all governmental public health agencies, clinicians, and other health care partners (CDC, 2020). When the outbreak became evident in Wuhan, China, lockdowns, and quarantines were implemented, screenings began at airports to prevent entry of the virus to unaffected countries, global air travel was restricted, travel restrictions (land travel) were implemented, economic relief plans were activated, and the race began for a vaccine, as well as treatments for the virus (AJMC Staff, 2021).

The Global Race for a Cure

There were five major players in the global race for a vaccine for COVID-19: governments, international institutions, the private sector, research institutions, and nonprofits. Though the United States chose to work with pharmaceutical companies by funding their development and distribution activities, other countries used government-owned facilities to perform this function. International institutions, such as the WHO, were interested in finding a global solution that would work for the multitudes, and the private sector involved the pharmaceutical companies. Research institutions and nonprofits are often involved in the clinical trials for vaccines. The Gates Foundation, founded by Bill and Melinda Gates to fight poverty, disease, and inequality globally, is the leading contributor to funding the COVID-19 vaccine efforts (Council on Foreign Relations, n.d.).

Normally, a vaccine takes 8 to 15 years to progress from the lab to the approval stage. The quickest approval before the COVID-19 vaccine was in 4 years. Because of Operation Warp Speed in the United States, where President Donald Trump's administration earmarked billions of dollars to support development and manufacturing of a vaccine, the first Emergency Use Authorization (EUA) COVID vaccine, Pfizer-BioNTech, was approved on December 11, 2020, slightly less than a year after the WHO first made the world aware of the outbreak in Wuhan, China, on January 9, 2020 (AJMC Staff, 2021; Council on Foreign Relations, n.d.).

Resistance to Masks and Quarantine

The the political affiliation of a particular state is the determining factor in COVID-related behavior and attitudes (Zhang & Warner, 2020). Red (or Republican) states are much more likely to resist wearing masks and quarantining whereas blue (or Democratic) states are more likely to follow the rules and abide by the mandates (Dimock & Gramlich, 2022). Gelfand et al. (2022) found that the level of perceived threat of COVID-19 influenced the behaviors of both the Democrats and the Republicans.

Social Inequities and Public Outcry

As Kleinfeld (2021) stated, the struggles and hardships that individuals faced during the COVID-19 pandemic resulted in social inequalities and public outcry. Racial tensions that culminated in protests during the pandemic had been brewing for years, illustrating yet another point of division between Republicans and Democrats. In Charlottesville, Virginia, in 2017, racial tensions ran high as White nationalists gathered to protest the removal of a Confederate statue from a public space. Several players in the National Football League took to one knee during football games to bring attention to racial inequities.

The tipping point occurred on May 25, 2020, when George Floyd, an unarmed Black man in Minneapolis was killed by a White police officer. This incident led to large-scale protests and the rise of the Black Lives Matter (BLM) movement. As the number of deaths of Black individuals increased that involved White officers, President Trump was seen as a bystander because he was doing nothing or very little to improve race relations.

A 2019 survey revealed that race relations significantly deteriorated during Trump's Presidency (Dimock & Gramlich, 2022).

Southeastern United States Impact and Response

COVID-19 certainly necessitated decisions to keep societies running with as little interruption as possible. These decisions affected people globally. The critical decisions that leaders made had long-lasting health and economic impacts that disproportionately affected the poorest people within society (United Nations, n.d.). The decisions made needed to be fully informed and made with the best intentions for the public's overall health, safety, and well-being in mind.

MacNeil-Kelly's (2021) application of the agenda-setting theory to her thematic analysis of *The New York Times* COVID-19 coverage during the height of the pandemic laid the foundation for follow-up studies such as the current study, which focused on the decisions made by leaders during the COVID-19 pandemic in the Southeastern United States. Sharma and Yount (2020) pointed directly to some of these decisions in their home state of Georgia, where the poorest areas are the most profoundly affected, which is why this regional focus is particularly important for additional exploration. Georgia is consistently ranked in the top 15 of the 50 states within the United States in deaths resulting from COVID-19. These deaths were predominantly located in counties within Georgia that are the poorest and most food insecure. In these counties, the percentage of Blacks and those who do not speak English is highest (Sharma & Yount, 2020). Much like Georgia, South Carolina also saw Hispanics and Latinos as the most likely group to contract COVID-19. Within South Carolina, Blacks or African Americans were

the most likely to be hospitalized with COVID-19 and the most likely to die from COVID-19 (The COVID Tracking Project, n.d.).

Sharma and Yount (2020) wrote that these poor residents lack access to appropriate Personal Protective Equipment (PPE) as well as testing and treatment facilities should they fall ill. Most residents are also not eligible for unemployment insurance. Unfortunately, they are also the most ill-equipped to live without a paycheck on a regular basis because they live from paycheck to paycheck. When schools quickly closed because of increasing COVID cases in the area, many families faced challenges feeding their children, who depended on free meals at school. When the governor reopened the economy, many of these individuals, who generally work at jobs that are considered 'essential,' were forced to decide on whether to go back to work, with questionable personal protection or to stay home and lose their job and be unable to provide for their families.

Statement of the Problem

The problem investigated in this study was the conflicting social media messages between the Office of the President and the two preeminent national health organizations—the CDC and the National Institute of Allergy and Infectious Diseases (NIAID) at the U.S. National Institutes of Health—regarding the COVID-19 crisis. Also investigated were the subsequent policies and procedures put in place by governors in the southeastern region of the United States. Lemon et al. (2020) addresses this disconnect in a transcript from *CNN Tonight* where they presented examples of how President Donald Trump made decisions and ordered directives that contradicted the advice of the

country's top medical experts. These decisions were then passed directly down to some of the governors of the southeastern states. Lemon states:

> Americans are dying. More lives are at risk. This is no time for the President of the United States to be going against this country's top doctors and medical experts. Not when their warnings could be the difference between life and death. Yet that is exactly what he is doing. He is denying science, he is denying fact. And he's openly at odds with Dr. Anthony Fauci as the virus rages.

Lemon continues,

> The president tweeting this morning that he disagrees with the CDC on what he calls a very tough and expensive guidelines for opening schools. Translation. He disagrees with science. He disagrees with fact. He disagrees with anything that he thinks could get in the way of his reelection. That's all this is. Which doesn't bode well for anybody hoping against hope that our leaders will get their act together before it is too late. Just a few hours after that tweet the Vice President, Mike Pence, backtracked saying the CDC will issue new guidance on reopening schools next week. Speaking to an audience of one, one in the White House.

Georgia and Florida are two prime examples where the governors of those respective states followed the lead of the President in deciding when to reopen the states. Even though the experts had given guidance regarding the pandemic, both Governor Brian Kemp (Georgia) and Governor Ron DeSantis (Florida) disregarded the advice of the experts and sided with President Trump in making decisions for their states (Vestal & Ollove, 2020).

As Shao and Hao (2020) found, the polarization of politics in the United States created a national divide that bled into policies and procedures intended to stop the spread of the COVID-19 virus. As a result, factions emerged that divided leaders, citizens, the media, and health experts. This polarization resulted in the following:

1. Disconnect between social media, experts, and leaders.

2. Resistance to COVID-19 protocols recommended by experts.

3. Leadership decisions that were made under the pressure of the political climate and public opinion.

This critical decision has a domino effect on the public. Depending on whether leaders of governments, churches, organizations, and school systems trust the words of the medical experts or the President, those decisions impact those that function within these varying types of governments and organizations (Dimock & Gramlich, 2022).

History of the Problem

Historically, the world faces a major health crisis or pandemic (equivalent to COVID) roughly every 50 years. For any given year, there is approximately a two percent chance of a pandemic with a comparable effect (Penn, n.d.). The most recent comparable pandemic was the Spanish Flu, which infected approximately 500 million and killed more than 50 million people from 1918 to 1919 (Tambolkar et al., 2022). Other notable pandemics left a mark on the world throughout the last century (WP Company, 2021).

Swine flu and Ebola are the most recent pandemics that affected people globally. The swine flu was caused by the H1N1 virus and infected approximately twenty percent

of the world population, primarily children and young people who were not already

immune like older adults. The swine flu caused 200,000 deaths globally (WP Company,

2021). Ebola was spread by infected animals that came into contact with humans.

Worldwide, there were less than 30,000 cases and 11,000 deaths. Most cases were in

West Africa (Ebola outbreak in 2019).

Spanish Flu Overview

Not since the Spanish Flu in 1918 has the world experienced a pandemic of such

dramatic proportions (Tambolkar et al., 2022). The Spanish Flu was caused by the H1N1

virus of avian (bird) origin and was named due to the largest number of cases in Spain,

which was the only country that was honest in reporting the number of cases, not because

the flu originated in Spain (WP Company, 2021). The H1N1 virus is a type A form of

influenza virus, the only influenza form that has proven to cause pandemics (Cleveland

Clinic, n.d.).

The Spanish Flu, unlike any other pandemic, infected healthy adults at alarming

rates. Because of the Spanish Flu, life expectancy in the United States declined by more

than 12 years. More than 675,000 people were infected by the Spanish Flu and died in the

United States. To try to understand the behavior of the Spanish Flu better, researchers

have attempted to recreate the disease in hopes of being able to study it closely (CDC,

2019).

Symptoms of the Spanish Flu were very similar to those of the present-day

variants of the flu experienced each fall but much more severe. A very high and quick

onset fever, dry cough, headache and body aches, sore throat, chills, runny nose, loss of

appetite and extreme fatigue were all common symptoms of the Spanish Flu. The Spanish

Flu was spread in the same way as today's respiratory viruses, through inhaled, infected

respiratory droplets (Cleveland Clinic, n.d.).

Though no national mandates were put in place to fight the spread of the Spanish

Flu, local communities individually implemented practices to help curb the spread of the

disease. Isolation, closing schools and gyms, increased hand washing, wearing masks and

gloves, not touching non-personal items and not spitting in public were measures put in

place by communities to help curb the spread of the disease (Cleveland Clinic, n.d.). Four

of these measures in particular mirror measures put into place during the recent COVID-

19 pandemic: social distancing, quarantining, isolation, and the use of masks.

Social distancing. By closing organizations and facilities where many people

gather, the spread of the virus should be limited. Social distancing is particularly

important where there may be individuals who could be unknowingly contagious but

without symptoms. The larger the crowd, the higher the likelihood that someone within

the group would be contagious without yet knowing that they are sick. In St. Paul,

Minnesota, even the elevators in buildings of less than six stories were closed to force

social distancing. Social distancing has been found to reduce the incidence of

transmission (Tambolkar et al., 2022).

Quarantining. Quarantining those who had been in contact with someone who

may have been exposed to the virus to reduce the spread to others in case the person

contracts the virus was an important step taken during the Spanish Flu to help control

virus spread. These individuals monitored their health closely so that they were able to be

diagnosed early if they became ill. Quarantining has been an effective method of

reducing infections and deaths (Tambolkar et al., 2022).

Isolation. Isolation of those who were infected to prevent others who were not

infected from contracting the disease was an important step to combat the spread of the

Spanish Flu. Isolation also prevented the severely ill from contracting secondary

infections that others may carry that could be detrimental to the immune-compromised

individuals infected with the Spanish Flu (Tambolkar et al., 2022).

Use of masks. The use of masks to contain the secretions of people who may be

unknowingly infected also significantly reduced the spread of the Spanish Flu. The use of

masks in conjunction with other preventative measures such as social distancing,

quarantining, and isolation were key to limiting the spread of the disease (Tambolkar et

al., 2022).

Pandemic Implementation Plan

Description and purpose of the plan. The terrorist attacks of September 11, 2001,

provoked the United States government to prepare for the threat of a pandemic as part of

a larger plan to address various domestic security concerns such as incidence

preparedness and response protocols. In 2002, the Department of Homeland Security was

established to address these security concerns (Knauer, 2022). The Homeland Security

Presidential Directives, devised to address these security concerns, have a wide range.

These directives range from defense and national security, disaster management, and

homeland security to education, supply chain management, and workforce management.

The directives required the Department of Homeland Security to address a complete list

of tasks to prepare the United States to act in the event of a national emergency (Department of Homeland Security, n.d.).

In 2005, the Bush administration unveiled the first pandemic disaster and response plan, known as the National Strategy for Pandemic Influenza. The following year, in 2006, the National Implementation Plan, a much more comprehensive plan, was released. The overall objective of the plan was to decrease the severity, rate of transmission, and number of deaths related to the pandemic.

Evolution of the plan. The Pandemic Influenza Plan was modified by subsequent administrations over the next 12 years. To support this objective, the Plan called for a coordinated effort by the government and society to preserve the rule of law and other basic functions by leveraging all national powers. In total, $7.1 billion was earmarked by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006 specifically for pandemic planning and related activities. The Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) lead to the reauthorization of the PAHPA in 2019, easily passing with bipartisan support. The most recent update to the plan itself, in 2017, incorporated the CDC's pandemic intervals rather than the national pandemic stages as in previous versions. This approach allows for a clearer delineation of the timing of pandemic preparedness and response actions (Knauer, 2022).

The Ebola and swine flu outbreaks. President Obama activated the Pandemic Implementation Plan in response to the Ebola and Swine Flu outbreaks. In response to the Ebola outbreak in 2014, airports began screenings travelers in flights coming from affected countries, treatment centers were identified and made ready, a vaccine was fast-

tracked, healthcare workers were trained on the treatment of Ebola patients, and the number of testing facilities was increased (National Archives and Records Administration, n.d.-a).

Because of the Swine Flu (H1N1) outbreak in 2009, President Obama also launched the Pandemic Implementation Plan. The most impactful step was signing an emergency declaration for the H1N1 virus, which allowed healthcare officials to rapidly launch disaster plans if they became necessary. These disaster plans allow for alternate treatment sites should the initial sites become overcrowded and modified patient triage protocols, and patient transfer procedures should they become necessary (National Archives and Records Administration, n.d.-b).

Current Status of the Problem

President Trump's Response to the Pandemic Implementation Plan

Because President Trump did not institute the plan that already existed, leaders were forced to quickly develop and implement a different plan to ensure that everyday life continued with as few interruptions as possible. There are several relevant examples of President Trump's response. In most cases, the President downplayed the impact of the COVID pandemic publicly and was in direct opposition to the experts.

Early in the life of the virus, on January 24, 2020, President Trump tweeted "It will all work out well" (Leonhardt, 2020). Less than a week later, on January 30, 2020, speaking in Michigan, the President said, "We have it very well under control. We have very little problem in this country at this moment – five. And those people are all recuperating successfully" (Leonhardt, 2020). The WHO (AJMC Staff, 2021) declared

the virus a "public health emergency of international concern" with 7,817 cases

confirmed globally that same day (Leonhardt, 2020).

In the meantime, Dr. Anthony Fauci, Director of the National Institute of Allergy

and Infectious Diseases (NIAID), advocated for a completely different approach. On July

20, 2020, in a virtual fireside chat with Lloyd Minor, the dean of medicine at Stanford

University, Fauci stated: "Look at the films on TV of people in some states going from

shutdown to completely throwing caution to the wind … there are things you can do now:

physical distancing, wearing a mask, avoiding crowds, washing hands. Those things, as

simple as they are, can turn it around" (The Guardian, 2020).

On Thursday of that same week, in an interview on the Facebook platform with

chief executive Mark Zuckerberg, Fauci reiterated that the nation was not headed in the

right direction with the number of new cases per day: "Time out; look what's

happened…there really is no reason that we're having 40,000, 50,000, 60,000 [new US

cases a day], other than we are not doing something correctly" (The Guardian, 2020). The

onset of the COVID-19 pandemic was characterized by four primary challenges that

continue to impact the political and social landscape of the United States today. These

include the President's response to the pandemic, high death rates in the United States,

political division, partisan violence, and a sense of uncertainty with the emergence of

new strains of the virus.

The United States Pandemic Death Rates

Throughout the pandemic, the United States consistently outranked less

developed countries in death and infection rates (Shao & Hao, 2020). Despite advanced

technology, education, and a developed healthcare system, the United States consistently had the highest death and infection rates in the world (John Hopkins Coronavirus Resource Center, n.d.). The highest percentage of COVID-19-related deaths among Blacks was reported in the southeastern region of the United States, with between 23 to 73% of the individuals who succumbed to COVID-19 in those states being Black (KFF, 2022).

Some countries were also better at identifying and controlling the virus. Rwanda, for example, with a population of 13 million, had less than 100 deaths. This low death rate was attributed to a government response that was extremely clear, with strict measures to bring the virus under control. The government imposed a curfew and citizens obeyed it. As a result, trips outside the home were minimal, as schools were closed and any travel required documentation, for which the police would check. No social functions (such as funerals or weddings) took place. When an increase in cases was noticed by the country's strong data center, immediate control action was implemented (Mukherjee, 2021).

Political Division

Politically motivated divisions around pandemic beliefs played an integral role in the thoughts and actions related to COVID-19. Shao and Hao (2020) found that political affiliation determined the extent to which a person was concerned with the risk associated with COVID-19. For example, Trump supporters have a lower risk perception than Biden supporters, meaning that Trump supporters are less likely than Biden supporters to wear

masks or social distance because they do not feel that the risk they are exposed to requires additional steps to protect them from the virus.

L. An et al. (2021) found a clear link between political affiliation and behaviors regarding COVID-19, such as social distancing. Republicans are most likely to disregard COVID-19 protocols, followed by Independents and then Democrats. These normal and expected results, according to L. An et al. This difference further and continually causes strife between the differing political parties.

Due to the increased political polarization, police brutality, and racial injustice, the United States saw a significant rise in demonstrations. Most were not violent but some were. In 2020, the United States set a record for the number of demonstrations, with 22,000 taking place within the country. Because of the BLM movement, in response to the death of George Floyd, 25 American citizens died during the unrest. The unrest was a result of racial injustice and increasing political polarization throughout the country, which were highest during the COVID-19 pandemic. In addition, pandemic-related demonstrations emerged, such as when armed antilock down protestors stormed the Michigan State Capitol (Bartusevičius et al., 2021).

Partisan Violence

The United States has experienced 1,432 political violence events since January 1, 2019. Most of those events were riots, though a small number of explosions/remote violence and violence against civilians were also reported (ACLED, 2022).

Primarily two ideologies in the United States contribute to an increase in partisan violence within our country. These altercations are primarily triggered by a buildup of

societal angst or intentionally for bringing attention to partisan political topics. These groupings include those who condone political violence and support the Q-Anon conspiracy and those who feel threatened by the rising influence of previously minority populations such as women, LGBTQ+ individual, and people of color (Kleinfeld, 2021).

A large concentration of this tension rested within the Bible Belt (or southeastern area) of the United States (Jouet, 2017). The states that make up the Bible Belt statistically have the highest percentage of people who consider themselves religious and attend their respective place of worship on a regular basis (Rosenberg, 2020).

The COVID-19 pandemic only heightened the probability that those who support these ideologies would act out because of being already stressed, lonely, and sensing a feeling of inequality. "The confluence of these factors with sudden social-distancing requirements, closures of businesses and public spaces, and unusually intrusive pandemic-related government measures during an election year may have pushed the more psychologically fragile over the edge" (Kleinfeld, 2021, p. 166).

Uncertainty with the Emergence of New COVID-19 Variants

According to the CDC (n.d.), just like the yearly influenza that has a different variant each year, COVID-19 will require yearly vaccinations. The world has already experienced some of the variants (Delta and Omicron), which can spread at varying rates, present different symptoms, and reduce or incapacitate the efficacy of the vaccine and antiviral treatments. Over the past 3 months, the most common variant in the United States has been the Omicron variant, though the Delta variant was the predominant variant early in the pandemic.

Even without the threat of new, virulent strains, there are other concerns related to COVID-19 uncertainty. The vaccine was developed based on the original virus that began in Wuhan, China. That virus has now mutated to the extent that the vaccine is not as effective as it was against the original strain. Though the current vaccine seems to be effective against severe illness related to the current strains of the virus, the continuous mutation may cause the vaccine to lose its effect. This phenomenon also happens each year with the influenza vaccine, and scientists must develop a new vaccine one each year, based on their best guess of the most prevalent strains (Callaway, 2022).

Theory and Action Related to the Problem

Several leadership theories exist that may help address the disconnect between the strategies and behaviors of leaders, social media, and experts. They include complexity leadership theory, pseudo-transformation leadership theory, and authoritarian leadership theory.

Complexity Leadership Theory

As Uhl-Bien (2021) wrote, complexity leadership theory provides a roadmap for leaders and organizations to quickly adapt in the face of challenging circumstances. Examples of complexity leadership put into action during the COVID-19 pandemic are businesses switching to remote work, when possible, telehealth, schools switching to virtual learning, expanded options for grocery delivery, and order pick-up options at many retailers. The complexity leadership consists of four steps, which are discussed in the next paragraphs.

The first step in complexity leadership is to understand what complexity leadership is and the need to lead in a different way. Pressures or problems within an organization are normally the catalyst that calls for adaptive change. These pressures or problems have no known solution and people who have not worked together in the past must come together in crisis. This diverse group of individuals often experience conflicting opinions, and the situation requires that they work and adapt together for the overall success of the organization. Of course, COVID-19 highlighted many of these pressures and problems when workers had to social distance, governments were pressured to shut down, schools and restaurants were closed, and healthcare facilities operated at the maximum potential as ventilators, PPE, and test kits were scarce (Uhl-Bien, 2021).

Second, Uhl-Bien (2021) stated that it is important to assist both leaders and followers in planning how they will execute an adaptive response. During the COVID-19 pandemic, these plans often emerged out of necessity. Prime examples are the 1,000-bed hospital that the Wuhan authorities constructed in 10 days, hand sanitizer being produced by distilleries, face masks being made by automotive manufacturing facilities when their employees were not fully utilized due to an interruption in the automotive supply chain, and informal trading of goods (e.g., toilet paper).

Third, for all of these plans to happen, adaptive space is necessary. Adaptive space is the intersection of those pressures for change and pressures for stability, shaped by new connections and constructive conflict, to yield adaptive change. There were several notable examples of adaptive space during the pandemic, including healthcare

management accepting and encouraging the move to telehealth, schools and universities working with parents and students to develop successful virtual classrooms, and organizational executives allowing and facilitating remote work (Uhl-Bien, 2021).

Lastly, it is important for followers to hold leaders accountable, just as leaders hold followers accountable, especially in critical times. A system of checks and balances is necessary. If leaders are incompetent, followers must speak up and ensure that the right decision is made (Uhl-Bien, 2021).

Though businesses seem to have approached the point where they adapt relatively quickly, public-sector and political leadership have not yet reached that point. This difference works against them when the time comes to work together for the greater good of the constituents (Uhl-Bien, 2021). A perfect example of this disconnect can be seen between President Trump and Dr. Fauci (Lemon et al., 2020).

Pseudo-transformational Leadership Theory

Bernard Bass and Paul Steidlmeier were both professors at Binghamton University of the State University of New York in the School of Management. Bass was the founding director of the Center for Leadership Studies (Bass & Steidlmeier, 1999). At the time of his retirement, he was the leadership academic who had been cited most frequently. The professors co-authored *Ethics, Character, and Authentic Transformational Leadership Behavior*, which gives an in-depth account of both authentic transformational leadership and pseudo-transformational leadership.

Pseudo-transformational leaders are, according to Bass and Steidlmeier (1999), leaders who, whether consciously or unconsciously, act in bad faith. These leaders

possess an inauthentic moral foundation and compass, though they may see themselves as genuine, seeking the best for the organization. Pseudo-transformation leaders are concerned with power and position, even at the cost of their own followers' accomplishments. Pseudo-transformational leaders are distinguished by their behavior, which is inconsistent, unreliable, narcissistic, authoritarian, and Machiavellian (manipulative). Pseudo-transformational followers are generally lacking in self-esteem (conformers) and follow the pseudo-transformational leaders to invoke approval from the leader or seek to collude by going along with the self-fulfilling needs of the leader.

Authoritarian Leadership Theory

Authoritarian leadership is defined as leadership by direct, hierarchical communication and directions (Kramer, 2020). Input from subordinates is not asked for or welcomed. This style of leadership can be recognized by the behavior of the leaders and includes the following characteristics (Kramer, 2020):

- A clear separation of leader and subordinate roles.

- A focus on tasks and goals.

- Clearly defined performance expectations for all team members.

- Consequences for failure to comply with expectations.

- A structured work environment

- Specific processes for performing workplace tasks.

- Strict adherence to established rules and policies.

- The leader is the sole decision-maker.

Need for Further Study of the Problem

There are three primary reasons for a need for further study of the problem: the need to proactively prevent future crises, the opportunity to learn from ineffective approaches to addressing the pandemic, and establishing collaborative relations between leaders, experts, and social media.

Purpose of the Study

The purpose of this study was to explore the alignment and disconnect in the social media messaging between the Office of the President and the top two health organizations and subsequent state government decisions around the COVID-19 pandemic in the southeast region of the United States. With the amount of limited published research regarding the decisions made during the pandemic, this study will add a unique perspective on the decisions made by the leaders in the southeast region of the United States. Due to the extreme tensions within the Southeastern region of the United States, understanding the interplay between social media and local leaders is a critical component to analyzing the COVID-19 crisis, particularly in terms of how it played out in one of the underprivileged regions of the United States.

Research Questions and Hypotheses

Understanding the association between expert information, social media coverage and COVID-19-related decisions made by leaders in the Southeastern region is crucial in the future, where it is likely additional critical decisions will need to be made, whether it is in response to a global disease, such as COVID-19, or concerned with food insecurity, weather-related emergencies (flooding, hurricane, or tornadoes) or any other emergency

response situation. As both leaders and voters learn from past challenges, there is a unique opportunity to discover and create effective responses and strategies to future crises. Thus, the research questions addressed in this study are the following:

1. *What are the points of alignment and disconnect in the social media messaging between the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

2. *How did state government decisions in the southeastern region of the United States align with the social media messaging of the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

To thoroughly explore these questions, the researcher reviewed existing literature to determine the relationship between decisions made by leaders regarding the COVID-19 pandemic within the southeastern region during the pandemic. Also explored is the information that was offered by experts, including the CDC and NIAID, home of the nation's top public health expert on the subject and social media. The literature review includes an overview and analysis of previous and current research around concepts such as leadership and crisis management, social media influence, and the integration of expert and scholarly perspectives into crisis management plans.

Theoretical Framework

The theoretical framework used in this study was McCombs' and Shaw's agenda-setting theory to examine the alignment, or lack thereof, between experts, social media (Twitter), and the President during the COVID-19 crisis. Media and political science

researchers have recently considered the study of the association that exists between the media and partisan viewpoints, which is then played out via social media, according to Walgrave and Van Aelst (2006). Walgrave is the coordinator of the research group Media, Movements, and Politics at the University of Antwerp in Belgium and an associate professor of political science. Van Aelst is a research assistant at Walgrave's research group (Walgrave & Van Aelst, 2006). This association is especially related to the relationship between social media and the decisions of leaders in the southeastern United States during the recent COVID-19 pandemic.

The agenda-setting theory emphasizes the importance of varying means of communication such as print media, radio, television, social media, and online media to stress the issues and concerns of society (Medina et al., 2021). Walgrave and Van Aelst (2006) wrote that "when mass media emphasize a topic, the audience/public receiving the message will consider this topic to be important" (p. 89). This is the central concept behind the agenda-setting theory and was demonstrated in many studies as early as the late 1970s. Of the 19 studies detailed, eight indicated a strong media impact on the political agenda, four a considerable impact, three a weak impact, four hardly any impact, and one, the initial study, no impact (Walgrave & Van Aelst, 2006).

The media can choose from a multitude of news stories to determine the most important. As a result, the public begins to trust that the media outlets report only topics that are most important, newsworthy, and have the largest impact on society. When the media outlets repetitively cover the same topics (such as COVID-19 vaccinations), the

public is prompted to action. The media can also have an impact on the action desired by including this in their presentation of the subject (Medina et al., 2021).

Golan (2006), an associate professor of communication at the Bob Schieffer College of Communication at Texas Christian University, reported that several factors determine whether a news article is worthy of international news coverage. These factors include deviance, relevance, cultural affinity, and location in the hierarchy of nations. McCombs (2014), speaking from over forty years of research on the agenda-setting topic, determined that there are three primary sources of influence on media agendas: news sources, other news media, and news norms.

Conceptual Framework

This study was grounded in three key concepts: experts (the top two health organizations), media coverage (social media messaging), and leaders (governors). The relationship between these three concepts is shown in *Figure 1*.
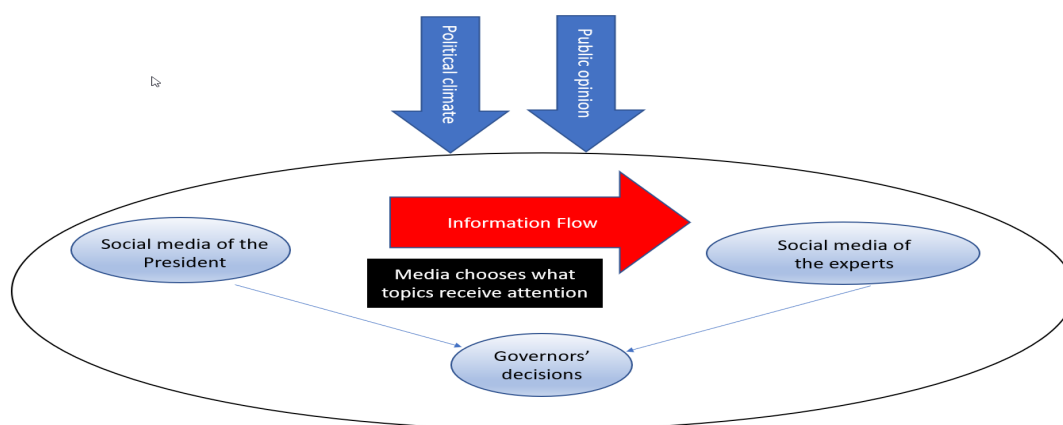
Figure 1. Conceptual framework.

Experts

Information is freely available from the experts, which include, for the purpose of COVID-19, the CDC and NIAID. These experts provide direction on what should be done because of the epistemic authority that they possess (Lavazza & Farina, 2020). The public trusts these experts for two primary reasons. First, the information that experts provide gives positive indications. Second, controversy is limited if the expert is the one responsible for providing information. During a crisis, experts are called upon to provide their advice. Often, this advice is listened to and followed without question (Pietrini et al., 2022).

During the COVID-19 pandemic, unlike previous crises, the advice of experts was not considered as it should have been in times of crisis. Exactly the opposite was the case. The reason for this was that even the experts could not agree on a course of action regarding the pandemic. This disagreement between experts resulted in delays in decisions that ultimately affected the entire U.S. public. Timing was critical for appropriate actions to be taken to contain the virus, and there was no time for disagreement between the experts on the next steps (Pietrini et al., 2022).

In many cases, political leaders at the national (President), state (governor), and county (local director of the county public health department) levels directly went against the advice of the experts. Some health officials were threatened, silenced, or fired because of the advice they presented in response to the COVID-19 pandemic (Vestal & Ollove, 2020). As already presented, there were nationally reported instances where President Trump disagreed with a top health official, Dr. Fauci (Lemon et al., 2020). At

the state level, for example, Dr. Amy Acton, who was backed by her state's governor, resigned from her position as the state health director in May 2020 because of personal attacks for her position on the virus and restrictions that she suggested to combat the virus. In Rio Grande, Colorado, the director of the county public health department, Emily Brown, was fired because she did not agree with the decision to relax COVID-19 restrictions. She also received threats on social media (Vestal & Ollove, 2020).

Media Coverage

This information becomes available to the media and, in turn, social media, during and after a process of pressures from external forces, such as the political climate and public opinion. The media then chooses which topics should receive the most attention, and this is the information that they will share, according to the view that will garner the desired result. This process is known as agenda setting (Walgrave & Van Aelst, 2006). This process has been described as "treating the news media as a strategic political actor who seeks to gain information and access from the politician in exchange for story control" (Fogarty, 2011, p. 1067). This result is the information that is passed along to leaders to make decisions that affect their followers, who may be citizens, employees, congregation, or students.

Though the information that the media provides to the general public, leaders included, is sometimes meant to set or reinforce the agenda, sometimes the opposite happens. During the COVID-19 pandemic, the media coverage on the subject was politically charged, as politicians were given, in many instances, more coverage regarding the topic than the scientists or experts were (Hart et al., 2020). Beginning in

mid-March 2020, coinciding with the timing that WHO declared COVID-19 a global pandemic on March 11, 2020 (WHO, 2020), politicians were receiving more mentions than scientists.

Leaders' Decisions

Leaders, as already discussed, may have an impact on both experts and the media. Experts can be stifled by the current political climate or public opinion, either directly or indirectly (Vestal & Ollove, 2020). The media can be pressured to report according to the current political climate or public opinion. Leaders, however, must take the information obtained from both experts and the media and make the ultimate decision on the official response to their followers. Leaders can either decide to heed the advice of the experts and media or make the decision on their own, though fully informed by both sides.

Regardless, the decision should not be made under the pressure from outside sources, including both political and public opinion. There were examples of leaders taking the advice of experts and the media during the pandemic and those who did not. An example of a leader who agreed with an expert was when Dr. Kathleen Toomey, the state of Georgia's public health director. She was in agreement with Governor Brian Kemp's decision to reopen the state after the COVID-19 shutdown. Georgia was one of the first states to reopen, though the number of COVID-19 cases began to increase shortly thereafter (Vestal & Ollove, 2020).

A Southeastern state that experienced the exact opposite is Florida. Governor Ron DeSantis fired the state's chief coronavirus data officer, Rebekah Jones, after she declined to manipulate data that supported the aggressive reopening plan for the state.

DeSantis was a firm supporter of reopening quickly. Jones did not agree (Vestal &

Ollove, 2020).

Approach of the Study

Given the research purpose of exploring the alignment between expert

information, social media coverage, and leadership decisions around the COVID-19

pandemic in the southeastern region of the United States, the research approach adopted

for this study was that of a qualitative analysis with thematic analysis of social media

messaging from the Office of the President and the top two health organizations during

the first 6 months of the COVID-19 pandemic. Thematic analysis is applied to identify

themes or common data across the data set. Because these themes are the most repetitive

within the data set, they are considered the most important (Statistics Solutions, 2021).

Thematic analysis was important for checking for commonalities or patterns

between the decisions made by different leaders (Statistics Solutions, 2021). The

resulting information was critical in ensuring that continued new information and

conclusions are drawn from existing literature, as Shaheen et al. (2019) explained.

Thematic analysis was appropriate for the current study because, while simple in

procedure, it is both rich and detailed in rigor. The outcome was an extremely organized

study.

Procedures

Six steps are followed to ensure that a thorough thematic analysis takes place.

They include the researcher familiarizing themselves with the data, identifying the initial

codes, searching for themes, reviewing the themes, defining, refining, and naming the themes, and producing the final report (Shaheen et al., 2019).

Step 1 – Becoming Familiar with the Data

To become familiar with the data, it is important to read and reread the material multiple times as the initial step. For this reason, it is important to use a small sample size. Through the process of reading and rereading the data, themes begin to emerge. In this initial step, the researcher should make notes about the points of the data and any repetition that is noticed. No official coding is done in this first step (Shaheen et al., 2019). For the current study, the researcher identified COVID-19-related social media posts from the Office of the President and the top two health organizations' Twitter and Facebook accounts between March 1, 2020, and September 30, 2020, and organized them in a spreadsheet.

Step 2 – Identify Initial Codes

The second step of thematic analysis is identifying the initial codes. In this method of coding, the data are organized into meaningful groups. Codes are smaller units of the broader themes that will begin to be constructed in Step 3 (Shaheen et al., 2019).

Thoroughly and systematically going through all the data is the primary objective in the second step. Coding can be done either manually or via coding software. The manual process involves the researcher noting possible patterns within the data set (Shaheen et al., 2019). In the current study, the researcher assigned codes to the messages that could be grouped together across all the organizations and then within each organization.

Step 3 – Search for Themes

After the coding is complete, Step 3 begins with the researcher searching for recurring themes within the data. The researcher combines similar codes to form themes. Subthemes (smaller chunks of the overall theme) may also be identified at this step. It is not advisable to discard any codes at this point. Those codes should be moved to a miscellaneous-themed category to maintain the integrity of the data (Shaheen et al., 2019). From the information gathered in Step 1 that was refined and grouped in Step 2, the researcher identified repetitive themes that emerged from the data collected. The researcher used manual coding in this study.

Step 4 – Review the Themes

After identifying the initial themes in Step 3, the next step is reviewing the themes. Step 4 is a two-part process. First, the researcher ensures that the identified themes are clearly defined and meaningful. A thematic map is possible at this point. The second part of Step 4 is to review the coding once more to ensure that there is no need for additional themes. This process can be unending, so the researcher must set a limit to the amount of review that takes place. The thematic map must be completed in Step 4, as a prerequisite to Step 5 (Shaheen et al., 2019). In the current study, the researcher developed a thematic map from the resulting themes in Step 3. In addition, the researcher reviewed the data once more to ensure that no themes were omitted.

Step 5 – Define, Refine and Name the Themes

In Step 5, the researcher identifies the meaning of each identified theme from Step 4. It is important for the researcher to state what is interesting about the themes and why

the individual codes were organized into each individual theme. It is also important to

relate the theme to the research question and how each theme relates to the other themes.

Subthemes should also be noted in Step 5. Before conducting Step 6, it is imperative to

have a naming convention that is simple, short, and recognizable for each of the themes

(Shaheen et al., 2019). In the current study, the researcher named each of the themes

identified in the previous step and clearly stated the significance of each and the reason

for organizing data into that specific theme. The researcher also identified and stated any

subthemes noted.

Step 6 – Produce the Final Report

The report on the analyzed data set, by theme, should be written as an evaluation.

Simply describing the themes is not sufficient. The analysis should be written to give the

reader a synopsis of the data, how they relate to the research question, and how the

themes relate to one another. The analysis, essentially, gives the reader a boiled-down

version of all the most important information in a clear, concise format (Shaheen et al.,

2019). For this study, the researcher combined the data results into the final report. The

relation of the themes to one another and to the research questions was be clearly stated.

This final report is a synopsis of all collected data.

Significance of the Study

Uniqueness and Compatibility of the Research

This research is important and advantageous to complete for three primary

reasons. The findings will offer leadership strategies that can be used during a crisis. It

involved an examination of the strengths and weaknesses of leadership, social media, and

expert collaboration in crises. Also examined were the role and influence of social media and experts during a crisis.

Leadership Strategies

As is apparent from the lack of implementing a clear strategy at the onset of the COVID-19 outbreak, it is imperative that leaders are ready and willing to act when situations are critical. This clearly did not happen even when it became apparent that the COVID-19 situation was dire. In the future, there is a need to learn from past mistakes to have a clear leadership strategy to successfully launch a plan to mitigate the risks to the public (Knauer, 2022).

Strengths and Weaknesses of Collaboration

Crises bring out the best and worst in people and society. There was much learned from the strategy, or lack thereof, that was employed in response to the COVID-19 pandemic. The pandemic put the leadership, social media, and medical experts to the test, revealing what the strengths and weaknesses of each are. After becoming aware of the strengths and weaknesses, an improvement plan can be developed to anticipate the next crisis.

Influence of Media and Experts

Just as with the strengths and weaknesses of leadership, social media, and experts, the role and influence of social media and experts during the crisis became clear. Though this could change based on the political climate during the next crisis, a model can be developed to explain the role and influence of social media and experts during the

COVID-19 crisis. Understanding this relationship is imperative to improving the situation, or at the very least, being prepared, for the next crisis.

Contribution to Knowledge, Theory, and Practice

This study will contribute to addressing the deficiency of literature in regard to the decision-making process of leaders in the Southeast throughout the COVID-19 pandemic. Examining the decisions of the respective governors, as a reference, and how social media played a role in the decisions will result yield information on how to make critical decisions in future at the leadership level. One of the most prominent gaps to be addressed during the COVID-19 pandemic was the consistency of communication that was directed to the public. When the public receives differing information from differing sources, they are unsure of what or who to believe. This uncertainty leads to a general sense of distrust not only in the public but also among leaders, experts, and social media.

The aim of this dissertation was to provide clarity regarding the best way for leaders, social media, and experts to work together to provide the general public with information that is clear and concise, leaving no room for misinterpretation. The public should know exactly what to do, how to do it, and when to do it at the onset of the next crisis.

Delimitations and Limitations of the Study

Assumptions

All documents reviewed in this dissertation are believed, to the best of the researcher's knowledge, to be from reliable and credible sources. Experts are assumed to provide their unbiased opinion. As what social media reports cannot be controlled, the

assumption made in this study is that they report what they deem as the most important and impactful information based on outside forces that affect the decisions that they make regarding what to report.

Parameters

For this dissertation, only the literature based on decisions made that affected the southeastern United States during the height of the COVID-19 pandemic in the United States was included. The height of the pandemic was the first 6 months of 2020. This dissertation included a review of social media (Twitter) from the first 6 months of 2020 only, not the print media (newspapers and magazines) or broadcast media (television and radio). Only official social media releases from the Office of the President were in scope of this study. Expert information was limited to official information released by social media from the CDC or NIAID.

Definitions of Terms

Areas of Specialized Vocabulary

For consistency of interpretation, the following terms are defined:

Center for Disease Control and Prevention (CDC): The CDC is the United States' primary public health organization (The Lancet, 2020)

Epidemic: Widespread outbreak outside of the area of initial detection.

Expert: For the purpose of this dissertation, experts are those who hold specialized knowledge of the pandemic. They include medical experts on the virus from the CDC and NIAID.

Leader: For the purpose of this dissertation, a leader includes the President of the United States and southeastern U.S. governors.

Outbreak: An increase from the normal or anticipated number of cases.

Pandemic: An epidemic that spreads to multiple countries or areas of the world.

Social Media: For the purpose of this dissertation, social media includes only Twitter.

World Health Organization (WHO): Brown et al. (2006, p. 1) defined the WHO as "an intergovernmental agency that exercises international functions with the goal of improving global health."

Summary and Forecast

Chapter 1 contains an overview of this study, which aims to explore the relationship between the reporting of social media and the decisions that governors in the southeastern United States made during the COVID-19 pandemic. This first chapter also included the study's background, purpose, approach, procedures, significance, delimitations, and limitations.

In Chapter 2, the researcher discussed literature that is pertinent to social media reporting and the impact on the decisions that governors made in the Southeast. The researcher also integrated the agenda-setting theory as it relates to these decisions. Finally, the researcher discusses the themes that are fleshed out in more detail in this chapter.

CHAPTER 2

REVIEW OF THE LITERATURE

Organization of Review

The purpose of this study was to explore alignment and disconnect in the social

media messaging between the Office of the President and the top two health

organizations and subsequent state government decisions around the COVID-19

pandemic in the southeast region of the United States. The research questions were as

follows:

1. *What are the points of alignment and disconnect in the Tweets between the*

   Office of the President and the top two health organizations during the first

   six months of the COVID-19 pandemic?

2. *How did state government decisions in the southeastern region of the United*

   States align with the Tweets of the Office of the President and the top two

   health organizations during the first six months of the COVID-19 pandemic?

This chapter contains a review of the literature addressing research and theory

related to the study around the agenda-setting theory, specifically in the areas of conflict

and the political frame, vaccine requirements, mask mandates, stay-at-home orders, and

poverty in the Southeastern United States. Though agenda-setting theory is the theoretical

framework of the study, these additional themes cannot be overlooked, as they are

certainly relevant to the study as applicable research. A summary analysis of prominent

themes and findings within the reviewed literature is presented at the end of the chapter.

Theoretical Framework

Review of Research and Theory about the Agenda Setting Theory

Drawing from Pichault's (1993) study, Bolman and Deal (2017) identified four

necessary steps to setting an agenda:

1. Determine channels of informal communication;

2. Identify principal agents of political influence;

3. Analyze possibilities for mobilizing internal and external players; and

4. Anticipate counterstrategies that others are likely to employ (p. 206).

Medina et al. (2021) continued with Bolman and Deal (2017) and Pichault's (1993)

assertions above and stated that in addition to the four steps, after the message is

delivered, repetition is crucial to ensure that the agenda is received and acted upon. The

message must be readily accessible to the public, and it must be repeated constantly for

the full effect to be realized.

Cohen (1995) defended the assertion by Medina et al. (2021) that repetition is the

key to ensuring that a response is elicited from the public. If the message is changed, and

the public receives a different message, they do not act on the first message. They shift

their attention to the second message. To keep a clear focus, repetition and a clear,

singular message is necessary (Cohen, 1995).

Walgrave and Van Aelst (2006) provided an analysis where there is either no impact,

hardly impact, or weak impact when mass media sets the political agenda. Consequently,

they also provided cases where there is a strong and considerable impact. Election times,

for example, versus nonelection times seemed to foster behaviors that were outside of the normally expected results.

Wanta and Foote (1994) specifically stated that the Presidential relationship with the media was a very complex study. He found that often the media and the President's agenda on topics coincided, so it was hard to tell which influenced the other. Conversely, McCombs and Shaw (1972) found that though it could not be proven that media could set the agenda, the conditions are favorable for it to occur.

This finding is in alignment with the findings of Edwards and Wood (1999) who found that the ability of the President to set the media's agenda is mixed. Eshbaugh-Soha and Peake (2005) also confirmed previous research by Edwards and Wood (1999) and Wood and Peake (1998) that even though Presidents have some measure of control over the economic agenda, they are primarily influenced by the media regarding the economy.

Fauci stated that governments must ensure that messages to the public are consistent to ensure that the message is received as intended for maximum effect. He further stated that many people, especially some minority groups, such as African Americans, Latinos, and Native Americans, mistrusted the government due to history such as the Tuskegee experiment, and that trust had to be rebuilt (Tanne, 2020a). Consistency is the key to rebuilding that much-needed trust in the government. Rebuilding trust in the government; however, is difficult to do, especially when the President and the top two health organizations are not consistently in alignment (Tanne, 2020a). Many factors led to the mistrust in government and the seemingly constant

misalignment between the President and the top two health organizations in our nation. Those recurring themes are discussed in the following section.

Summary of Findings and Themes within Reviewed Literature

The above review of the literature represents the theoretical framework related to the research questions addressed in this study. This final chapter section is a summary of the prominent themes and findings within the framework. These themes include conflict and the political frame, vaccine requirements for healthcare workers and government employees, mask mandates, stay-at-home orders, and poverty in the southeastern United States. This summarization will serve as a base for comparison of study findings to relevant literature in Chapter 5.

Summary of Themes/Findings about Conflict and Political Frame

Theme/Finding: Conflict

Though not always seen as a benefit, conflict is an integral part of the political frame, and can be a benefit. Conflict has both benefits and costs as evident in Bolman and Deal's (2017) political frame:

> The political prism puts more emphasis on strategy and tactics than on resolution of conflict. A tranquil, harmonious organization may very well be an apathetic, uncreative, stagnant, inflexible, and unresponsive organization. Conflict challenges the status quo and stimulates interest and curiosity. It is the root of personal and social change, creativity, and innovation. Conflict encourages new ideas and approaches to problems, stimulating innovation. (p. 196)

Bolman and Deal (2017) explained that conflict can be negative or positive. Mazey and Richardson (2020) studied the relationship between the leaders of the United States and New Zealand and the respective top health officials at the height of the pandemic. For the United States, the President was Donald Trump, and the top health official was Dr. Anthony Fauci, the Director of NIAID, the National Institute of Allergy and Infectious Diseases, and the chief medical advisor to the President. For New Zealand, the Prime Minister and leader of the Labour Party was Jacinda Ardern, and the top health official was the New Zealand Director General of Health, Dr. Ashley Bloomfield. Trump and Fauci did not seem to be on the same page regarding health agenda, whereas Ardern and Bloomfield were always in accord.

Van De Mieroop et al. (2019) found that, even though there is both formal and informal leadership within an organization or government, they are not always in agreement. Per the study by Pan et al. (2018), formal and informal leaders can, in a productive environment, complement one another. It is not necessary for formal and informal leaders to always in disagreement with one another.

Theme/Finding: Political Blame Game

Boin and t' Hart (2022) proposed three potential outcomes from the COVID-19 crisis. The first potential outcome is adaptation because of learning. The second is a political blame game, and the third is exploitation and reform. All the potential outcomes have political momentum and conflict at the root.

Tanne (2020a) provided a perfect example of what Boin and t' Hart (2022) termed the political blame game as Donald Trump told his supporters, "People are tired

of COVID. I have these huge rallies. Just leave us alone. They're tired of it. People are tired of hearing Fauci and all these idiots." Dyer (2020) explained that President Trump stated that, when speaking of Dr. Fauci's errors in the pandemic, "Dr. Fauci is a nice man, but he's made a lot of mistakes."

Dyer (2020) also stated that Dan Scavino, the White House deputy chief of staff for communications, posted and then deleted on his Facebook page a depiction of Fauci flushing the U.S. economy down the drain. After an extensive backlash the next day, Alyssa Farah, the White House director of strategic communications tweeted "The Peter Navarro op-ed didn't go through normal White House clearance processes and is the opinion of Peter alone @realDonaldTrump values the expertise of the medical professionals advising his administration."

Theme/Finding: Sense-makers

Similar in scope to Boin and t' Hart's (2022) study, Tasselli and Sancino (2023) also found three networking behaviors that are outcomes of the COVID-19 pandemic. Leaders can be what are called 'churners,' which means that they either create new networks or drop old networks. They can be divergents, who are eager to reevaluate their networks and are often abrasive within their networks. Finally, they can be sense-makers, which means that they can invest time and effort in the relationships with the people within their networks to cultivate deepening relationships. Sense-makers are the only leaders who do not frantically look for new ties when a crisis comes.

A perfect example of a sense-maker is when Trump appointed Scott Atlas as his new COVID-19 adviser. Atlas is a neuroradiologist who has no experience with public

health or infectious diseases. Fauci is quoted as saying, "I have real problems with that guy. He's a smart guy who's talking about things that he doesn't have any real insight or knowledge or experience in" (Tanne, 2020b). To keep the economy running, Atlas advocated for allowing healthy, young adults to continue working and allowing COVID-19 to spread among them.

Theme/Finding: Virus Risk Perception

These outcomes are also evident in the study by Chan et al. (2021) on national identification on disease-preventive behaviors. Many countries around the world acknowledged the severity of COVID-19 and set a common goal to fight it. The United States, however, lagged behind with the President refusing to acknowledge the severity of the virus in the early months of the pandemic. China, meanwhile, declared a war on COVID-19 in February 2020, early in the pandemic, with the Chinese President leading the charge, and the Chinese people supporting the common national goal.

Brinson (2022) recently strengthened this statement, finding that 25% of Americans would likely refuse the COVID-19 vaccine. With refusal rates this high, herd immunity is at risk. Brinson found that this refusal likely has a politically motivated link as conservatives generally perceive less of a threat from COVID-19 than liberals, which is in alignment with previous studies by L. An et al. (2021), Dimock and Gramlich (2022), and Gelfand et al. (2022).

In a study by Funk et al. (2022), respondents felt that vaccination against COVID-19 was the most effective method of limiting the transmission of the virus. Distancing of at least six feet was found to be the respondent's least likely method of limiting the

spread of the virus, followed closely by wearing masks around other people while indoors.

Theme/Finding: Partisan Division

The findings of Funk et al. (2022) also reflected these same categories down by Republican and Democratic views. The partisan division is evident, where Democrats are more concerned with the risk of COVID-19, whereas Republicans are less concerned about the risk of COVID-19, aligning directly with the beliefs of their political party. In every category, Democrats agreed more strongly that each action was more effective in reducing the spread virus, whereas Republicans disagreed. The same trend is reflected with those who are or are not vaccinated.

With both Democrats and Republicans viewing the most effective action to prevent the spread of the virus as the vaccine, it is not surprising that about 70% of US adults are vaccinated (Funk et al., 2022). Sticking with the partisan division, Republicans are vaccinated at a lower rate (60% of U.S. adults) than Democrats (85% of U.S. adults). The highest rate of vaccination of any age group is in the over 65-years-old group, at 86% of U.S. adults. The least vaccinated age group is young adults, aged 18 to 29, with only 65% of U.S. adults vaccinated.

Theme/Finding: Education and Vaccination Rates

Funk et al. (2022) found that higher educated (88%), higher income with health insurance (87%), and senior individuals (above 65; 86%) were the most likely to be vaccinated. The national average for U.S. adults is 73%, for comparison. White

evangelical Protestants (60%), aged 18 to 49 in rural areas (55%), and those with no
health insurance (55%) were the least likely groups to receive the vaccination.

Theme/Finding: Seriousness of COVID-19

Overall, Funk et al. (2022) found that Americans are less concerned about the risk
of requiring hospitalization because of COVID-19 and unknowingly spreading COVID-
19 to others than they were at the beginning of the pandemic. Though there was a slight
uptick regarding perceived risk at the beginning of 2022 when the second variant of
COVID-19 swept across the country, the perceived risk has been on a downward trend
since that time.

Unfortunately, whether vaccinated or not, many people who found themselves
infected with COVID were desperate for a cure, and misinformation abounded. Baker
and Maddox (2022) stated that in mid-March 2020 Elon Musk shared on Twitter that
chloroquine might be worth considering for COVID-19. Two days later, Trump said that
the Food and Drug Administration would fast-track approval for hydroxychloroquine,
which is a drug used to treat malaria and arthritis, as a cure for COVID-19. Fauci
disputed these claims, but the Tweets of Musk and Trump filtered throughout the world,
resulting in drug shortages for those needing these drugs to treat malaria and arthritis and
an unresolved treatment for those who took it as a remedy for COVID-19.

Summary of Themes/Findings about Vaccine Requirements

As previously discussed, there was much hesitancy to take the vaccine by many
(Funk et al., 2022). Employers, specifically, felt the need to protect their workers when

they were able to return to work by ensuring as many as possible were vaccinated as early as possible. The personal choice of whether to vaccinate led to a dilemma in the healthcare community where these workers are charged with doing no harm, for which they have taken an oath. In the end, according to Myers et al. (2023), this oath was the tipping point that made all the difference when deciding whether to require healthcare workers to be vaccinated. The overall good for society far outweighed the inconvenience for the healthcare worker, so the Ethics Committee of American Academy of Emergency Medicine found that vaccine mandates would be allowed.

Lee et al. (2022) studied vaccination coverage of healthcare workers across multiple variables, as Funk et al. (2022) did, though Funk studied the population in general. The results were expected, based on previous studies such as Funk et al.. When a requirement is put in place, the percentage of those vaccinated across all demographics increases by a substantial percentage. The increases in vaccination rate are attributed to the vaccination requirement (Lee et al., 2022).

Lee et al. (2022) provided more detail regarding the states that have healthcare requirements to be vaccinated and the percentage of workers who have been vaccinated. The same trend is seen here with poorer, southeastern states in the lower left quadrant having lower vaccination requirements and rates, which coincides with the results of Funk et al. (2022).

Troiano and Nardi (2021) conducted a similar study that focused on vaccine acceptance. They found that the socioeconomic groups that were least likely to take the vaccine were Black, unemployed, personal belief against vaccines, felt close to radical

parties or did not vote, voted for far left or far right in the last elections, women, lower education, lower age, and lower income. Democrats and health care workers were more likely to receive the vaccine. Whether the person had been previously infected with COVID-19 did not influence their likelihood of receiving the vaccine. These findings are in alignment with previous studies of Funk et al. (2022) and Lee et al. (2022).

A study by Kates et al. (2022) went a step further and included not only the healthcare staff but also the transplant candidates for vaccine mandate. In this case, pediatric transplant candidates and existing transplant candidates were not relevant. Only new candidates and those who would not be adversely affected were asked to be vaccinated.

Vaccine mandates were applied to not only healthcare workers but also the military. Due to pressure from conservatives as the delta variant raged in late July 2021, President Biden, announced regular testing for COVID-19 for those federal government employees who were not vaccinated days after the announcement that vaccines were mandatory for all federal government employees by January 4, 2022 (Tanne, 2021). Gravagna et al. (2020) detailed in their study that certain countries penalize citizens who do not adhere to the vaccination mandate to try to encourage citizens to receive the vaccines. Much like Van Lange et al. (2014), reward or punishment can be leveraged to obtain the required outcome in a certain situation. In this situation, punishment is used.

Van Lange et al. (2014) also advocated for a reward to achieve a desired outcome. Naeim et al. (2022) found that incentivizing individuals would ensure that they would be vaccinated. Endorsements were found to be ineffective. Financial incentives were

effective, more so with increased value. Not having to wear a mask or socially distance also had the greatest intent to be vaccinated similar to dining out in public, going to a sporting event, traveling, and returning to work with the employer requiring a vaccination.

<div align="center">*Summary of Themes/Findings about Mask Mandates*</div>

Throughout the COVID-19 pandemic, a standard implementation of the mask mandate was lacking. The CDC recommends the use of N95 masks for healthcare workers because they provide the highest level of protection. Dominquez et al. (2022) outlined the types of masks and the coverage they provide, which can be found at https://doi.org/10.7759/cureus.32437. Due to the high demand for these masks, a shortage ensued. There were not enough N95 masks for all the healthcare workers, so healthcare workers had to revert to wearing surgical masks, which provided a lower level of protection against the virus and a higher risk of infection (Dominquez et al., 2022).

According to Dominquez et al. (2022), states were allowed to make their own decisions, independently, regarding mask mandates, and some states did not implement mandates throughout the entirety of the pandemic. By September 2020, 14 states still had not implemented a mandate. Reuse of surgical masks, which are meant for one-time use, resulted in misuse and potential spread of the virus. Homemade and cotton masks were often ill-fitting, which also potentially led to the spread of the virus. Masks were not enough for the public. People resorted to making their own masks (Dominquez et al., 2022). Zhang and Warner (2020) found that even homemade and low-quality masks

reduced the transmission of community spread of COVID-19 when universal mask-wearing was enforced.

B. An et al. (2021) found that, although mask mandates were the least frequently adopted preventive measure, they were the most effective in preventing the spread of COVID-19. This finding is consistent with the findings of previous studies by Betsch et al. (2020), Leung et al. (2020), Peeples (2020), and Zhang and Warner (2020). An earlier study by Zhang and Warner (2020) revealed that in the longer term, mask mandates flattened the curve more so than shutdowns.

Theme/Finding: At the State Level

Chen et al. (2022) found that political ideology and gubernatorial power were two characteristics of state governors that influenced the time it took them to impose mask mandates in their respective states. The results in days to adopt the mask mandate during the COVID-19 pandemic. These results are in alignment with previous studies by Funk et al. (2022), where Republican states and governors were slower to act than Democratic states and governors (Ballotpedia, n.d.).

Theme/Finding: At the National Level

Dyer (2021) stated that Deborah Birx, President Donald Trump's White House coronavirus response coordinator, told the House Select Subcommittee on the Coronavirus Crisis that "If we had fully implemented the mask mandates, the reduction in indoor dining, the getting friends and family to understand the risk of gathering in private homes, and we had increased testing, then we probably could have decreased fatalities by

30-40%." This comes after Birx confirmed that President Trump did not follow through with her specifics of what she needed him to do to protect the American public from the COVID-19 pandemic. Trump retweeted on May 27, 2020, an article from the Federalist, stating, "Masks aren't about public health but social control. Image of Biden in black mask endorses culture of silence, slavery, and social death" (Trump, 2020).

On October 5, 2020, while President Trump was in Walter Reed National Military Medical Center recovering from his bout with COVID-19, he tweeted "Don't be afraid of COVID; don't let it dominate your life" (Kolata & Rabin, 2020). Such statements from the President and health experts led to an inconsistency around policies and procedures for safety. President Trump was also known to mock others who wore masks to help prevent the spread of the disease, as was evident when he commented regarding Joe Biden as a presidential candidate, "I don't wear masks like him; every time you see him, he's got a mask. He could be speaking 200 feet away from them, and he shows up with the biggest mask I've ever seen" (Kolata & Rabin, 2020). While President Trump was likely still contagious, he went for a car ride, with his Secret Service agents in the car with him, to wave to his supporters, letting them see that he was recovering well from the virus. This act signaled to others his disregard for the safety of others who could possibly have been infected because of his actions (Kolata & Rabin, 2020).

Summary of Themes/Findings about Stay-at-Home Orders

Between March and April 2020, 43 states were locked down by stay-at-home orders due to COVID-19 (Ballotpedia, n.d.). During the time that people were quarantined in their residences, they relied heavily on the news provided by various

channels of mass media to provide guidance for their daily lives. As COVID-19 spread throughout the world, situations changed quickly. Everyone needed to know whether it was safe or even allowed to go to their place of employment and places of worship and to send their children to school. The policies varied dramatically, depending on the political affiliation of the state's governor and from state to state (see https://ballotpedia.org/States_that_issued_lockdown_and_stay-at-home_orders_in_response_to_the_coronavirus_(COVID-19)_pandemic,_2020). Of the 43 states that issued stay-at-home orders during March and April 2020, all 24 Democratic governors issued mandates compared to only 19 of the 26 Republican governors (Ballotpedia, n.d.).

Theme/Finding: Effects of Stay-at-Home Orders

Page-Tan and Corbin (2021) found that stay-at-home orders were the most effective way to mitigate the spread of COVID-19 among high-vulnerability groups. The researchers found that 31 fewer deaths were reported in the counties with stay-at-home orders than in the counties without stay-at-home orders during the study. An unwanted side effect, however, was that these orders had a significant impact on the economy due to diminished wages and the potential for increased unemployment as people remained at home instead of going to work.

Ava (2020) argued that these mandated stay-at-home orders infringe upon people's civil liberties. As a result, protests have raged since the beginning of the COVID-19 pandemic in the majority of the 50 states. Jiang et al. (2021) studied rural and urban counties in the United States during stay-at-home orders implemented in the first

half of 2020 to assess the effectiveness of these orders in mitigating the spread of COVID-19. For both rural and urban counties, cases increased.

Strassle et al. (2022) found that in North Carolina during the stay-at-home order, a disturbing trend emerged where drastic increases were noted in Black/African American resident assault hospitalizations. Firearm injuries spiked in other states in the United States during stay-at-home orders during the COVID-19 pandemic. Similar results were found in studies by Hatchimonji et al. (2020), Yeates et al. (2021), and Abdallah et al. (2021).

Buckner et al. (2021) studied the effects of the stay-at-home order in the state of Louisiana on distress during the COVID-19 pandemic. As expected, anxiety and depression increased, which coincided with the results from a study by Weems et al. (2007) after Hurricane Katrina struck Louisiana.

Theme/Finding: Reopen the Country

On August 3, 2020, President Trump stated during a briefing from the White House on the virus, "It's important for all Americans to recognize that a permanent lockdown is not a viable path forward producing the result that you want or certainly not a viable path forward and would ultimately inflict more harm than it would prevent" (Higgins-Dunn & Lovelace, 2020). He continued, "In our current phase, we must focus on protecting those at highest risk while allowing younger and healthier Americans to resume work and school with careful precautions. Ideally, we want to open those schools. We want to open them" (Higgins-Dunn & Lovelace, 2020).

As people grew tired of stay-at-home orders and social distancing, President Trump went directly against the advice of U.S. health officials when he Tweeted on March 22, 2020, that "I would love to have the country opened up and just raring to go by Easter" and be able to return to work (Tanne, 2020b). To demonstrate his displeasure with masks, President Trump held re-election campaign rallies where his supporters were encouraged to show their loyalty by not wearing masks. If they attended, they were asked to sign waivers to relieve Trump of any liability if they contracted COVID-19 after the rally (Brenner, 2021).

Summary of Themes/Findings about Poverty in the Southeastern United States

One of the most heavily impacted areas in terms of death rate, political polarization, and strongly divisive factions during the COVID-19 pandemic was the Southeastern region of the United States. The latest U.S. Census results presented in Forbes by DePietro (2022) indicate that eight of the top 10 states with the highest percentage of their population living below the poverty line are in the Southeastern region of the United States. They include Mississippi, Louisiana, West Virginia, Kentucky, Arkansas, Alabama, Tennessee, and South Carolina.

Individuals living below the poverty line face significant racial and socioeconomic disparities such as a lack of access to care, information, and resources, such as childcare and Wi-Fi (Sood & Sood, 2021). Though poverty has decreased by 3.7% from 2010 to 2020, still 11.4% of U.S. citizens live in poverty. The poverty rate fell from 27.4% in 2010 to 19.5% in 2020 for Black Americans and from 26.5% in 2010 to 17% in 2020 for Hispanic Americans (USAFacts, 2022).

Though these rates depict a grim picture, there is somewhat of a positive aspect. Things could have been even worse if Congress did not pass the Coronavirus Aid, Relief, and Economic Security (CARES) Act in late March 2020, which provided $600 per week of expanded unemployment insurance, broadened eligibility, and extended unemployment benefits for an additional 13 weeks. As a result, the poverty rate decreased across all racial groups and age groups. Had the CARES Act not been enacted, 4.7 million more people would have been living in poverty in 2020, and the poverty rate would have been 12.9%, not 11.4%. African Americans experienced the biggest reduction in poverty among all racial groups because of the Act, a 2.5% reduction or 1.1 million people (Chen & Shrider, 2022).

Theme/Finding: Potential for Fraud

With $2.6 trillion dedicated to the stimulus package to fight the war against COVID-19, Lewis et al. (2020) explained that the potential for fraud is at an all-time high. In this study, 68% of those responding to a survey of the Association of Certified Fraud Examiners had observed an increase in fraud after the onset of COVID-19. By May 2021, fraud was expected to rise in the following categories: cyber, vendors and sellers, payment, healthcare, identity theft, insurance, loan and bank, bribery and corruption, employee embezzlement, and financial statements. As those who commit fraud become cleverer, 75% of those surveyed reported that they face additional challenges in investigating and preventing fraud, and two-thirds said that fraud detection is now more difficult (Lewis et al., 2020). Unfortunately, sometimes those who are the

most in need are the ones most at risk of taking advantage of the systems put in place to alleviate some of the hardships.

Theme/Finding: Lack of Healthcare

African Americans, specifically, which represent the highest percentage of any ethnicity that live below the poverty level, are overrepresented in the southeast regions. Racial inequalities in health care coverage in the southeast disproportionally affect African Americans (Sood & Sood, 2021). As a result, fewer African Americans can afford healthcare and, consequently, suffer from a lack of preventive and beneficial health services, leading to more chronic and life-threatening diseases or illnesses (Sood & Sood, 2021). As discussed earlier, these are some of the reasons that the Black population in the southeastern United States experienced higher death rates during the COVID pandemic than many other groups (KFF, 2022).

Theme/Finding: Tuskegee Study

According to Sood and Sood (2021), many African Americans, particularly in the rural Southeastern United States are particularly untrusting of the health system. This mistrust is a result of racial bias in health care that could have been made worse by Acts such as the Tuskegee syphilis study that took place in rural Alabama from 1932 to 1972. In this study, patients, who were all African Americans, were untreated participants, and allowed to silently suffer without treatment while being monitored as part of the research study.

Alsan and Wanamaker (2018) found in their study that participants were not knowledgeable about the specifics of the Tuskegee study, but they were still skeptical about the healthcare system. The researchers concluded that though the Tuskegee study may have led to a lack of trust in the healthcare system 50 years ago, right after the study, the residual trust issues are a result of continuing discrimination and devaluation that African Americans face.

Theme/Finding: Information Poverty

Information poverty also affects those who live below the poverty line. This group struggles with access to information. Those who live in homeless shelters often do not have access to computers to use to seek for information (Sood & Sood, 2021).

Globally, when virtual learning started because of COVID-19, approximately a third or 463 million of the world's school-aged children did not have access to the Internet (UNICEF, n.d.). During this period, 93% of school-aged children participated in some form of virtual learning (Bureau, 2021). In a study, 26% of those surveyed said that the Internet was too expensive (Coe, n.d.).

A significant gap still exists where all school-aged children either lack access to the Internet or devices to complete their assignments if online learning would become necessary, such as during the COVID-19 pandemic (Lieberman, 2021). These challenges are seen primarily in the lower income bracket, with both rural and urban areas impacted the most significantly (CRPE, 2021).

According to a survey of U.S. adults conducted in 2020, the vast majority of children who had to do their homework on a cell phone after their school closed during

quarantine were from low income and urban families. Children from similar circumstances also had to use public Wi-Fi to finish their schoolwork, as there was not reliable Internet in the home. Most commonly, these children did not have access to a computer at home and consequently, were not able to complete their schoolwork (CRPE, 2021). According to Moscoviz and Evans (2022), this disparity led to an increased dropout rate, specifically among older students of lower socioeconomic backgrounds.

Phones are a luxury that many cannot afford. To receive information, generally either a phone number or email address is needed. Many poor children do not have either (Sood & Sood, 2021). Families that live below the poverty line are significantly less likely than those above the poverty line to have these types of technology within their homes.

When COVID-19 impacted the school systems throughout the United States, schools were required to quickly transition from in class instruction to online instruction. According to Price and Mansfield (2021), this shift was compounded in the Southeastern United States, where many areas also suffer from food insecurity, a lack of Internet, computers, laptops, or phones with Internet connection at home. A study by Price and Mansfield (2021) highlighted the lack of involvement by the North Carolina State Superintendent of Public Instruction in the planning for the 2020–2021 school year to provide a plan for learning, whether hybrid learning or fully remote learning. The state was struggling to provide funding to continue to provide Internet access to students who did not have it at home, which, according to a 2018 study, was approximately half of all households. Rural areas are affected even more extensively, with up to 95% of

households without internet service. Kretchmar and Brewer (2022) found that many families and school districts across the nation were torn between continuing trying to educate children at home, regardless of the struggles that they had faced, and bringing them back into the schools. The debate raged nation-wide between fully in-person learning, fully online learning, or a hybrid schedule.

Theme/Finding: Reopening Schools

When it was time to reopen schools, other issues caused concern, especially within the poorer, Southeastern states. This concern caused Trump to go directly head-to-head against the CDC again. Trump tweeted in mid-July 2020, "I disagree with @CDCgov on their very tough & expensive guidelines for opening schools. I will be meeting with them" (Dyer, 2020).

The CDC first refused to budge, but they later said they would "update" their guidelines within a week. This first-time bowing to political pressure led four previous CDC directors to write a *Washington Post* article detailing how in the more than 15 years that they held the office that never once did political pressure overrule scientific evidence (Dyer, 2020). These were unique decisions made without sound evidence.

Kretchmar and Brewer (2022) detailed the politics involved in reopening decisions in liberal and conservative communities. Even within the same state, school districts made drastically differing decisions regarding whether children would return to school in person, virtually, or on a hybrid schedule. For example, Gwinnett County Public Schools in Georgia, generally conservative schools, began the 2020 school year in virtual learning; however, they required teachers to be in the school building. If the

teacher had an approved medical condition that put them at high risk, they could ask for an accommodation, for which only three were granted.

The superintendent of the DeKalb County Public Schools in Georgia, generally politically left, presented a plan to gradually reopen schools with a hybrid A/B Day transition (2 days face-to-face learning, 3 days remote learning) as long as the confirmed COVID-19 cases stayed below 100 cases per 100,000 residents for a period of 14 days. Unfortunately, due to an anticipated spike of COVID-19 cases in the fall, students were unable to begin face-to-face instruction until March 2021 when vaccinations were widely available (Kretchmar & Brewer, 2022).

Forecast Chapter Three

In Chapter 3, the researcher will reiterate the purpose statement and state the research methodology used in this research study. The data analysis method was thematic analysis. The researcher used inductive manual coding to explore the latent meaning of the data more fully. The sampling strategy used was systemic sampling, as the date range of the Twitter data extracted had a defined start and end date, the first 6 months of 2020, which was at the height of the COVID-19 pandemic. The researcher ensured a valid, trustworthy, triangulated, and unbiased research study though peer review and the auditing process.

CHAPTER 3

METHODOLOGY

Introduction

The aim of this study was to understand the decisions made during the COVID-19 pandemic by leaders in the southeast region of the United States and the bearing that expert information and social media coverage had on those decisions. This chapter includes a restatement of the research purpose, the related overarching questions, the research design, and nature of the methodology, and the research plan. A summary concludes Chapter 3.

Research Purpose

The purpose of this study was to explore the alignment between expert information, social media coverage, and leader decisions around the COVID-19 pandemic in the southeast region of the United States. The related research questions were as follows:

1. *What are the points of alignment and disconnect in the Tweets between the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

2. *How did state government decisions in the southeastern region of the United States align with the Tweets of the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

Research Design

The interest, assumptions, and purpose of this study focused on the alignment of southeastern United States leaders' decisions during the COVID-19 pandemic and how expert information disseminated via social media had a bearing on those decisions. The researcher chose a qualitative approach to the study as the research methodology. Qualitative research can be defined "as an emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world" (Yilmaz, 2013, p. 311).

Qualitative research does not adhere to the same standards as quantitative research. Qualitative data are more loosely defined as contrived using methods such as interviews, observations, and organizational records. The results from these methods lack quantifiable measurements, are in words, and are subject to bias from both the interviewer and the interviewee. Memory may not be reliable when reporting data or the person conducting the study can become so engrained in the study that they do not see the data clearly. Combining two or more qualitative research methods has proven to increase accuracy of the data (Benoit & Holbert, 2008). Qualitative research is preferred for understanding a topic (Northouse, 2019). The researcher is engrossed in the data gathering in qualitative research (Yilmaz, 2013).

Blair (2016), Bryman and Burgess (1994), Creswell and Poth (2018), Denzin and Lincoln (2023), Merriam and Tisdell (2016), and Taylor et al. (2015) agreed that qualitative research inherently exhibits several characteristics, including: (a) the

researcher is at the center of the data collecting; (b) there is no utter truth (truth is conditional); (c) the research design is adaptable; and (e) smaller sample size than the big data of quantitative research.

In line with Creswell and Poth (2018), "Whether we are aware of it or not, we always bring certain beliefs and philosophical assumptions to our research" (p. 15). Creswell and Poth stated that qualitative research has five basic assumptions, which the researcher employed in the current study. They include (a) being extremely expressive of everyday events that are gained from interactions with people or because of research on daily occurrences and (b) within the lives of others within their natural setting. Qualitative research's intention is to study (c) phenomena that are of significant value, (d) communication that is used to have an intended impact on others, and (e) the reasoning that people use to justify their interpretations as correct.

Nature of the Methodology

Thematic analysis is a simple but rigorous means to analyze data. As a result, it is the most popular and widely used method in qualitative data analysis for organizational and social phenomenon (Gupta et al., 2018).

> TA approaches typically acknowledge the potential for inductive (data-driven) and deductive (theory-driven) orientations to coding, capturing semantic (explicit or overt) and latent (implicit, underlying; not necessarily unconscious) meanings, processes of coding and theme development, and the potential for some flexibility around the theory that frames the research. (Braun & Clarke, 2021, p. 39)

Gupta et al. (2018) provided six reasons for applying thematic analysis in research:

1. Thematic analysis is a qualitative research method that is easy for even unexperienced researchers to learn.

2. Novice researchers can quickly understand the thematic analysis method, and it is one of the most adaptable research methods available for qualitative research.

3. Most pertinent for extensive analysis as the deeper meaning of data is being sought (not just the superficial meaning).

4. Allows for the exploration of the data set that seeks the deeper and broader social relationships.

5. The systematic method permits and encourages collaborative work between numerous researchers.

6. Permits multiple groupings to emerge from the data set as codes to provide clear and ordered themes.

Nowell et al. (2017) stated as follows regarding thematic analysis:

> To be accepted as trustworthy, qualitative researchers must demonstrate that data analysis has been conducted in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible. (p.1)

The researcher used the thematic analysis method to identify common themes that exist within the data set because of the method's rigor in analyzing the data. The researcher conducted a rigorous thematic analysis to determine the common themes within the existing data by searching for the deeper meanings associated with the data set. The purpose of this study was to examine the decisions that leaders in the southeastern United States made during the COVID-19 pandemic as they relate to the Tweets between the Office of the President and the top two health organizations during the first 6 months of the COVID-19 pandemic.

Appropriateness of the Methodology to the Research

Thematic analysis was an appropriate method because the purpose of this research study was to explore patterns across the qualitative data set. From this analysis, themes emerged as common data from multiple sources of research. These themes represent diverse dimensions of a phenomenon. Thematic analysis draws these aspects together to study how they are related and interconnected (Statistics Solutions, 2021).

Thematic analysis, as Braun and Clarke (2006) stated, "can be a method that works both to reflect reality (semantic codes) and to unpick or unravel the surface of 'reality' (latent codes)" (p. 81). *Semantic* codes stay at the 'surface' of the data, capturing explicit meaning, close to participant language. According to Braun et al. (2019) and Gupta et al. (2018) "*Latent* codes focus on a deeper, more *implicit* or conceptual level of meaning, sometimes quite abstracted from the explicit content of the data" (p. 851).

Another rationale for using thematic analysis as the data collection method is that the researcher is relatively new to the discipline. The method provides an easy-to-understand means to study the data for a novice, according to Braun and Clarke (2006) and Gupta et al. (2018). Thematic analysis helped identify patterns within the data set and explore the deeper meaning that may exist within the data set and themes as stated by Braun et al. (2019).

Limitations. There are limitations or drawbacks to using thematic analysis according to Gupta et al. (2018). Some of these limitations are as follows:

1. Thematic analysis is an exhaustive and time-consuming process.

2. Analysis demands breaking down of data extracts to form themes that might result in a loss of context.

3. Thematic reliability is a big concern, as diverse interpretations are involved.

4. Flexibility of thematic analysis, which is otherwise considered as the strength of this method, sometime makes it difficult for the analyst to understand that which aspect of the data is required to focus on.

5. Data discovery and verification may be clashed as new themes keep emerging even at the final phase of data refinement and interpretation.

6. Sense of data continuity is at times disrupted due to rediscovery of new themes during refinement phase. (Gupta et al., 2018, pp. 203-204)

Though thematic analysis is a flexible and relatively easy method for novice researchers to learn, according to Braun and Clarke (2006) and Gupta et al. (2018), these positive aspects have the potential for limitations. The analysis takes a lot of time, which

is a significant limitation. The seemingly constant emergence of new themes is exhaustive (Gupta et al., 2018).

Research Plan

The research plan that the researcher followed for this study included identifying Tweets from the Office of the President and the top two health organizations during the first 6 months of the COVID-19 pandemic that contributed to decisions made by leaders in the southeastern United States and how the Tweets from the experts and the President differed in message. The research plan includes the researcher familiarizing themselves with the data, identifying the initial codes, searching for themes, reviewing the themes, defining, refining, and naming the themes, and producing the final report. This approach is in alignment with Braun and Clarke's (2006) six-step approach, which can be found at https://doi.org/10.1191/1478088706qp063oa.

Popoulation and Sample

According to Coyne (1997), the guidelines for sampling are not as rigid for qualitative studies as for quantitative research. The lack of a clear directive for sampling often leads to a sample selection that is not clearly defined. "In qualitative research, sample selection has a profound effect on the ultimate quality of the research" (Coyne, 1997, p. 623). To provide a rigorous qualitative study, the sample size must be clearly and concisely stated.

The researcher used systematic sampling for this study because the first 6 months of 2020 represented the beginning of the COVID-19 pandemic in the United States and the time where many decisions had to be made regarding how to move the nation forward

in safely as much as possible. Vogt et al. (2012) stated that systematic sampling is an appropriate sampling method when the researcher has chosen a data set that falls within a predetermined date range. Because most decisions were made during the first 6 months of 2020, the greatest amount of data could be garnered from this date range.

According to Vogt et al. (2012), archival research, including thematic analysis for this study, differs from other types of research in that other researchers work with locations and people for their sample. Archival researchers choose from sample data that were previously generated by others. As a result, the researcher did not have to complete an IRB before the start of the research or communicate with the site or the sample throughout the course of the sampling.

Data Collection

Within the research methodology of thematic analysis, this study followed the procedures of the researcher familiarizing themselves with the data, identifying the initial codes, searching for themes, reviewing the themes, defining, refining, and naming the themes, and producing the final report, in alignment with Braun and Clarke's (2006) six-step approach described in detail at https://doi.org/10.1191/1478088706qp063oa. The units of analysis were Tweets from the Office of the President and from the top two health organizations during the first six months of the COVID-19 pandemic. The procedure for data collection is a well-published and predefined process developed by Braun and Clarke. This method has many advantages as stated previously (see https://doi.org/10.1191/1478088706qp063oa.

Two approaches can be used to analyze qualitative data. An inductive approach allows the data to drive the identification of the themes, whereas in a deductive approach, the researcher drives the analysis. The researcher used an inductive approach to collect the data for the current using this six-step approach to allow for a data driven theme emergence (see Gupta et al., 2018).

Nature of the Inductive Approach

Reading and rereading the data set is an imperative first step in thematic analysis. This initial familiarization with the data by the researcher is crucial to later steps in the process such as identifying codes and searching for themes that emerge (Braun & Clarke, 2006). Using the inductive approach in this study, the researcher allowed the codes and themes to naturally emerge, without any preconceived frame or unintentional bias on their part (Gupta et al., 2018).

Appropriateness of the Technique. The researcher chose this method and technique because the inductive approach allows for the identified themes to be strongly linked to the data set. A deductive approach, on the other hand, "tends to be more driven by the researcher's theoretical framework and research interest, hence this technique provides a less rich organization and description of the overall data" (Gupta et al., 2018, p. 200).

Development of Reliable/Valid/Trustworthy Materials/Instrument(s). The most common criteria used to evaluate qualitative research are those purported by Lincoln and Guba. To develop trustworthiness in qualitative research, Lincoln and Guba initially

presented four criteria: credibility, dependability, confirmability, and transferability. In 1994, Guba and Lincoln added a fifth criterion, authenticity (Cope, 2014, p. 89).

As such, the researcher developed the data set selected for this research study based on the primary research questions. Using a predetermined date range to define the data set and not excluding any of the data by utilizing systemic sampling and the inductive approach to provide a clear link between the data set and the emerging themes ensured a higher degree of reliability, validity, and trustworthiness. Using the six-step process defined by Braun and Clarke (2006) reinforced these characteristics.

Procedure. Using the guidelines for systemic sampling set forth by Vogt et al. (2012), "the population from which you sample must be appropriate to the research question. And the same must be representative if you are to use it to generalize from the sample to the population" (p. 214). The researcher completed a thematic analysis based on Tweets from the Office of the President and the top two health organizations during the first 6 months of the COVID-19 pandemic.

Data Analysis

After collecting the data through the earlier defined methods, the next step was interpreting the data through coding (though horizontalization and interpreting for deeper, hidden meanings) and defining, refining, and naming themes. The researcher checked the data to see whether the Tweets from the Office of the President had the same or different messages from the Tweets from the top two health organizations during the first 6 months of the COVID-19 pandemic. The researcher also analyzed the relationship between those Tweets and the decisions made in the southeastern United States during the pandemic.

As the researcher analyzed the data, she became familiar with the data and began to note initial codes by organizing the data into meaningful groups. According to Gupta et al. (2018), "coded data differs from the units of analysis (your themes) which are (often) broader" (p. 207). Madison (2005) expressed that a critical theoretical lens should be used in addition to the method to strengthen the data analysis process. This critical theoretical perspective is an important player in the data analysis process. In this case, the researcher used the agenda-setting theory as the critical theoretical perspective with which to view and interpret the data set, along with any hidden meanings that may be subdued within the data.

Nature of Coding

Codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon. (Boyatzis, 1998, p. 63)

As stated earlier, codes differ from themes in that codes are the smaller units of themes. The object of coding is to note every code that emerges so that later themes can be determined as the broader categories that encompass all the codes that emerged during the data analysis (Gupta et al., 2018). The researcher continually compared themes and codes to ensure that the interpretation of the Tweets of the Office of the President and the Tweets from the top two health organizations during the first 6 months of the COVID-19 pandemic were thoroughly and accurately captured, including how those Tweets and meanings had a bearing on the decisions that were made in the southeastern United States

during that traumatic period. The theoretical perspective used in this research study was agenda-setting theory.

According to Gupta et al. (2018), "Coding is a kind of 'translation' of your data into symbols. The symbols can be words, numbers, letters, or graphic markers (such as + for more or ↓ for decreasing). You use these symbols to conduct an analysis" (p. 13). The method of coding varies depending on the research method used.

Application to the data. Vogt et al. (2012) stated that "With OSNs (Online Social Networks) it is possible to observe real (not simulated) interactions and thus study networks of influence more directly" (p. 187). As such, this research method and data collection via Twitter are well suited to answer the research questions.

The researcher began the coding process by following some guidelines for thematic analysis coding provided by Gupta et al. (2018):

1. The analyst should code as many possible themes/patterns as possible within the given time limit;

2. Coding should be done inclusive of every data extract to prevent the context being lost at the later stage of the analysis;

3. The analyst should code individual data extracts as many possible themes as they seem relevant to; and

4. There should be kept provision for decoding and recoding at later stage as per the analytical need. (p. 208)

In summary, the researcher included all relevant data for analysis and code accordingly so as not to leave out any critical meaning. The coding comprised of all

possible themes that emerge. Though the researcher coded to their best ability initially, per the process, there is the potential for decoding and recoding as the analysis progresses (see Gupta et al., 2018).

Validity/trustworthiness/triangulation. Thomas and Magilvy (2011) asserted that qualitative researchers focus on one phenomenon and study it thoroughly and completely, leading to a comprehensive, valid research study. All the research gathered because of a qualitative study focuses has the same purpose, to answer the pointed and narrow research question(s).

According to Boyatzis (1998), Braun and Clarke (2006), Gupta et al. (2018), Nowell et al. (2017), and Shaheen et al. (2019), thematic analysis requires the researcher to delve deeper than just the surface data. This deeper investigation enables the researcher to obtain any hidden means behind the data that may exist, which may be missed in another type of research in which only the explicit raw data is examined, without regard to ensuring that the hidden or depressed meanings are reported. This approach gives the research study another level of depth that does not exist in all types of research (Thomas & Magilvy, 2011).

According to Cope (2014), Thomas and Magilvy (2011), and Nowell et al. (2017), the five components of trustworthiness set forth by Lincoln and Guba (credibility, dependability, confirmability, transferability, and authenticity) all exist within qualitative research. Many models are available, but this model is how Lincoln and Guba proposed to build trustworthiness in qualitative research. The researcher followed the specified four guidelines set forth for thematic analysis (Gupta et al., 2018) to ensure that these five

components are achieved (Cope, 2014; Nowell et al., 2017; Thomas & Magilvy, 2011) in each of the six phases of thematic analysis, as captured by Nowell et al. (see https://doi.org/10.1177/1609406917733847).

Credibility. According to Thomas and Magilvy (2011), "Achievement of credibility occurs by checking for the representativeness of the data as a whole" (p. 152). To achieve credibility, the researcher thoroughly reviewed all the data within the data set to look for similarities. No data were excluded. The researcher also asked peers experienced in the qualitative research process to examine the coding process to ensure that the coding is inclusive.

Transferability. Thomas and Magilvy (2011) stated that transferability is "the ability to transfer research findings or methods from one group to another" (p. 153). Transferability was achieved through researching both Tweets from the Office of the President and the Tweets from the top two health organizations in the United States. The researcher analyzed these Tweets to see what their potential influence was on the decisions made in the southeastern United States during the first 6 months of 2020 in relation to COVID-19.

Dependability. "Dependability, related to reliability in quantitative terms, occurs when another researcher can follow the decision trail used by the researcher" as written by Thomas and Magilvy (2011, p. 153). Six methods can be used to achieve dependability, according to Thomas and Magilvy (2011). The researcher achieved reliability by combining all six of these methods, which are as follows:

1. Describing the specific purpose of the study.

2. Discussing how and why the participants were selected for the study.

3. Describing how the data were collected and how long the data collection lasted.

4. Explaining how the data were reduced or transformed for analysis.

5. Discussing the interpretation and presentation of the research findings

6. Communicating the specific techniques used to determine the credibility of the data. (Thomas & Magilvy, 2011, p. 153)

Confirmability. Confirmability, according to Thomas and Magilvy (2011), "occurs when credibility, transferability, and dependability have all been established. The qualitative research must be reflective, maintaining a sense of awareness and openness to the study and unfolding results" (p. 154). As stated previously, the researcher intended to achieve credibility, transferability, and dependability, to, by default, attain confirmability. Thomas and Magilvy (2011) stated that

> Reflective research allows a big picture view with interpretations that produce new insights, allowing for developing confirmability of the research and, overall, leading the reader or consumer of the research to have a sense of trust in the conduct credibility of findings and applicability of the study. (p. 154)

Role of the Researcher

Qualifications. The researcher is a doctoral-level student who has completed coursework requirements for a degree in Leadership, including courses in research, research methodology, and statistics. The researcher is employed as a indirect purchasing category expert at a large manufacturing facility in the southeastern United States, with

almost 25 years of experience in the supply chain in relations to a large manufacturing facility. She has experienced, firsthand, how the decisions made by the leaders in the southeastern United States impacted organization in the southeastern United States specifically. She also experienced the effect that COVID-19 and the Tweets made by both the President of the United States and the top two health organizations in the United States effected the decisions that these leaders made and that organizations within the southeastern United States were forced to adapt and live with.

Biases. Ahern (1999) stated that "Despite the realization that total objectivity is neither achievable nor necessarily desirable in qualitative research, researchers often are required to put aside assumptions so that the true experiences of respondents are reflected in the analysis and reporting of research" (p. 407). Reflexivity occurs when the researcher realizes that they are a member of the social group that they are studying (Frank, 1997). As the researcher experienced the pandemic and the resulting decisions made throughout the pandemic, it is difficult to reflect on this event and not have an opinion or bias of what should or should not have happened as the result is now evident. This realization allowed the researcher to become acutely aware of any potential bias regarding the data collection or the analysis or data. The researcher also employed peer reviews and the auditing process to ensure that the risk of bias was kept to a minimum.

Responsibilities. The researcher was accountable for facilitating all phases of this study. She was responsible for determining the most appropriate data set of existing data, developing the study, analyzing, and reporting the data collected from the content review.

Timeline

Time span. The researcher gathered and analyzed Tweets from both the Office of the President and two top health organizations in the United States. The period from which these Tweets were gathered and analyzed was from the first 6 months of 2020, which was during the height of the COVID-19 pandemic. During this time, many decisions were made throughout the United States regarding how to move the nation forward as safely as possible.

Forecast Chapter Four

In Chapter 3, the researcher reiterated the purpose statement and stated that the research methodology used in the research study was thematic analysis. The researcher utilized inductive manual coding to explore the latent meaning of the data more fully and systemic sampling, as the date range of the Twitter data extracted had a defined start and end date, the first 6 months of 2020, which was at the height of the COVID-19 pandemic. The researcher ensured a valid, trustworthy, triangulated, and unbiased research study though peer review and the auditing process. In Chapter 4, the researcher presents the results of the analysis of data, describes the sample in detail, and discusses the findings related to the research questions in depth.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to explore the alignment between expert

information, social media coverage, and leader decisions around the COVID-19

pandemic in the southeast region of the United States. Many studies already exist on the

decisions that leaders made during the COVID-19 pandemic. Many of these studies focus

on the very public disagreements that closely followed partisan lines and the decisions

made in the aftermath. This study, however, delves deeper into the Tweets through which

these decisions may have been based through examining the Tweets of the Office of the

President of the United States during the first 6 months of the COVID-19 pandemic,

President Donald Trump, and the Tweets of two top health organizations in the United

States, the CDC and NIAID. The guiding research questions for this study were as

follows:

1. *What were the points of alignment and disconnect in the Tweets between the*

    Office of the President and the top two health organizations during the first six

    months of the COVID-19 pandemic?

2.   *How did state government decisions in the southeastern region of the United*

    States align with the Tweets of the Office of the President and the top two health

    organizations during the first six months of the COVID-19 pandemic?

This qualitative study employed in this study as the method of thematic analysis of

social media messaging from the Office of the President and the top two health

organizations during the first 6 months of the COVID-19 pandemic. The literature review included related research in the areas of conflict and the political frame, vaccine requirements for health care workers and government employees, mask mandates, stay-at-home orders, and poverty in the southeastern United States. This chapter contains the results from the thematic analysis. The following sections include the summaries of each of the two research questions, as well as the themes significant to each section. The chapter concludes with a summary of the findings.

Following is a short description of each Twitter account followed by a summary of the findings from the three Twitter accounts, aligned by the topic or theme of the Tweets that were the most prevalent for each of the three accounts, thus what the owner of the account deemed as the most important for the general public to be aware of at the time. Walgrave and Van Aelst (2006) wrote that "when mass media emphasize a topic, the audience/public receiving the message will consider this topic to be important" (p. 89). The agenda-setting theory emphasizes the importance of the varying means of communication such as print media, radio, television, social media, and online media to stress the issues and concerns of society (Medina et al., 2021). The three Twitter accounts analyzed were setting the agenda with the topics that were the most frequently Tweeted. Retweets and likes regarding the three Twitter accounts will also be discussed because these are direct indications of how well received the Tweets were for each of the themes. Retweets and likes are a direct reflection of how well the agenda is being set.

Presentation and Summary of Data

Description of Sample

@realdonaldtrump

The 45th President of the United States, Donald J. Trump, joined Twitter on Wednesday, March 18, 2009. He had amassed 87.36 million followers and Tweeted 59.12K times as of June 30, 2020. The official Twitter handle that he used during his time as President was @realdonaldtrump. During the timeframe that was used for this study (January 1, 2020 to June 30, 2020), Trump Tweeted, retweeted, or replied to a total of 5926 times. There were 2300 Tweets, 3433 retweets, and 193 replies. His Tweets, retweets, and replies totaled 921 in January 2020, 816 in February 2020, 893 in March 2020, 792 in April 2020, 1056, in May 2020, and a staggering 1448 in June 2020.

There were times where if Trump Tweeted, the most retweets per Tweet occurred. The most popular times for Trump to Tweet (by the median number of retweets per Tweet) are presented below. It is apparent from these data that when Trump Tweeted from 12:00 to 16:00 that his Tweets had the greatest likelihood of being retweeted.

14:00 – 15:00 – 5,094,470 retweets

12:00 – 13:00 – 4,648,732 retweets

13:00 – 14:00 – 4,535,714 retweets

15:00 – 16:00 – 4,107,505 retweets

22:00 – 23:00 – 3,671,966 retweets

2:00 – 3:00 – 3,151,434 retweets

@niaidnews

The @niaidnews Twitter account was created on Friday, July 24, 2009. The site had 71,500 followers and had Tweeted 5760 times as of June 30, 2020. @niaidnews is the official Twitter account of the NIAID, one of the top two health agencies in the United States. During the timeframe that was used for this study (January 1, 2020 to June 30, 2020), the organization Tweeted, retweeted, or replied to a total of 170 times. There were 89 Tweets, 70 retweets, and 11 replies. Tweets, retweets, and replies totaled 34 in January 2020, 49 in February 2020, 16 in March 2020, 21 in April 2020, 21 in May 2020, and 25 in June 2020.

There were times where if the NIAID organization Tweeted, the most retweets per Tweet occurred. The most popular times for the NIAID organization to Tweet (by the median number of retweets per Tweet) are outline below. It is apparent from these data that when the NIAID organization Tweeted from 13:00 to 21:00 the Tweets had the greatest likelihood of being retweeted.

18:00 – 19:00 – 965 retweets

17:00 – 18:00 – 381 retweets

13:00 – 14:00 – 301 retweets

20:00 – 21:00 – 219 retweets

16:00 – 17:00 – 207 retweets

19:00 – 20:00 – 194 retweets

@cdcgov

The @cdcgove Twitter account was created on Friday, May 21, 2010. The site had 5.59 million followers and had Tweeted 35,960 times as of June 30, 2020. @cdcgov

is CDC's official Twitter source for daily credible health and safety updates from the CDC, one of the top two health agencies in the United States. During the timeframe that was used for this study (January 1, 2020 to June 30, 2020), the organization Tweeted, retweeted, or replied to a total of 1405 times. There were 885 Tweets, 398 retweets, and 122 replies. Tweets, retweets, and replies totaled 225 in January 2020, 203 in February 2020, 202 in March 2020, 227 in April 2020, 274 in May 2020, and 274 in June 2020.

There were times where if the CDC organization Tweeted, the most retweets per Tweet occurred. The most popular times for the CDC organization to Tweet (by the median number of retweets per Tweet) are outlined below. It is apparent from these data that when the CDC organization Tweeted from 15:00 to 23:00 that the Tweets had the greatest likelihood of being retweeted.

17:00 – 18:00 – 51,093 retweets

21:00 – 22:00 – 46,081 retweets

19:00 – 20:00 – 42,584 retweets

15:00 – 16:00 – 42,407 retweets

22:00 – 23:00 – 36,728 retweets

20:00 – 21:00 – 35,468 retweets

Findings Related to Research Question One

Research question one was, "What were the points of alignment and disconnect in the Tweets between the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?" The agenda-setting theory, in this case, utilizes social media, Twitter specifically, to bring attention to the topics that

the people (President Trump) or organizations (NIAID and CDC) view as important to

the people and worthy of attention at the present time. The agenda-setting takes place via

Twitter whether intentional or unintentional. The repetitiveness of certain words or

phrases in the Tweets of the Twitter account holder reinforces and demands attention

from the recipient. The following is an analysis, by Twitter account, of what is deemed

the most important topics or themes for each, determined by the number of times the

topic is mentioned in the Tweets of the account holder.

Finding(s) about Face Coverings: To Wear or Not to Wear

Face coverings were an important mitigation means to prevent the spread of

COVID-19. President Trump Tweeted on March 24, 2020, that the Defense Production

Act was put into action to ensure that there were enough face coverings for everyone. The

CDC, however, did not recommend wearing face coverings until April 4, 2020. Before

that date, they Tweeted that it was not recommended. On April 9, shortly after the CDC

recommended wearing face coverings, President Trump followed suit by Tweeting his

agreement.

@realdonaldtrump. Of the 5926 Tweets from President Trump during the study

period, 44 focused on face coverings. On March 24, 2020, President Trump had already

started Tweeting updates to the general public regarding ramping up mask production as

a result of the Defense Production Act so that everyone that needed a mask could have

access to one. Until April 4, 2020, there was no recommendation from the health

agencies to wear face coverings. On this date, the CDC recommended that face coverings

were an important step in ensuring mitigation of the spread of the virus. On April 9,

2020, shortly after the CDC recommended face coverings, President Trump Tweeted his first Tweet recommending face coverings, following the advice of the CDC. On May 25, 2020, however, there was a retweet about President Trump not liking to wear masks, which was in contradiction to his earlier Tweets.

As a result of no direction from the health agencies to wear face coverings, President Trump's Tweets before April 4, 2020, focused on other mitigation efforts, such as handwashing and disinfecting surfaces, as is evident in his March 11, 2020, Tweet *"#Childcare Programs: Plan & amp; prepare for #COVID19 in your community:*

"â€¢ Review, update & amp; implement emergency operations plans for disease outbreaks

â€¢ Encourage frequent handwashing w/ soap & amp; water for 20+ seconds

â€¢ Clean & amp; disinfect surfaces &amp; objects

https://t.co/X7E5r0CzIB https://t.co/NfrLO6zU8P". There is a notable absence of mentioning face coverings.

On April 4, 2020, the CDC Tweeted, *"#DYK? CDC's recommendation on wearing a cloth face covering may help protect the most vulnerable from #COVID19. Watch @Surgeon_General Jerome Adams make a face covering in a few easy steps. https://t.co/bihJ3xEM15 https://t.co/mE7Tf6y3MK."* This Tweet was in direct contradiction to the Tweet from President Trump less than a month earlier in which he never mentioned face coverings as a preventive measure.

On April 9, 2020, 5 days after CDC recommended face coverings, President Trump updated his initial recommendation to help combat COVID-19 with the following

Tweet, "*As the CDC continues to study the spread of the COVID-19, they recommend people wear cloth face coverings in public settings where social distancing measures can be difficult to maintain. Remember, this does not replace the importance of social distancing. https://t.co/eF3o33CUVS*." In the meantime, on March 24, 2020, President Trump had already enacted legislation to ensure the United States would have enough masks for everyone as he Tweeted:"*The Defense Production Act is in full force but haven't had to use it because no one has said NO! Millions of masks coming as back up to States*."

On May 25, 2020, however, Trump retweeted: "*This might help explain why Trump doesn't like to wear a mask in public. Biden today. https://t.co/9l1gw1ljBE*." This was in a direct opposition to his earlier Tweets regarding advocating for face coverings. The link shows a picture of Biden with aviator glasses and a black mask, essentially covering his entire face.

@*niaidnews.* There were no Tweets from NIAID regarding face coverings during the study period.

@*cdcgov.* Of the 1405 Tweets from CDC, 126 focused on face coverings. As stated earlier, before April 4, 2020, the CDC did not recommend wearing face coverings as a mitigation effort to the spread of COVID. On April 4, 2020, however, the CDC posted for the first time in support of wearing face coverings. This message then remained fixed throughout the remainder of the study period.

On February 27, 2020, the CDC Tweeted its third most retweeted Tweet with 7850 retweets:

CDC does not currently recommend the use of facemasks to help prevent novel

#coronavirus. Take everyday preventive actions, like staying home when you are

sick and washing hands with soap and water, to help slow the spread of

respiratory illness. #COVID19 https://t.co/uArGZTJhXj https://t.co/yzWTSgt2IV.

This message was quickly contradicted by the organization with a Tweet on April 4,

2020, that was the most retweeted Tweet with 12,760 retweets and 20,600 likes: *"#DYK?*

CDC's recommendation on wearing a cloth face covering may help protect the most

vulnerable from #COVID19. Watch @Surgeon_General Jerome Adams make a face

covering in a few easy steps. https://t.co/bihJ3xEM15 https://t.co/mE7Tf6y3MK."

Table 1

Face Coverings: Frequency of Theme

Twitter Account	# of Tweets related to theme
@realdonaldtrump	44
@niaidnews	0
@cdcgov	126

Finding(s) about Testing

      Testing was another important mitigation effort in preventing the spread of the

COVID-19 virus. Both the CDC and President Trump agreed that higher testing rates

would equal less spread of the virus. President Trump, however, did recognize that higher

testing rates also equaled higher positive test results.

      @realdonaldtrump. Of the 5926 Tweets from President Trump during the study

period, 279 focused on testing. Throughout the study period, President Trump agreed and

supported testing through his Tweets. He acknowledged that increased testing would

cause the United States' positive COVID-19 results to increase, but he recognized the

importance of testing.

President Trump Tweeted on April 12, 2020, alerting governors to ready their

states ready for the coming flood of testing within each state:

> *Governors, get your states testing programs & amp; apparatus perfected.*
>
> *Be ready, big things are happening. No excuses! The Federal Government is there*
>
> *to help. We are testing more than any country in the World. Also, gear up with*
>
> *Face Masks!*

On June 15, 2020, Trump Tweeted again regarding testing. Here, he realized that

the increased testing would also result in increased positive cases, but he was proud of the

country for having an effective testing strategy. He acknowledged that testing is a good

thing, but he also recognized that this also makes the United States show more positive

cases:

> *Our testing is so much bigger and more advanced than any other country (we*
>
> *have done a great job on this!) that it shows more cases. Without testing, or weak*
>
> *testing, we would be showing almost no cases. Testing is a double-edged sword –*
>
> *Makes us look bad, but good to have!!!*

@niaidnews. Of the 170 Tweets from NIAID, 16 focused on testing. COVID-19

vaccines were not the only focus of these 15 Tweets as only six focused on COVID-19.

The remaining nine Tweets focused on HIV testing. The first Tweet from NIAID

regarding COVID-19 testing for a vaccine was a retweet of the @NIHDirector page on

April 17, 2020: *"RT @NIHDirector: Could a failed #Ebola drug work against #COVID19? Get the latest on early human tests of the antiviral #remdesivir."*

On this day, the nation had been in quarantine for over a month and conversations about vaccines were at an all-time high. This was the beginning of that national conversation around testing. As the conversation continued, the dialogue shifted to focus on antibody testing with polarized perspectives either strongly encouraging or strongly opposing the antibody test.

On June 23, 2020, NIAID made their position clear with their first Tweet about antibody testing: *"#COVID19 NEWS: Experts from @NIAIDNews; beyond identify steps to expand and improve #SARSCoV2 antibody tests in pandemic response efforts. The report, out today in @ImmunityCP, highlights capabilities, limits of #serology testing: https://t.co/ZNHZ9eejWQ https://t.co/TLAVGqXuX.l."*

The response from this tweet and others about antibody testing yielded responses on the NIAID page that overwhelmingly supported the president's position, which was that testing could both help and hurt the movement. Other tweets on antibody testing addressed accessibility, emphasized the importance of antibody testing, and debunked myths about the consequences of testing. Responses to this stance from the public seemed to vary. An analysis of the president's page indicated an overwhelming support for antibody testing, suggesting that viewers of each page were split between those who supported the tweeted point of view versus those who opposed.

Testing for HIV and sexually transmitted diseases overshadowed the testing for COVID-19 during this period, as nine of the total 16 Tweets focused on HIV testing. This

was in light of an already-existing campaign to address spikes in HIV cases in suburban areas. This underscores the commitment NIAID maintained to focus on the broad range of health concerns plaguing the country even in light of the global pandemic that could have easily become the organization's sole focus.

@*cdcgov.* Of the 1405 Tweets from CDC, 116 focused on testing. The CDC Tweeted on February 28, 2020, regarding testing for the first time in the study period: "*US labs can test for infection with #COVID19 using existing CDC test kits. For specific instructions on the newest protocol using CDC tests, visit https://t.co/nmkWTkgrKC. https://t.co/GoNUB98qfB.*"

The CDC's support of testing was evident throughout the study period with the last Tweet during the study period being, "*If you tested positive for #COVID19 and have no symptoms, stay home and away from other people. Learn more about CDC€™s recommendations about when you can be around others after COVID-19 infection: https://t.co/z5kkXpHWmL https://t.co/hPX4HndBNe.*"

Table 2

Testing: Frequency of Theme

Twitter Account	# of Tweets related to theme
@realdonaldtrump	279
@niaidnews	16
@cdcgov	116

Finding(s) about Stay Home

Along with face coverings and testing, staying at home during the pandemic was another mitigating effort that both President Trump and the CDC encouraged throughout the study period that was evident in their respective Tweets.

@realdonaldtrump. Of the 5926 Tweets from President Trump during the study period, 94 focused on staying at home. On April 4, 2020, President Trump Tweeted his approval for mitigation efforts, such as staying at home for the first time since the reversal of the CDC's stance regarding face coverings on the same date: "*Encouraging signs #COVID19 spread may be slowing in many cities, especially northeast. Mitigation is working. New cases are nonetheless still building nationally; and southeast, New Orleans, sunbelt, southern California, Detroit, among others; remain areas of significant concern. https://t.co/2WrB6tYher.*"

This followed his Tweet on March 21, 2020, listing the states that had already issued stay-at-home orders to assist in the mitigation efforts. Notably, no state had not issued stay-at-home orders in the southeastern United States:

"*STATES THAT HAVE ISSUED A â€˜STAY AT HOME Order€™*

- CALIFORNIA

- NEW YORK

- ILLINOIS

- PENNSYLVANIA

- CONNECTICUT

- OREGON."

@*niaidnews.* NIAID had no Tweets during the study period that mentioned staying home to prevent the spread of COVID-19.

@*cdcgov.* Very closely related to and many times mentioned in conjunction with hand washing, staying at home was a highly recommended action to prevent the spread of COVID-19 as advised by the CDC, with 105 of the 1405 total Tweets from the CDC during the first half of 2020 mentioning the topic. On February 25, 2020, early in the pandemic, the CDC Tweeted the fifth most retweeted Tweet, with 7,030 retweets and 15,220 likes, putting it as the third most liked Tweet during the study period, meaning the spread of and the attention that the public paid to the message was significant:

> *There is currently no reported community spread of #COVID19 in the US.*
> *People should follow everyday measures to prevent the spread of respiratory*
> *viruses, such as staying home when sick and washing hands with soap and water.*
> *Stay informed; visit https://t.co/1ifchVyxUM.*

On February 27, 2020, the CDC Tweeted its third most retweeted Tweet with 7,850 retweets, ensuring that there was regular communication reinforcing what procedures that the public should follow to help mitigate the spread of the virus:

> *CDC does not currently recommend the use of facemasks to help prevent novel*
> *#coronavirus. Take everyday preventive actions, like staying home when you are*
> *sick and washing hands with soap and water, to help slow the spread of*
> *respiratory illness. #COVID19 https://t.co/uArGZTJhXj https://t.co/yzWTSgt2IV.*

On March 17, 2020, with the sixth most retweeted Tweet with 6,680 retweets, the CDC Tweeted the third most liked Tweet during the study period with 15,220 likes:

Practice social distancing by putting space between yourself and others.

Continue to practice healthy habits, like washing your hands for at least 20

seconds and staying home if you're sick, to help slow the spread of #COVID19.

Learn more: https://t.co/RhqzGyUzcH. https://t.co/kFgOsiRXrf.

On March 19, 2020, the CDC Tweeted, with the fourth most retweeted Tweet

with 7,040 retweets, still encouraging social distancing and good hygiene, though not

mentioning face coverings. This was also the sixth most liked Tweet during the study

period with 11,620 likes:

Practice social distancing by putting space between yourself and others. Continue

to practice healthy habits, like washing your hands for at least 20 seconds and

staying home if you're sick, to help slow the spread of #COVID19. Learn more:

https://t.co/RhqzGyUzcH. https://t.co/kFgOsiRXrf."

Table 3

Stay Home: Frequency of Theme

Twitter Account	# of Tweets related to theme
@realdonaldtrump	94
@niaidnews	0
@cdcgov	105

Finding(s) about Vaccines

Though vaccines are an important mitigating factor for preventing the spread of

the COVID-19 virus by lessening the number of infected individuals, no vaccine was

available during the study period. President Trumps Tweets regarding vaccines during

this time focused on anticipating a vaccine, whereas the NIAID and CDC focused more on other vaccines rather than the COVID-19 vaccine, as none were currently approved for use.

@*realdonaldtrump*. Of the 5,926 Tweets from President Trump during the study period, 20 focused on vaccines. As early as January 28, 2020, President Trump Tweeted about the development of the Johnson and Johnson vaccine: "*Johnson & amp; Johnson to create coronavirus vaccine https://t.co/3vFiufKaeV #OANN https://t.co/L4U8K7FRRb*." His focus on vaccine production continued on June 2, 2020: "*Vaccines are coming along really well. Likewise, therapeutics. Moving faster than anticipated. Good news ahead (in many ways)!*"

On June 11, 2020, toward the end of the study period, Trump Tweeted his final Tweet regarding vaccines during the study period. He was very optimistic that a vaccine would be ready to roll out in the last half of 2020:

> *The Federal Reserve is wrong so often. I see the numbers also and do MUCH better than they do. We will have a very good Third Quarter, a great Fourth Quarter, and one of our best ever years in 2021. We will also soon have a Vaccine & amp; Therapeutic.*

@*niaidnews*. Of the 170 Tweets from NIAID, 15 focused on vaccines. COVID-19 vaccines were not the only focus of these 15 Tweets as only seven focused on COVID-19. These focused on COVID-19 were concerned with developing and testing the vaccine. The remaining Tweets regarding vaccines were scattered among a tuberculosis

vaccine, the flu vaccine, an Ebola vaccine, a HIV vaccine, a vaccine for autoimmune disease, a vaccine for the chikungunya virus, and a vaccine for mosquito-borne illnesses.

On February 19, 2020, NIAID Tweeted for the first-time regarding vaccines when the atomic structure of the virus was identified. This identification marked the first step in developing an effective vaccine for COVID: "*NEWS: @NIH scientists have identified the atomic structure of the novel #coronavirus (#SARSCoV2, formerly #2019nCoV). The findings appear in the peer-reviewed journal @ScienceMagazine; may aid in the design of candidate vaccines, treatments for #COVID19: https://t.co/VYGR3nHpH4 https://t.co/mN5c0ijKqE.*"

On June 12, 2020, NIAID posted a Tweet discussing the investigational development of Moderna and the testing of the vaccine in mice, a first step in the approval for a vaccine for humans: "*NEWS: New data shows mRNA-1273, an investigational vaccine developed by #NIAID and @moderna_tx, protects mice from infection with #SARSCoV2. The findings are available on the preprint server bioRxiv and are not yet peer reviewed. https://t.co/BATSl9HiIN https://t.co/3kKOeS6daY.*"

@cdcgov. Of the 170 Tweets from CDC, 52 focused on vaccines. Similar to the Tweets from NIAID, the Tweets regarding vaccines from the CDC were also scattered between vaccines other than the COVID vaccine. Fourteen of the CDC's Tweets were focused on vaccines for children. Only four were focused on COVID, one was for Ebola, 13 were for the flu vaccine, three were advocating for vaccination in general, five were focused on vaccines for heart health, three were for HPV vaccinations, two were for the

measles vaccine, three were advocating for vaccines for pregnant women, three were for
the shingles vaccines, and one was for the yellow fever vaccine.

The first Tweet the CDC issued regarding vaccines during the study period was
on May 8, 2020, encouraging parents to ensure that vaccines for children that were
delayed during COVID are caught up: "*Well-child visits and vaccinations may have been
delayed during #COVID19 stay-at-home guidance. New data show decreases in ordering
& amp; administering of essential, life-saving childhood #vaccines during the first
four months of 2020. Learn more in*."

Table 4

Vaccines: Frequency of Theme

Twitter Account	# of Tweets related to theme
@realdonaldtrump	20
@niaidnews	15
@cdcgov	52

Summary of Findings for Research Question One

Fundamentally, this question focused on whether the Tweets from the Office of
the President and the Tweets from the top two health organizations, CDC and NIAID,
had the same topics or they differed during the first 6 months of 2020, which was the
height of the COVID-19 pandemic. As revealed through the data, the President, CDC,
and NIAID all had varying levels of engagement via Twitter on COVID-19 related
topics. The following is a summary of where the President, CDC, and NIAID were in
alignment or misalignment.

Points of Alignment for Research Question One

Face coverings. As soon as the CDC recommended that people wear masks to combat the spread of COVID via a Tweet on April 4, 2020, President Trump quickly followed suit and Tweeted support of mask wearing on April 9, 2020. There were no Tweets from NIAID regarding face coverings during the study period.

Testing. Both President Trump and the CDC Tweeted frequently regarding being tested for COVID. A common theme of their Tweets regarding testing focused on measures to take if one were to test positive for the virus to keep others at a lower risk of being exposed to a contagious individual.

Stay home. Similar to the Tweets from the President and CDC regarding face coverings and testing, the Tweets from the President and the CDC agreed in message. Both the President and the CDC encouraged staying at home to combat the spread of the disease. There were no Tweets from NIAID regarding face coverings during the study period.

Vaccines. The CDC and NIAID Tweeted about vaccines more so than President Trump during the study period. These Tweets, however, did not just focus on the COVID vaccine. There was a broad range of vaccine topics, including Tweets advocating for vaccines for flu and HIV among the most Tweeted.

Points of Misalignment for Research Question One

Face coverings. The CDC was in misalignment with itself as the agency Tweeted on February 27, 2020, that it did not, at that time, recommend wearing face coverings to help prevent COVID-19. A little over a month later, on April 4, 2020, the CDC Tweeted

that they did then recommend wearing face coverings to aid in curbing the spread of COVID-19, a complete reversal of the agency's earlier Tweet. On Mary 27, 2020, President Trump retweeted an article from the Federalist, stating, "*Masks aren't about public health but social control. Image of Biden in black mask endorses culture of silence, slavery, and social death.*" This was in direct contradiction with the majority of his Tweets in support of face coverings. There were no Tweets from NIAID regarding face coverings during the study period.

Testing. NIAID's Tweets regarding testing focused on tests for other diseases more so than COVID-19 during the study period. Testing for HIV and sexually transmitted disease Tweets outnumbered the Tweets calling for COVID-19 testing, at nine Tweets to six Tweets, respectively. Though the President encouraged testing, he also recognized that by testing, the number of positive cases would increase, as he Tweeted on June 15, 2020.

Stay home. Though the messages of the President and the CDC were in alignment, according to their Tweets during the study period, President Trump also Tweeted about stay-at-home orders that were issued at the individual state level during the pandemic to combat the virus. This was an additional measure of protection rather than just staying home when sick. The stay-at-home orders were issued to encourage non-essential workers to stay home rather than risk being infected or infecting others. There were no Tweets from NIAID regarding face coverings during the study period.

Vaccines. The Tweets that President Trump posted regarding vaccines were all about the COVID-19 vaccine. There were no Tweets regarding a vaccine other than to

treat this virus. Trump's Tweets regarding vaccines were not encouraging vaccination, as there was no vaccine yet available in the first half of 2020; however, his Tweets were focused on the development of the vaccine and updates regarding the status of the development timeline.

Findings Related to Research Question Two

The second research question was, "How did state government decisions in the southeastern region of the United States align with the Tweets of the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?" Because the first research question already addressed the themes that were derived from the Tweets of the Office of the President and the top two health organizations during the first 6 months of the COVID-19 pandemic, the second research question will expand upon that through a discussion of how that compares to the decisions made in the southeastern region of the United States during this period.

Finding(s) about Face Coverings: To Wear or Not to Wear

The states were allowed to make their own decisions regarding mask-wearing regulations. The national government did not dictate this policy. Shao and Hao (2020) found that Republicans were less likely than Democrats to wear masks as they did not perceive as much of a risk as Democrats. The political affiliation of those in the southeastern region of the United States was predominantly Republican, meaning the southeastern region were less likely to wear masks. Mas wearing was also in alignment with the views of President Trump, where he supported mask production but did not like

to wear masks in public as was seen in his retweet on May 27, 2020: "*Masks aren't about*

public health but social control. Image of Biden in black mask endorses culture of

silence, slavery, and social death."

He did, however, recognize that mitigation, such as face coverings, worked to

hold the number of positive COVID-19 cases at bay in certain areas. He Tweeted on

April 4, 2020, regarding his areas for concern, including the southeast:

> *Encouraging signs #COVID19 spread may be slowing in many cities, especially*
>
> *northeast. Mitigation is working. New cases are nonetheless still building*
>
> *nationally; and southeast, New Orleans, sunbelt, southern California, Detroit,*
>
> *among others; remain areas of significant concern. https://t.co/2WrB6tYher.*

Summary of Face Coverings: To Wear or Not to Wear

Those in the southeastern region of the United States were the most likely in the

nation not to wear facemasks. This decision was politically motivated, based on the

political affiliation of the individual states and their respective governors (Ballotpedia,

n.d.). This decision was in alignment with the actions of President Trump and in

opposition to the CDC's and the majority of President Trump's Tweets, which advocate

for wearing face coverings. The NIAID did not tweet regarding face coverings. The

following chart clearly shows that the southeastern states were much slower at adopting

public mask mandates (Ballotpedia, n.d.).

Finding(s) about Testing

The NIAID's Tweets during the study period focused on other types of testing

(STDs, HIV, Ebola vaccine, etc.) rather than testing for the COVID-19 virus. Even the

Tweets that focused on COVID-19 testing were in relation to testing for antibodies rather than testing whether a person tested positive for the virus. The CDC's Tweets significantly contributed to providing information to the citizens of the United States through the organization's Tweets. President Trump's Tweets, also, during the study period, indicated his support of testing, even though he understood that this was a double-edged sword. More testing led to more positive cases. According to testing data reported by the states through Johns Hopkins, the states within the southeastern United States were among the states with the least amount of testing per 100,000 population (John Hopkins Resource Center, n.d.).

Summary of Testing

The Tweets from President Trump as well as the Tweets from the CDC advocated for testing for COVID-19. There were no Tweets from NIAID specifically promoting testing. According to the reporting from Johns Hopkins (John Hopkins Resource Center, n.d.), those living in the southeastern region of the United States were among the least likely to be tested for COVID-19, and there were no mandates from the individual southeastern states requiring mandatory testing. The southeastern region of the United States was in opposition with both the Tweets from President Trump and the CDC regarding testing.

Finding(s) about Stay Home

President Trump and the CDC were very vocal on Twitter in support of staying at home for those that have tested positive to reduce the spread of the virus. President Trump also actively Tweeted regarding stay-at-home orders that were issued by the

individual states. Unfortunately, the southeastern region of the United States was not complying with these efforts as much as the rest of the country, so there was obvious concern that cases would continue to increase in this region.

Summary of Stay Home

The CDC and President Trump's Tweets were both in agreement that staying at home was an effective deterrent to spreading the COVID-19 virus. NIAID had no Tweets during the study period advocating for staying at home. The southeastern United States chose to disregard the stay-at-home recommendation to prevent the spread of the virus at a higher level than other regions of the country. Again, this is in direct correlation to the political affiliation of the state and the governor of the respective state (Ballotpedia, n.d.). Of the 43 states that issued stay-at-home orders during March and April 2020, all 24 Democratic governors issued mandates, whereas only 19 of the 26 Republican governors did so (Ballotpedia, n.d.), with notably the highest concentration of those not issuing mandates in the southeastern United States.

Finding(s) about Vaccines

Of the 170 Tweets from NIAID, 15 focused on vaccines; however, only about half of those focused on the COVID-19 vaccine. Of the seven that focused on the COVID-19 vaccine, the majority of those gave attention to developing the vaccine rather than advocating for the use of the COVID-19 vaccine. Of President Trump's 5,926 Tweets, only 20 contained any reference to a vaccine. Even though vaccines were not a theme for the CDC, the organization still Tweeted about vaccines in 52 of their 1,405 Tweets, though many of their Tweets were aimed at vaccines other than the COVID-19

vaccine, such as vaccines to prevent the flu, HPV, shingles, measles, whooping cough, and others.

Republicans are vaccinated at a lower rate (60% of U.S. adults) than Democrats (85% of U.S. adults). The southeastern region of the United States has a higher concentration of Republicans in contrast to Democrats, meaning that those in the southeastern region of the United States are likely to be vaccinated at a percentage of around 60%, significantly lower than the average for Democrats at 85%, which is in alignment with what we see from President Trump's and NIAID's Tweets during the study period. Only the CDC showed a significant focus on vaccines during this time.

Summary of Vaccines

In alignment with the lack of significant focus on vaccines from the Tweets of President Trump and NIAID, the southeastern region of the United States also focused less on vaccines because of their political affiliation and that of their state's governor, as discussed earlier in this chapter. The Tweets from the CDC during the study period were the only indication of importance being placed on vaccination.

Summary of Findings for Research Question Two

The second research question focused on comparing the decisions made during the first half of 2020 by the state leaders of the southeastern region of the United States with the results from research question one regarding what the Tweets of the President, NIAID, and the CDC stated regarding topics of importance for the public. The leaders of the states in the southeastern United States followed the lead of the President's actions rather than the majority of his Tweets regarding face coverings. They did not wear them,

which was in direct opposition to the views of the CDC. This region was one of the areas

in the United States that tested the least for COVID-19, which was against the Tweets of

President Trump and the CDC. The same held true for staying at home. According to the

importance that was portrayed through Tweets concerning vaccines, the southeastern

region of the United States followed the lead of Trump and NIAID in that they were

among the least vaccinated in the country, against the advice of the CDC.

Forecast Chapter Five

These findings reveal a clear link between the decisions made in the southeastern

United States by state leaders during the first 6 months of 2020 and the actions of

President Trump rather than the Tweets. The governors of these states were Republican's,

in alignment with President Trump, and the decisions made fell along those partisan

lines. Even when the Tweets of the President advocated for a certain action, such as

testing and staying at home, the actions of the President spoke volumes, and the

southeastern region of the United States listened. The NIAID was not nearly as active on

Twitter as the CDC or President Trump during the study period.

This chapter included a summary of the themes that were discovered within the

findings. Chapter Five will include a discussion of these themes with suggestions for

practice and additional opportunities for research. The chapter will conclude with a

summary of the entire study.

CHAPTER 5

DISCUSSION

Summary of the Study

The aim of this study was to investigate the extent to which Tweets from the Office of the President, the NIAID, and CDC were in alignment. These Tweets were then studied to determine to what extent they may have influenced the decisions made by leaders in the southeastern states of the United States during the first 6 months of 2020, at the height of the COVID-19 pandemic. Chapter 1 was an introduction to the research, including a description of the background, purpose, approach, significance, delimitations, assumptions, timeframe, and vocabulary of the study. Chapter 2 encompassed a review of the literature addressing research and theory related to the study around the agenda setting theory, specifically in the areas of conflict and the political frame, vaccine requirements, mask mandates, stay-at-home orders, and poverty in the Southeastern United States. Chapter 3 included a restatement of the research purpose, the related overarching questions, the research design, and nature of the methodology, the research plan, and a summary. Chapter 4 contained the results of the analysis of data, describing the sample and the findings related to the research questions in detail. In this final chapter, the researcher will identify the study findings and conclusions regarding the research purpose and literature review, recommendations for practice based on the findings and conclusions from the study, and recommendations for additional research.

Conclusions Related to Research Purpose

The purpose of this study was to explore alignment and disconnect in the social media messaging between the Office of the President and the top two health organizations and subsequent state government decisions around the COVID-19 pandemic in the southeast region of the United States. The questions guiding the study were as follows:

1. *What are the points of alignment and disconnect in the Tweets between the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

2. *How did state government decisions in the southeastern region of the United States align with the Tweets of the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?*

This chapter contains a discussion of each of the research questions, including a summary of the findings and a literature comparison. Following the research discussion, a comparison of the findings between the Tweets from the Office of the President, NIAID, and CDC will be presented. In the following section, the researcher will delineate recommendations for practice, detail limitations of the current study, make recommendations for additional research, and propose insights into the implications for leadership by focusing on the role that social media plays on the decision-making process.

Discussion of Findings for Research Question One

Research question one was, "What were the points of alignment and disconnect in the Tweets between the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?" In this study, the researcher analyzed Tweets from the Office of the President (*@realdonaldtrump*), NIAID (*@niaidnews*), and CDC (*@cdcgov*) to determine to what extent these three were in alignment during the first 6 months of the COVID-19 pandemic (January through June 2020).

Face coverings. Tambolkar et al. (2022) found that even during the Spanish Flu pandemic in 1918 face coverings were effective in mitigating the spread of the disease. The same held true during the COVID-19 pandemic during the first half of 2020, the study period. Funk et al. (2022) found that almost half of the U.S. adults surveyed said that wearing masks around other people indoors was either extremely or very helpful in limiting the spread of the coronavirus. In the first half of 2020, before the vaccine was available, this was the number one way that people felt they were able to protect themselves and others from the spread of the virus (Funk et al., 2022)

Studies by B. An et al. (2021), Betsch et al. (2020), Leung et al. (2020), Peeples (2020), and Zhang and Warner (2020) confirmed that mask mandates were the most effective method to prevent the spread of COVID-19.

Testing. According to the survey results published by Funk et al. (2022), 44% of the U.S. adults surveyed said that the wide availability of rapid COVID-19 tests was either extremely or very effective at limiting the spread of coronavirus. Sarata (2020)

reported that even though COVID-19 testing was an important factor in the mitigation of the virus, the quick spread to the United States caught the supply off guard. More people wanted to be tested than there were tests available in the early months of the pandemic. Initial testing was not widespread as it was carried out by the country's network of public health laboratories, which was not prepared to handle mass testing. To support the increasing testing demand during the first months of the pandemic, additional testing sites were required.

Stay home. Page-Tan and Corbin (2021) found that stay-at-home orders were the most effective way to mitigate the spread of COVID-19 among high-vulnerability groups. Between March and April 2020, 43 states were locked down due to stay-at-home orders to curb the spread of COVID-19 (Ballotpedia, n.d.). Additional details regarding the official name of the stay-at-home order and the dates of the order by state can be found at https://ballotpedia.org/States_that_issued_lockdown_and_stay-at-home_orders_in_response_to_the_coronavirus_(COVID-19)_pandemic,_2020.

Jiang et al. (2021) studied rural and urban counties in the United States during stay-at-home orders during the first half of 2020 to assess how effective the order was at mitigating the spread of COVID-19. For both rural and urban counties, cases increased, in contrast to the findings of Page-Tan and Corbin (2021). Ava (2020) found that the mandated stay-at-home orders were an infringement upon people's civil liberties, and they resulted in protests throughout the majority of the states since the beginning of the pandemic.

Vaccines. Soon after the WHO announced the COVID-19 outbreak in Wuhan, China on January 9, 2020, the race to produce a vaccine to prevent the virus commenced. The first EUA COVID vaccine, Pfizer-BioNTech, was approved on December 11, 2020 (AJMC Staff, 2021; Council on Foreign Relations, n.d.). Funk et al. (2022) reported that, in a survey regarding limiting the spread of COVID-19, 55% of U.S. adults said that vaccination is either extremely or very effective.

Points of Alignment for Research Question One

Face coverings. The vast majority of the CDC and President Trump's Tweets during the first half of 2020 advocated for face coverings, especially after the CDC began recommending face coverings on April 4. This stance is in alignment with the research findings of Tambolkar et al. (2022), Funk et al. (2022), B. An et al. (2021), Betsch et al. (2020), Leung et al. (2020), Peeples (2020), and Zhang and Warner (2020).

Testing. Testing was seen as a means to be able to have early detection to be able to appropriately isolate in the event of a positive test result. Just as with past pandemics, such as the Spanish flu, preventative measures such as the use of masks in conjunction with social distancing, quarantining and isolation were key to limiting the spread of the disease (Tambolkar et al., 2022). Early detection meant less of a risk of infecting others. The Tweets from Trump, the CDC, and NIAID all advocated testing as a mitigating factor in the spread of the virus, which was in alignment with the research findings.

Stay home. Page-Tan and Corbin (2021) found that staying home was the single most effective mitigating factor to reduce the spread of COVID-19. This finding is in alignment with the Tweets from Trump and the CDC during the study period.

Vaccines. Funk et al. (2022) reported that 55% of the U.S. adults surveyed said that vaccines were either extremely or highly effective in limiting the spread of the virus. This finding agreed with Trump's Tweets in that he provided the public with updates on vaccine development; however, a vaccine would not become available until December 11, 2020 (AJMC Staff, 2021; Council on Foreign Relations, n.d.).

Points of Misalignment for Research Question One

Face coverings. Though President Trump touted his support of the mask production and ensuring that Americans all had enough masks to protect themselves, his actions and Tweets revealed that he did not personally want to wear a mask. On Mary 27, 2020, President Trump retweeted an article from the Federalist, stating, "*Masks aren't about public health but social control. Image of Biden in black mask endorses culture of silence, slavery, and social death*."

Trump reinforced his displeasure of masks when he commented about Joe Biden yet again, "*I don't wear masks like him; every time you see him, he's got a mask. He could be speaking 200 feet away from them, and he shows up with the biggest mask I've ever seen*" (Kolata & Rabin, 2020). This tweet was in direct opposition to the recommendations of the CDC, whose Tweets since April 4 had been noticeably clear that face coverings were very effective in preventing the spread of the disease.

Testing. Though the research findings advocated for testing as an early indicator of COVID-19, President Trump acknowledged via Tweet that testing was a double-edged sword. With an increase in the rate of testing, a higher rate of positive cases will follow, which could present the United States in a negative light as compared to other countries

that were not testing at the same rate. This is in direct opposition to the CDC and

NIAID's Tweets during the study period that advocated for higher rates of testing.

    Stay home. In the fall of 2020, President Trump tested positive for COVID-19 and

was recovering in Walter Reed National Military Medical Center. During this time, on

October 5, 2020, he Tweeted: "*Don't be afraid of COVID; don't let it dominate your*

life." While he was still recovering and potentially still contagious, his Secret Service

agents took him for a car ride so that his supporters could see that he was quickly

recovering well from COVID" (Kolata & Rabin, 2020). This was in direct opposition of

his Tweets regarding staying at home when you are sick. Not only was he potentially

endangering himself by leaving the hospital, but he also endangered the Secret Service

agents riding with him by potentially exposing them to the virus.

    Boin and t' Hart (2022) also reported that Donald Trump told his supporters,

"People are tired of covid. I have these huge rallies. Just leave us alone. They're tired of

it. People are tired of hearing Fauci and all these idiots." With this statement, President

Trump was again in opposition to many of his Tweets in support of staying home to limit

the potential for the spread of the virus through large gatherings. He was also in direct

opposition to Tweets from the CDC and NIAID, which Dr. Fauci was the director of at

the time, calling for people to stay at home.

    According to Tanne (2020b), when Trump appointed Scott Atlas, a

neuroradiologist that had no experience with public health or infectious diseases, as his

new COVID-19 adviser, he advised that healthy, young adults be allowed to continue

working and allowing COVID-19 to spread among them to increase herd immunity

(Brinson, 2022). Again, this was against so many of his Tweets calling for people to stay home to limit the spread. It was also against the Tweets of the CDC.

On August 3, 2020, President Trump stated during a briefing from the White House on the virus "It's important for all Americans to recognize that a permanent lockdown is not a viable path forward producing the result that you want or certainly not a viable path forward and would ultimately inflict more harm than it would prevent" (Higgins-Dunn & Lovelace, 2020). He continued, "In our current phase, we must focus on protecting those at highest risk while allowing younger and healthier Americans to resume work and school with careful precautions. Ideally, we want to open those schools. We want to open them" (Higgins-Dunn & Lovelace, 2020). As people grew tired of stay-at-home orders and social distancing, President Trump went directly against the advice of U.S. health officials when he Tweeted on March 22, 2020, "I would love to have the country opened up and just raring to go by Easter" and be able to return to work (Tanne, 2020b). Jiang et al. (2021) found that both rural and urban communities experienced an increase in positive cases while under stay-at-home orders. This is in direct opposition to the study from Page-Tan and Corbin (2021), which revealed that staying at home was the single most effective mitigation factor expressed in the Tweets from the CDC and Trump during the study period.

Vaccines. The research shows that vaccines are clearly one of the best ways to prevent contracting COVID-19 and spreading the virus. Unfortunately, a vaccine was not available during the study period, as the first approved vaccine was not released until December 11, 2020 (AJMC Staff, 2021; Council on Foreign Relations, n.d.).

Discussion of Findings for Research Question Two

Research question two was, "How did state government decisions in the southeastern region of the United States align with the Tweets of the Office of the President and the top two health organizations during the first six months of the COVID-19 pandemic?" For the purpose of this study, the researcher analyzed Tweets from the Office of the President (*@realdonaldtrump*), NIAID (*@niaidnews*), and CDC (*@cdcgov*) to determine to what extent these three were in alignment with the decisions made in the southeastern region of the United States during the first six months of the COVID-19 pandemic (January through June 2020).

Face coverings. According to Dominquez et al. (2022), each state was able to determine whether to enact a mask mandate to protect their respective citizens. Fourteen states had not implemented a mask mandate by September 2020, even though mask-wearing was the most effective way to prevent the spread of the virus according to studies by B. An et al. (2021), Betsch et al. (2020), Leung et al. (2020), Peeples (2020), and Zhang and Warner (2020). Unfortunately, B. An et al. (2021) also reported that mask mandates were the least frequently implemented mitigation measure even though Zhang and Warner reported that mask mandates flattened the curve more so than shutdowns.

Chen et al. (2022) found that the political affiliation of the state governors was an overarching contributing factor in the number of days it took the respective state's governor to implement a mask mandate. Funk et al. (2022) corroborated these findings. The states of Alaska, Arizona, Florida, Idaho, Missouri, Nebraska, Oklahoma, South Dakota, and Tennessee never implemented a mask mandate, according to Funk et al.

Florida and Tennessee are in the southeastern region of the United States. Several southeastern states were terribly slow to adopt mask mandates. They included Georgia at 174 days, South Carolina and Mississippi at 162 days, Alabama at 143 days, Kentucky at 136 days, West Virginia at 133 days, and North Carolina at 122 days.

Testing. According to survey results published by Funk et al. (2022), 58% of the Democratic U.S. adults surveyed said that the wide availability of rapid COVID-19 tests was either extremely or very effective at limiting the spread of coronavirus, whereas only 27% of the Republican U.S. adults surveyed said that the availability would be either extremely or very effective in limiting the spread. Those in the southeastern region of the United States, especially African Americans, however, often experienced a lack of trust in the healthcare system, according to Sood and Sood (2021). This is a direct result of unjust acts in the past that have perpetuated this fear, such as the Tuskegee syphilis study that was conducted in rural Alabama from 1932 to 1972. Unfortunately, according to Alsan and Wanamaker (2018), this lack of trust often prevents those in the most need of healthcare from seeking it.

Stay home. Of the 43 states that issued stay-at-home orders during March and April 2020, all 24 Democratic governors issued mandates, whereas only 19 of the 26 Republican governors did so (Ballotpedia, n.d.).

Vaccines. In Brinson's (2022) study regarding vaccines, he found that herd immunity was at risk because conservatives have proven to perceive less of a threat from COVID-19 compared to liberals, aligning with previous studies conducted by L. An et al. (2021), Dimock and Gramlich (2022), and Gelfand et al. (2022). Funk et al. (2022) also

reported the wide partisan gap in how effective vaccination (among other reported measures) is at limiting the spread of the coronavirus, with 75% of Democrats rating vaccination as extremely or highly effective, whereas only 32% of Republicans believe the same. These results are especially evident in the southeastern region of the United States due to the prevalence of Republicans within the area.

These findings are further confirmed by a study by Funk et al. (2022) who stated what percentage of U.S. adults say they are vaccinated, where 60% of Republicans are fully vaccinated, whereas only 34% received a booster. In sharp contrast, 85% of Democrats reported that they are fully vaccinated, with 64% receiving a booster. Funk et al. (2022) also reported the groups in the U.S. with higher and lower rates of vaccination against COVID. Notably, White evangelical Protestants, those aged 18-49 in rural areas, and those without health insurance are more likely to not be vaccinated . All these conditions exist predominantly within the southeastern region of the United States where DePietro (2022) reported that eight (Mississippi, Louisiana, West Virginia, Kentucky, Arkansas, Alabama, Tennessee, and South Carolina) of the top 10 states with the highest percentage of their population living below the poverty line.

Points of Alignment for Research Question Two

Face coverings. According to Dominquez et al. (2022), Betsch et al. (2020), Leung et al. (2020), Peeples (2020), Zhang and Warner (2020), and B. An et al. (2021), face coverings offered the best protection available against the COVID-19 virus during the study period. This is in alignment with Tweets from President Trump and the CDC after the CDC announced this recommendation via Tweet on April 4, 2020. According to

B. An et al. (2021), given the data, it was one of the least frequently used mitigation efforts.

Testing. Tweets from Trump, the CDC, and the NIAID advocated for the use of testing as a mitigation tool. This agreed with the data provided in a study by Funk et al. (2022), according to 58% of the Democratic U.S. adults surveyed. Unfortunately, this represents only a small portion of the southeastern region's citizens.

Stay home. According to Vestal and Ollove (2020), Governors Brian Kemp (Georgia) and Ron DeSantis (Florida) followed the minority of Tweets of President Trump in reopening their respective states. President Trump overwhelmingly Tweeted support for staying home early in the pandemic; however, his Tweets in the later days of the study period shifted to reopening the country.

Vaccines. Funk et al. (2022) reported that 75% of Democrats rate vaccination as extremely or highly effective. Unfortunately, Democrats represent a significantly lower percentage of the population in the southeastern region of the United States than Republicans. This is, however, in agreement with the Tweets from Trump, the CDC, and the NIAID.

Points of Misalignment for Research Question Two

Face coverings. Even though Dominquez et al. (2022), B. An et al. (2021), Betsch et al. (2020), Leung et al. (2020), Peeples (2020), Zhang and Warner (2020), and B. An et al. (2021) reported that face coverings provided the best possible protection against contracting or passing along the COVID-19 virus, the people in the southeastern region of the United States were the least likely in the nation to wear them according to a study

published by Funk et al. (2022). This was in direct opposition to the Tweets of Trump and the CDC.

Testing. According to Funk et al. (2022), only 27% of the Republican U.S. adults surveyed said that the availability would be either extremely or highly effective in limiting the spread. Unfortunately, the southeastern United States is primarily comprised of individuals who identify as Republicans. This was in direct contradiction with the Tweets of Trump, the CDC, and the NIAID.

Stay home. According to Vestal and Ollove (2020), Governors Brian Kemp (Georgia) and Ron DeSantis (Florida) went directly against the Tweets of the CDC and the advice of the state of Florida's chief coronavirus data officer, Rebekah Jones, who was later fired for declining to manipulate data that supported DeSantis's aggressive reopening plan, in making the decision to reopen their respective states. Ironically, Georgia's public health director, Dr. Kathleen Toomey, agreed with Governor Brian Kemp in the hasty reopening of the state. This decision agreed with the Tweets of the President during the later days of the study period.

Vaccines. L. An et al. (2021), Dimock and Gramlich (2022), Gelfand et al. (2022), Funk et al. (2022), and Brinson (2022) found that those within the southeastern United States were the least likely to be vaccinated against COVID-19. This was in direct opposition to the Tweets of Trump, the CDC, and the NIAID that advocated for vaccination.

Summary of Conclusions

Though the Tweets of President Trump, the NIAID, and the CDC recommended face coverings, testing, staying home, and being vaccinated as mitigation efforts aimed at lessening the spread of the COVID-19 virus, the southeastern region of the United States overwhelmingly disregarded their advice. According to Chen et al. (2022) and Funk et al. (2022), the political affiliation of the state governors was an overarching contributing factor.

Though the Tweets of President Trump advocated for wearing face coverings, testing, staying home, and being vaccinated, his actions sent a different message. In his Tweets in the later days of the study period, he switched from support of face coverings and staying home to not wearing face coverings because people were tired of them and reopening the country, sending a mixed message to those who were looking to him as their leader to tell them how they should proceed.

According to Tanne (2020a), distrust builds when the message regarding a topic is not consistent, as is the case with the messages via Twitter from the experts and the President in this case. The leadership model that emerged as Trump pivoted or waffled from support of wearing face coverings, testing, and staying home was reminiscent of top-down autocratic leadership, exhibiting a lack of clear direction.

Toward a Complexity Leadership Model

According to Mhd Noor and Mohd (2019), "leaders have an important role during disease outbreaks. It is to provide objective and goal-oriented perspectives and to ensure that plans guide the momentum of the solution in outbreak management" (p. 2). For this reason, it is imperative that the leadership model is as robust and adaptive as possible.

> The leadership criteria required during outbreak management are effective
>
> decision-making, having available and involved leaders who can motivate good
>
> partnership with stakeholders, good communication with stakeholders and
>
> external parties, ability to assure the public, active advocacy, effective delegation
>
> and effective coordination of resources and response. (Mhd Noor & Mohd, 2019,
>
> p. 2)

In times of crisis, Uhl-Bien (2021) stated that a complexity leadership model

provides a roadmap for leaders and organizations that need to quickly adapt in the face of

challenging circumstances. Examples of complexity leadership put into action during the

COVID-19 pandemic were businesses switching to remote work, when possible,

telehealth, schools switching to virtual learning, expanded options for grocery delivery,

and order pick-up options at many retailers. There were many examples of organizations

quickly adapting to support their communities throughout the pandemic.

COVID-19 provided an opportunity for leaders and experts to come together to

formulate a response to a crisis that was novel. There was no roadmap. One had to be

developed, implemented, evaluated, amended, and reimplemented quickly based on the

results. Flexibility and adaptability were necessary for the best possible result. Though

organizations have implemented complexity leadership well, Uhl-Bien (2021) indicated

that public sector and political leadership are still lagging, as evident in the lack of

cooperative and adaptive leadership throughout the pandemic. Complexity leadership

also focuses on followership. Leaders would not be leaders without those who are willing

to follow. Going forward, it is necessary for the followers to only promote those who are

capable and have a clear goal in mind, ensuring that they can work well with others as constantly new scenarios present themselves by being willing to adapt quickly to changes (Uhl-Bien, 2021).

Summary

By researching the Tweets of President Trump and the Tweets of the top two health organizations (the CDC and the NIAID) during the first 6 months of COVID, which were during the height of the pandemic, and the decisions that were made within the southeastern region of the United States during that time, the goal of this study was to determine to what extent the decisions made were in agreement with the Tweets from these three accounts and whether the three Twitter accounts were in agreement or disagreement with one another. Four themes emerged in this study: face coverings, testing, stay home, and vaccines. Though the southeastern region of the United States was generally in disagreement with both the CDC and the NIAID, President Trump's Tweets and actions according to the research, because of his pivoting in his view of face coverings, testing, and staying at home, especially in the later days of the study, were in alignment with the decisions and actions taken in this region. This was in alignment with previous studies that found that the political ideology of the state's governor, as well as the individual, are often determining factors in the extent to which an individual perceives the threat of an outside force, such as COVID-19 (Chen et al., 2022; Funk et al., 2022).

Discussion of Implications

Implications for Practice

This study has implications that can better inform local, state, and federal governments of the impact of social media (such as Twitter) on the decisions made throughout the nation during times of crisis (such as the COVID-19 pandemic). The goal is to better prepare the leaders of the nation and U.S. health agencies on what type of leadership and communication is most effective in crises that may come so that they are better able to react in the future, ensuring that clear direction, initiated by the best possible information, is passed along to the citizens of the United States.

Implications for Leaders

The lessons from the COVID-19 pandemic emphasize that it does not work for leaders to Tweet one message, only to Tweet a contradictory message a week or months later. This reversal of the message is counterproductive in agenda setting. One clear message should be presented to the public so that there is no confusion as to the agenda, the most important message that the leader wishes to convey.

The lack of consistency leads to mistrust in leadership, and trust is extremely difficult to regain after it is lost. Telling the truth is crucial for leaders. Transparency and frequent communication go hand in hand with keeping the public informed with the best information possible at the time.

Leaders should also work with experts in the situation to ensure that the best possible outcome is realized. Public discourse between leaders and experts at the health

agencies is not conducive to making the best possible decisions, and making decisions in a bubble without all the facts or making light of a situation that is unknown is not acceptable for a leader. It is imperative that leaders use all the resources available in critical times to ensure that the best possible decisions and messages make their way to the U.S. citizens. In many cases, it is a matter of life or death.

Implications for Health Agencies

The CDC was very active during the first 6 months of 2020; however, the NIAID was not. The repetition and hearing of the same message from multiple sources, according to the agenda-setting theory, set the agenda or let the people reading the Tweets know what the agency or person thinks is the most important for them to know regarding certain topics. The lack of Tweets regarding COVID-19-related topics from the NIAID did not help during this critical time. It is important in the future that health agencies present the same message at the same time to present a united front.

If the situation reoccurs with an autocratic leader in power, it is more important than ever for the health agencies to ensure that their voices are heard. Not only should they present a united front and communicate clearly and regularly, but shying away from presenting the needed messages to the public due to fear of retaliation should not be tolerated. The message still needs to get out there.

Implications for Research

This study was designed to identify the points of alignment and misalignment between the Tweets of the Office of the President and the nation's top two health

agencies during the height of the pandemic and compare that to the decisions that were made in the southeastern region of the United States during the first 6 months of 2020. Given both the points of alignment and misalignment, several areas should be explored in further research.

Methodological Implications

This qualitative study enabled the researcher to explore the question of how Tweets from the President and the top two health agencies potentially impacted the decisions made in the southeastern region of the United States, as well as how those Tweets differed in message by Twitter account. The research revealed what worked well or did not as far as how effective the Tweets were on the decisions made. Another important lesson learned was how the different Twitter accounts' messages differed. This research invites quantitative inquiry into a different sample region of the United States population to determine whether these factors are also prominent in other regions.

Future Research

Because this study primarily focused on the decisions made in the southeastern region of the United States, it would be beneficial to extend this study to other populations to determine experiential differences and similarities. Additional populations that may be of interest for future study would be regions that are predominantly Democratic rather than Republican, urban areas, or primarily Republican regions or states that are outside of the southeastern United States. Of interest would also be studying another President's Tweets during a crisis for the same population to determine the differences between the resulting study and the current study.

Summary and Concluding Remarks

Unfortunately, the southeastern region of the United States chose to disregard the advice of the CDC and the NIAID offered through their respective Twitter accounts during the first 6 months of 2020, at the height of the COVID-19 pandemic, regarding wearing face coverings, testing, staying at home, and vaccines. Though the Tweets of President Trump initially supported these initiatives to mitigate the spread of the vaccine, his Tweets and actions in the later part of the study period did not, leading Republican followers, specifically, to follow suit.

The nation's two top health agencies and the President were often not in alignment due to a lack of a concerted effort to work together to provide the best possible information to the general public. An autocratic leadership style was evident throughout the pandemic as the President would rather have followers do as 'I say and not as I do.' A more appropriate leadership style during a pandemic would be a complexity leadership style, working in coordination with the top two health agencies to ensure that the agenda was set regarding common topics that provided the biggest impact on the spread of the virus. The researcher wishes that others will perform additional research on this topic so that future crisis management at the national level will more effectively serve all the states of the United States. Nat Norland penned the following poem, titled "The Greater Good," that perfectly portrays the desired characteristics of a leader and the agenda-setting theory during another crisis for the United States, World War II.

There is a man

Who lives atop a tower.

He draws on his expressions

With a pencil.

He's always on our side.

Don't try to shout him down;

However loud you are

He just pencils on a smile

And we all smile too.

The world is very small

And full of people.

The world is very, very small

He says we shouldn't think of them as people.

He says we shouldn't think of it at all.

There is a man who lives atop a tower

And when he raises his arms, we raise ours.

But if your face should fall

Lying amidst piles

Of Babel bricks and mortar

Small and low,

Let your thoughts rise up above you

Everyone a different tower.

Let us make your face anew.

With a pencil and a rubber

We could make a man of you.

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