



 sciencedo

BALTIC JOURNAL OF LAW & POLITICS

A Journal of Vytautas Magnus University
VOLUME 15, NUMBER 2 (2022)
ISSN 2029-0454

Cite: *Baltic Journal of Law & Politics* 15:2 (2022): 1154-1165
DOI: 10.2478/bjlp-2022-001075

MANAGING CRISES AND PUBLIC ADMINISTRATION IN CHINA: REIMAGINING GOVERNANCE FOR FUTURE

Yuhui Zhang

Faculty of Business and Economics, University of Malaya, 50603 Kuala Lumpur, Malaysia

Qiwen Sun

Suzhou Municipal Health Commission, 215000 Suzhou, China

Received: August 19, 2022; reviews: 2; accepted: October 19, 2022.

Abstract

The global crisis is being caused by the COVID-19 epidemic. Developing complete public-government collaboration is crucial for managing this situation. It is unclear, whether factors like public protective behavior, government capacity, government legitimacy, and organization-public relationship influence the effectiveness of crisis management in China. In addition, it is unknown, nevertheless, whether societal and private variables influence COVID-19 protective behaviors and how they interact with them. This paper develops a multiple mediation model to address this problem. Findings indicate that fear and negative emotions about COVID-19 had a stronger influence on preventive behaviors than age, educational level, gender, risk communication, and risk perception. In addition, public protective behavior and government capacity have a higher influence on enhancing efficiency of crisis management in China. These results show that to effectively prevent and control COVID-19 among the public, comprehensive intervention programmes for governmental variables must be linked with individual factors.

Keywords

COVID-19, Crisis Management, Fear, Protective Behavior, Government capacity.

1. Introduction

In China, the COVID-19 outbreak is regarded as the worst crisis since World War II. It has become a worldwide health hazard and China's most significant crisis related to public health. COVID-19 began as a public health concern but swiftly escalated into a economic, political, and sociological crisis. Economic losses resulted by COVID-19 in Chinese sectors are estimated to be 140 billion USD in

2020 [1]. As the corona virus's first major epicentre, China has been chastised by several members of the international community for its crisis handling. The Chinese government struggled to figure out how to react to crisis events most effectively under Government capacity restrictions [2].

Crisis management in response to COVID-19 has been an important and difficult duty across all levels of government. As a result, an agile workforce is forced to effectively handle crises for the welfare of public and government enterprises [3]. Integrating government workers toward crisis management is critical for collaborative governance, since dealing with crises, uncertainties, and complexity requires enormous dedication and commitment on the part of public servants and inventive crisis management tactics [4]. Many negative results in crisis management may be attributed, to varied degrees, to inefficient bureaucratic mobilization. Given the crisis occurrence in China and their institutions, there has been a disruption in the administrative organization to address these crises, as well as a deficiency in dealing with them using conventional or inappropriate crisis management methods, particularly in the absence of crisis preparation [5].

The organisation of "societal security and crisis management" is an essential and very relevant subject for public administration studies during the COVID-19 era. Crisis management and societal security are politically sensitive problems that often elicit public criticism and discussion. As a result, crisis management is a critical policy topic for administrative executives, political leaders, and public administration in general [6]. Successful crisis management requires proper and open procedures and choices that mitigate the impacts of the crisis and, as a result, improve politicians' reputations, public's expectations from government authorities, and public's support and faith in government.

Political-administrative institutions and individuals are increasingly being forced to deal with unanticipated crises. Citizens should be concerned about social dangers and urge governments to take action to avoid and respond to crises. In a crisis scenario, negative feelings, most often those connected with fear, such as anxiety, despair, and depression are common. These negative emotional arousals may be common especially when individuals are confronted with an uncontrollable and unavoidable crisis, such as COVID-19, natural disaster, and so on. The dynamic interconnections between governance legitimacy and governance capacity are critical to crisis management [7]. The incapability and inconsistency of Government decision-makers to create critical decisions in circumstances of crisis and the lack of reliability in establishing better political standards make the crisis management difficult [8]. Data are also limited regarding the impact of various factors like government capacity and legitimacy, public's protective behavior, and organization-public relationship on effectiveness of COVID-19-related crisis management in China. This highlights the need to conduct a brief study to generate a broad conceptual model to illustrate the factors influencing effective crisis management.

2. Related Works

In [9], researchers sought to investigate a theoretical model for predicting the public's communication activities in receiving and transmitting data from the crisis management centre, as well as their behavioural intents to follow directions in the COVID-19 crisis outbreaks. Their research has limitations in terms of statistical generalisation and external validity. COVID-19-related risk perceptions are analysed by [10] and established indicators for the three aspects of risk perceptions in US crisis management. They looked at the relationships between indicators of risk perception and public health factors. The authors of [11] evaluated the impact of political affiliation (Democrats, Republicans, and Third Party/Independent) on risk perception and preferences for crisis management in Southern California. The result reached in their investigation is unjustified.

A broad worldwide community sample is recruited by [12] to learn public's self-perceived risk, fear, political orientation, moral foundations, and behavioural change in reaction to the pandemic. Their research lacks knowledge of possible crisis management hurdles. The scholars of [13] studied whether variations in impartial public administration and social trust influence public trust in EU crisis management agencies. There is negative association between public administration and public trust in EU crisis management agencies.

In [14], scholars created hypotheses to investigate the influence of the public's experiences on their judgments regarding government's efficiency during management of crisis. During a crisis, the responsiveness and transparency of government, as well as public engagement in decision-making, seem to be more significant than faith in the government. The authors of [15] explored how Chinese central government promoted public involvement in COVID-19 crisis management using social media. The linkage between three interrelated dimensions including the government's concealment of information, Government capacity, and citizen participation is investigated. The role of the Saudi crisis management system named "Disaster risk reduction system" in combating the virus epidemic and providing a protective environment for the public's well-being was explored by [16].

3. Methodology

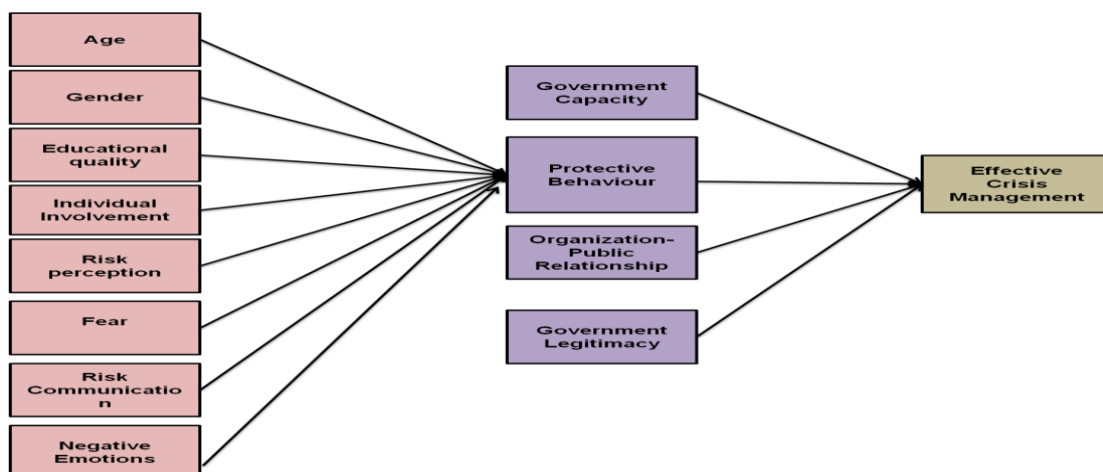


Figure 1: Hypothesized Model constructed for our study

Examining the effects of societal and individual factors on the efficiency of Chinese crisis management in regard to COVID-19 pandemic is the main objective of this research. Model was established depending on hypotheses considered for this study. The developed model for our investigation is shown in Figure 1 and table 2 illustrates the description of various hypotheses.

Participants and Data Collection

The “Institutional Review Board of the Institute of Psychology, Chinese Academy of Sciences”, authorized this cross-sectional design study, which adhered to the Declaration of Helsinki. Between February 24 and March 3, 2020, data were gathered. 33 Chinese provinces provided the participants with online recruitment opportunities. Following the reading and signing of the informed permission, we gave participants a 7-point Likert scale to assess 30 items related to governmental, personal, and behavioral issues. The personal factors like risk communication, age, gender, educational level, individual involvement, risk perception, fear, and negative emotions were assessed. Governmental variables included Government capacity and Government legitimacy and behavioral variables included public’s protective behavior. The majority of the questions in the research had excellent or acceptable reliabilities, and they were selected to represent the key elements of these factors in the perspective of the COVID-19 pandemic related crisis management.

Overall, 1,132 people responded to the poll. Statistics of 1,022 respondents (90.5 %) went into the final data study after erroneous data, which happened when participants provided the wrong response to a question aimed at determining if participants completely fulfilled the questionnaire, were removed. An assessment of the sample's demographics with the corresponding census numbers revealed that the sample disproportionately included students, young, and people with higher education. Table 1 presents the demographic features of participants.

Table 1: Demographic features of participants

Variables		Frequency	Percentage (%)
Age	46-61	120	11.7
	36-45	152	14.9
	26-35	279	27.3
	18-25	458	44.8
	Unknown	13	1.3
Gender	Female	613	60
	Male	409	40
Educational Level	Master’ Degree	344	33.7
	Bachelor’s degree	461	45.1
	High school or lower	217	21.2
Work	Student	470	46
	Teacher	181	17.7
	Medical Staff	53	5.2
	Manager/Office worker	140	13.7
	Agriculture	53	5.2
	Others	125	12.2

Table 2: Description of Hypotheses

Hypothesis	Description
H1-a)	Public's age has a positive effect on improving public's protective behavior
H1-b)	Public's gender has a positive effect on improving public's protective behavior
H1-c)	Public's educational level has a positive effect on improving public's protective behavior
H1-d)	Public's COVID-19 risk perception has a positive effect on improving public's protective behavior
H1-e)	Public's fear about COVID-19 has a positive effect on improving public's protective behavior
H1-f)	Public's negative emotions resulted by COVID-19 has a direct effect on improving public's protective behavior
H1-g)	Risk Communication has a positive effect on improving public's protective behavior
H2-a)	Government capacity has a positive effect on the effectiveness of COVID-19 related crisis management
H2-b)	Government legitimacy has a positive effect on the effectiveness of COVID-19 related crisis management
H2-c)	Organization-public relationship has a positive effect on the effectiveness of COVID-19 related crisis management
H2-d)	Public's protective behavior has a positive effect on the effectiveness of COVID-19 related crisis management

Data Analysis

Mplus V-7, Amos V-23, and SPSS V-20 were used to analyze the data. To determine whether there were variations in protective behaviors based on gender, age, education, risk perception, fear about COVID-19, risk communication, and negative emotions, "Squared Multiple Regression Correlation Coefficient" was used. Also, this method was used to find whether there were variations in effectiveness of crisis management based on public's protective behavior, government capacity, government legitimacy, and organization-public relationship. The sample characteristics of each component were described using descriptive statistics. In order to determine if connections between components met the requirements for path analysis, Pearson correlation analyses were carried out. To evaluate the model, path analysis was done.

4. Results and Discussion

This section presents the analysis of effect of societal and private variables like gender, age, education, risk perception, fear about COVID-19, risk communication, and negative emotions on public's protective behavior and effect of variables like public's protective behavior, government capacity, government legitimacy, and organization-public relationship on effectiveness of crisis management.

Table 3 shows the correlation matrix for various predictive factors considered for this study. Correlation quantifies the strength of the linear

relationship between a pair of variables. Figure 2 shows the correlation between various predictive factors. From table 3, public’s fear about COVID-19 and negative emotions resulted by this crisis was highly correlated with public’s protective behavior. Risk perception Factors like age, gender, educational level had a very less significant relation with public’s protective behavior. Factors like age, gender, educational level does not have significant link with effectiveness of COVID-19 related crisis management. This indicated that public’s fear about COVID-19 and negative emotions improved protective intentions like wearing mask, proper hand washing, distance maintaining during communication, and so on.

Table 3: Correlation matrix for Predictive variables

Factors	1	2	3	4	5	6	7	8	9	10	11	12
Age	1											
Gender	0.003	1										
Educational Level	0.012	0.002	1									
Risk perception	0.22	0.12	0.13	1								
Fear about COVID-19	0.32	0.21	0.38	0.43	1							
Risk communication	0.12	0.02	0.45	0.35	0.42	1						
Negative emotions	0.34	0.13	0.32	0.14	0.54	0.23	1					
Protective Behavior	0.23	0.12	0.33	0.7	0.78	0.43	0.59	1				
Government capacity	0.01	0.02	0.02	0.32	0.24	0.43	0.21	0.43	1			
Government Legitimacy	0.34	0.12	0.35	0.46	0.48	0.54	0.5	0.34	0.56	1		
Organization-public relationship	0.12	0.21	0.32	0.42	0.35	0.52	0.13	0.45	0.32	0.52	1	
Effectiveness of Crisis management	0.03	0.02	0.04	0.23	0.37	0.36	0.32	0.78	0.65	0.55	0.52	1

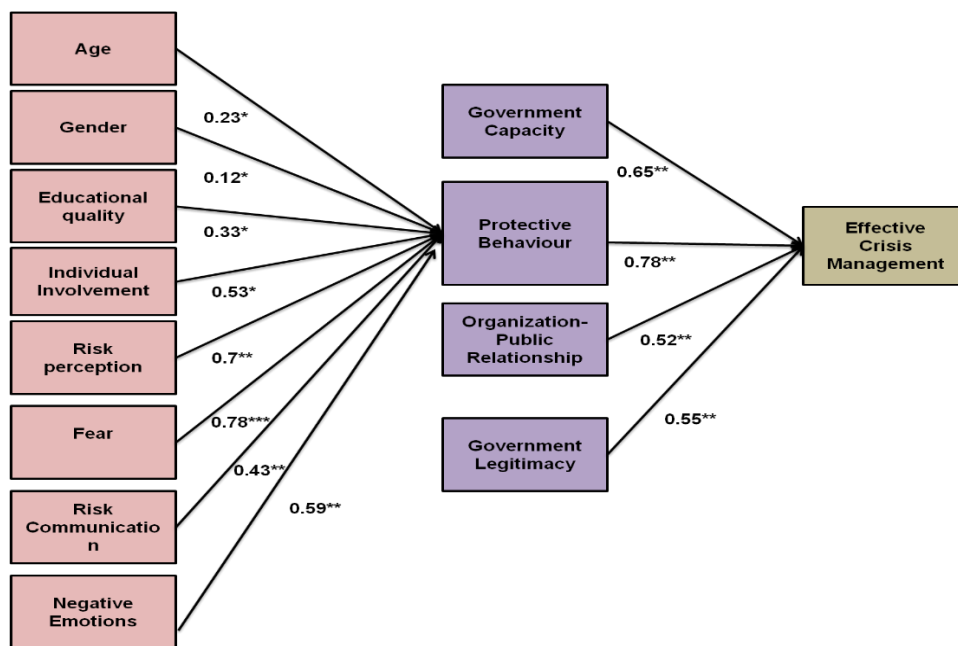


Figure 2: Correlation Estimates of the hypothesized model

Table 4 depicts the Regression coefficient and significance value for various relationship considered for this study. Regression analysis of the degree of effect of various factors like gender, age, education, risk perception, fear about COVID-19, risk communication, and negative emotions on public’s protective behavior is shown in figure 3. From table 4 and figure 3, it is observed that there is an improvement in public’s protective behavior by 0.55 times when there is an increase in fear about COVID-19 increases by 0.55 times. Risk perception and risk communication also has a significant influence on enhancing public’s protective behavior. Variation in age, gender, and educational level of public has a less impact on enhancing the protective behavior of public related to COVID-19 crisis management.

Table 4: Regression analysis of direct effect of independent factors on protective behavior and on effectiveness of crisis management

Variable	β (Regression Coefficient)	p-value
Age → Protective Behavior	0.21	0.021
Gender → Protective Behavior	0.13	0.043
Educational Level → Protective Behavior	0.32	0.032
Risk perception → Protective Behavior	0.42	0.0052
Fear about COVID-19 → Protective Behavior	0.55	0.0007
Risk communication → Protective Behavior	0.43	0.0063
Negative emotions → Protective Behavior	0.49	0.0008
Protective Behavior → Effectiveness of crisis management	0.62	0.0008
Government capacity → Effectiveness of crisis management	0.59	0.0009
Government Legitimacy → Effectiveness of crisis management	0.43	0.0085
Organization-public relationship → Effectiveness of crisis management	0.35	0.006

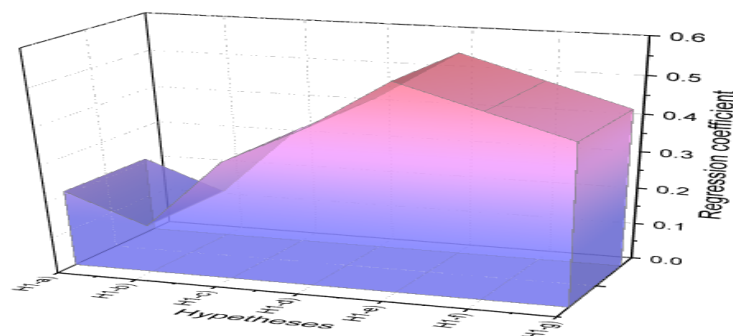


Figure 3: Analysis of Regression Coefficient for various hypotheses (H1-a to H1-g)

Regression analysis of the degree of effect of various factors like public's protective behavior, government capacity, government legitimacy, and organization-public relationship on effectiveness of crisis management is shown in figure 4. It is noted that regression coefficient for the relation between public's protective behavior and effectiveness of crisis management is 0.62 and for the relation between Government capacity and effectiveness of crisis management is 0.59. Regression coefficient for the association between Government legitimacy and effectiveness of crisis management, and association between organization-public relationship and effectiveness of crisis management is found to be minimum. This indicated that public's protective behavior and Government capacity have a high significant direct effect on improving the efficiency of crisis management compared to other factors like Government legitimacy and organization-public relationship.

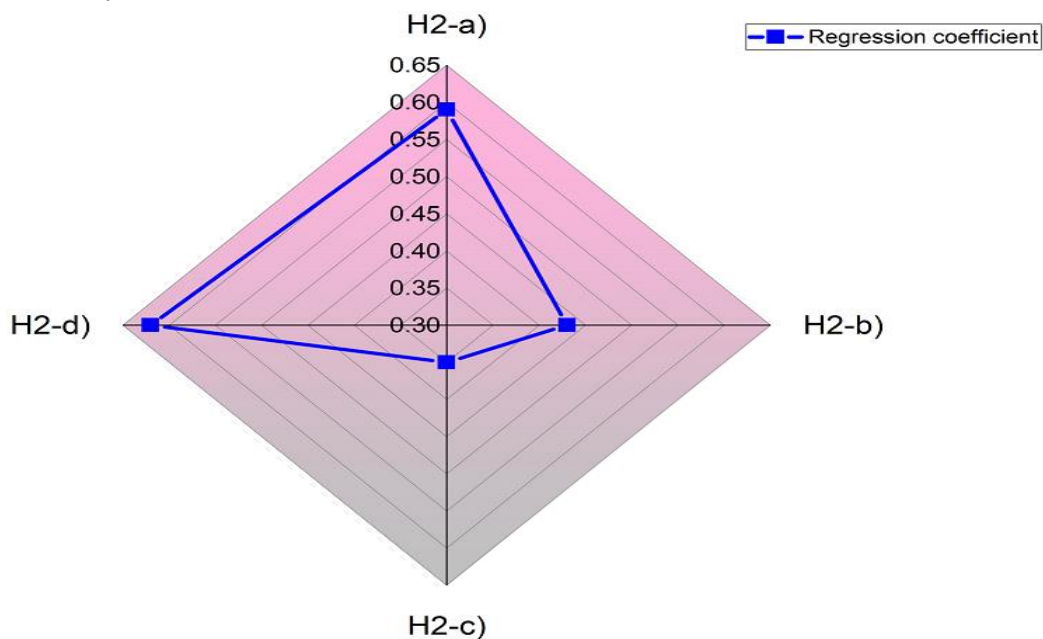


Figure 4: Analysis of Regression Coefficient for various hypotheses (H2-a to H2-d)

Discussion

Chinese crisis management in response to COVID-19 is an important issue in public administration which has a major focus on improving the public well-being. In the scenario of the COVID-19, prolonged exposure to the crises connected to the pandemic has been proven to cause fear, which has been linked to an increase in mental health difficulties, such depression, anxiety, and stress [17]. As the COVID-19 crisis advances, mental health practitioners have an important role in supporting public administration and wellness [18]. In our research, we observed that fear and negative emotions resulted by COVID-19 crisis are significant factors for improving public's protective behavior. These results were in line with [9] which stated that fear and organization-public-relations factors are crucial to anticipate

the public's propensity to follow crisis management instructions and the public's desire to collect and exchange information related to COVID-19. Negative feelings in response to crisis management foretell behavioural changes that are compliant with public health [12]. Risk communication involving transmission of information relating to the latest news about the crisis and the government's handling of the event positively affects citizen engagement in crisis management [20]. A massive global crisis can only be brought under control through coordinated action that is enabled by effective risk communication, smart planning, trained staff, proper technology, and effective leadership [21]. Our study was consistent with prior studies such as [20] and [21] showing that risk communication has a positive effect on public's protective behavior.

In our study, we observed that COVID-19 related risk perception by the public has a positive effect on their protective behavior. This finding was also observed in prior studies discussed as follows. Throughout the COVID-19 pandemic, different aspects of risk perception, such as perceived severity, perceived susceptibility, and negative emotions, aid policymakers in developing timely, effective responses to stop the spread of crisis and promote the adoption of preventive behaviours in the United States [10]. Individuals' preventative and protective behavioural responses to COVID-19 are anticipated to be influenced by risk perception, and the available research shows that risk perceptions are crucial [19]. Also, our study showed that Government legitimacy has a less effect on improving crisis management. The beneficial impact of government legitimacy on how the public perceives government performance was diminished when risk perception or negative emotion were strong [22]. COVID-19 related crisis management combines elements of Government capacity with legitimacy [23]. Chinese Government must be able to identify the looming threat to health care, observe the spread of the crisis, collect the data in relation to risks, quickly develop the technical and legal specifics of policy proposals, effectively engage the public in the discussion of the policy options, and adopt the appropriate policy measures to address the crisis effectively [24-27].

5. Conclusion

The major focus of this study was to study the impact of various societal and private variables on public's protective behavior and effectiveness of crisis management. To adequately combat the COVID-19 epidemic, government need to put in place efficient interventions in addition to personal variables. Fear and negative emotions have high significant influence on public's protective behavior. Other factors like age, gender, educational level, risk perception, and risk communication has also a positive effect on public's protective behavior. Improvement in public's protective behavior and government capacity significantly enhanced the effectiveness of crisis management. Other variables like government legitimacy and organization-public relation have a positive impact on the effectiveness of crisis management. It is strongly encouraged to engage in public

behaviours at both the official and individual levels in order to maximise the effect of involvement in crisis management. Governmental organisations should make extensive use of cloud computing and artificial intelligence technology to study public demand and how it evolves across various crisis phases.

Reference

1. Zhong, L., Sun, S., Law, R. and Li, X., 2021. Tourism crisis management: Evidence from COVID-19. *Current Issues in Tourism*, 24(19), pp.2671-2682.
2. Van der Wal, Z., 2020. Being a public manager in times of crisis: The art of managing stakeholders, political masters, and collaborative networks. *Public Administration Review*, 80(5), pp.759-764.
3. Raut, P.K., Das, J.R., Gochhayat, J. and Das, K.P., 2022. Influence of workforce agility on crisis management: Role of job characteristics and higher administrative support in public administration. *Materials Today: Proceedings*, 61, pp.647-652.
4. He, A.J., Shi, Y. and Liu, H., 2020. Crisis governance, Chinese style: Distinctive features of China's response to the Covid-19 pandemic. *Policy Design and Practice*, 3(3), pp.242-258.
5. Al-Dabbagh, Z.S., 2020. The role of decision-maker in crisis management: A qualitative study using grounded theory (COVID-19 pandemic crisis as a model). *Journal of Public Affairs*, 20(4), p.e2186.
6. Christensen, T. and Lægveid, P., 2020. Balancing governance capacity and legitimacy: how the Norwegian government handled the COVID-19 crisis as a high performer. *Public Administration Review*, 80(5), pp.774-779.
7. Christensen, T. and Ma, L., 2020. Coordination structures and mechanisms for crisis management in China: challenges of complexity. *Public Organization Review*, 20(1), pp.19-36.
8. Liu, Y. and Christensen, T., 2022. The long-term development of crisis management in China—Continuity, institutional punctuations and reforms. *Review of Policy Research*.
9. Chon, M.G. and Park, H., 2021. Predicting public support for government actions in a public health crisis: Testing fear, organization-public relationship, and behavioral intention in the framework of the situational theory of problem solving. *Health Communication*, 36(4), pp.476-486.
10. Qiao, S., Li, Z., Liang, C., Li, X. and Rudisill, C., 2022. Three dimensions of COVID-19 risk perceptions and their socioeconomic correlates in the United States: A social media analysis. *Risk Analysis*.
11. Wills, M. (2020). The burn of burnout: a personal narrative of finding a safe space to care. *HIV Nursing*, 20(3), 73-76.
<https://www.hivnursing.net/index.php/hiv/article/view/159/154>
12. de Bruin, W.B. and Bennett, D., 2020. Relationships between initial COVID-19 risk perceptions and protective health behaviors: a national

- survey. *American Journal of Preventive Medicine*, 59(2), pp.157-167.
13. Harper, C.A., Satchell, L.P., Fido, D. and Latzman, R.D., 2021. Functional fear predicts public health compliance in the COVID-19 pandemic. *International journal of mental health and addiction*, 19(5), pp.1875-1888.
 14. Persson, T., Parker, C.F. and Widmalm, S., 2017. Social trust, impartial administration and public confidence in EU crisis management institutions. *Public Administration*, 95(1), pp.97-114.
 15. Mizrahi, S., Vigoda-Gadot, E. and Cohen, N., 2021. How well do they manage a crisis? The government's effectiveness during the Covid-19 pandemic. *Public Administration Review*, 81(6), pp.1120-1130.
 16. Cegarra-Navarro, J.G., Vătămănescu, E.M. and Martínez-Martínez, A., 2021. A context-driven approach on coping with COVID-19: From hiding knowledge toward citizen engagement. *Knowledge and Process Management*, 28(2), pp.134-140.
 17. Jaziri, R. and Miralam, M.S., 2021. The impact of crisis and disasters risk management in COVID-19 times: Insights and lessons learned from Saudi Arabia. *Ethics, Medicine and Public Health*, 18, p.100705.
 18. Yıldırım, M., Arslan, G. and Alkahtani, A.M., 2022. Do fear of COVID-19 and religious coping predict depression, anxiety, and stress among the Arab population during health crisis? *Death Studies*, 46(9), pp.2070-2076.
 19. Watson, S. (2020b). International year of the nurse—not the celebration we imagined. *HIV Nursing*, 20(2), 31-31.
<https://www.hivnursing.net/index.php/hiv/article/view/140/135>
 20. Morse, G.A. and Dell, N.A., 2021. The well-being and perspectives of community-based behavioral health staff during the COVID-19 pandemic. *Social Work in Health Care*, 60(2), pp.117-130.
 21. Bruine de Bruin, W., Saw, H.W. and Goldman, D.P., 2020. Political polarization in US residents' COVID-19 risk perceptions, policy preferences, and protective behaviors. *Journal of risk and uncertainty*, 61(2), pp.177-194.
 22. Chen, Q., Min, C., Zhang, W., Wang, G., Ma, X. and Evans, R., 2020. Unpacking the black box: How to promote citizen engagement through government social media during the COVID-19 crisis. *Computers in human behavior*, 110, p.106380.
 23. Watson, S. (2020a). Aye corona! Experiences of an HIV nurse in a time of COVID-19. *HIV Nursing*, 20(2), 43-46.
<https://www.hivnursing.net/index.php/hiv/article/view/125/122>
 24. Comfort, L.K., Kapucu, N., Ko, K., Menoni, S. and Siciliano, M., 2020. Crisis decision-making on a global scale: Transition from cognition to collective action under threat of COVID-19. *Public Administration Review*, 80(4), pp.616-622.
 25. Bian, Q., Zhang, X. and Mao, Q., 2021. The more actions, the higher the performance evaluation? Evidence from the crisis management of COVID-

- 19 in China. *International Journal of Disaster Risk Reduction*, 60, p.102281.
26. González-Bustamante, B., 2021. Evolution and early government responses to COVID-19 in South America. *World Development*, 137, p.105180.
27. Toshkov, D., Carroll, B. and Yesilkagit, K., 2022. Government capacity, societal trust or party preferences: what accounts for the variety of national policy responses to the COVID-19 pandemic in Europe? *Journal of European Public Policy*, 29(7), pp.1009-1028.