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Examining the Role of Communicative Actions and Corporate Reputation on Compliance with Health Guidelines: A STOPS Perspective

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Abstract

This study investigates how individuals' communication-related behaviors are formed in line with the core principles of the situational theory of problem solving (STOPS) and how these behaviors shape their intention to comply with the World Health Organization's (WHO) recommendations during an epidemic. Additionally, the research examines whether perceptions of corporate reputation influence communicative behaviors and compliance intentions. Digital survey data were obtained from 261 postgraduate students enrolled at a public university in Turkey's Eastern Anatolia Region. Structural equation modeling (SEM) was applied to analyze the data. The findings show that perceptual antecedents significantly predicted situational motivation, which subsequently influenced communicative behaviors. Communicative behaviors played a decisive role in individuals' intentions to follow official instructions. Moreover, perceptions of corporate reputation had a significant impact on both communicative behaviors and willingness to comply with instructions. The results demonstrate that STOPS constitutes a strong conceptual framework for enhancing risk communication efforts during public health emergencies such as epidemics. The study further highlights the link between individuals' communicative behaviors and their compliance intentions, as well as the influential role of corporate reputation in shaping both outcomes.

Keywords: Situational theory of problem solving, Communication behavior, Behavioral intention, Corporate reputation, World Health Organization, Infodemic

Introduction

Pandemics continue to represent a major global challenge, as infectious disease outbreaks can arise and spread rapidly within today's highly interconnected societies. In order to limit the spread of outbreaks, public health authorities must not only assess their magnitude and associated risks but also assume a more proactive role in risk communication to reduce uncertainty and prevent global dissemination. For this reason, risk communication is a cornerstone of public health preparedness planning [1].

Extensive international research has addressed strategies for preventing and managing health emergencies. Among these initiatives, the Sendai Framework for Disaster Risk Reduction 2015–2030 is particularly notable for its integrated approach to disaster risk reduction. Introduced in 2015 with the support of the United Nations Office for Disaster Risk Reduction (UNDRR), the Sendai Framework positions health-related risks and resilience as central elements of global disaster risk governance [2]. Within this framework, epidemics and pandemics are defined as biological hazards [3], and the importance of risk information and communication is strongly emphasized in disaster risk management processes [4]. The global spread of COVID-19 caused by the SARS-CoV-2 virus beginning in 2019 once again illustrated the essential role of risk communication in controlling

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epidemics. Numerous studies (e.g., [5–7]) have shown that effective risk communication promotes individuals' engagement in protective and preventive behaviors.

Communication is among the most critical tools of risk management during epidemic situations, particularly for reducing excessive fear and anxiety and ensuring evidence-based and effective pandemic management [8, 9]. During public health crises, individuals often experience high levels of uncertainty regarding disease transmission routes and possible health outcomes [10]. Such uncertainty not only raises numerous concerns but also facilitates the spread of misinformation, rumors, and conspiracy narratives [11–14]. As reported in several studies (e.g., [15–19]), individuals actively seek information during outbreaks in order to cope with uncertainty and make informed decisions. The successful prevention of epidemics or reduction of transmission depends on individuals' adoption of self-protective behaviors, their perception of epidemic-related risks, their trust in information sources, and their patterns of information use. Receiving accurate and timely information directly shapes risk perceptions and supports individuals in taking appropriate preventive actions [20]. In this context, individuals must be informed about both the health threats they face and the measures available to protect themselves. When trustworthy, timely information is delivered through accessible languages and media, people are better able to make informed decisions and protect themselves, their families, and their communities from serious health risks [21].

Effective communication from health authorities plays a vital role in epidemic response by encouraging appropriate public reactions that help control outbreaks, reduce exposure, and lower morbidity and mortality rates [22]. Consequently, understanding how people communicate during epidemics and identifying the factors that influence these behaviors is essential for public health authorities.

Although epidemic response is primarily managed by national health systems, the need for coordinated global action has increased substantially, as outbreaks can quickly evolve into pandemics due to globalization, international trade, mass travel, and rapid transportation networks [23]. For example, COVID-19 was officially declared a pandemic by the World Health Organization (WHO) on 11 March 2020, only three months after WHO's China Country Office reported cases of "viral pneumonia" in Wuhan, China, on 31 December 2019. WHO serves a leading role in coordinating responses to epidemic-prone diseases such as yellow fever, cholera, Ebola virus disease, Zika virus, influenza, and coronavirus, while supporting national, regional, and international prevention and mitigation efforts. In addition to its online learning platform (OpenWHO), WHO offers a wide range of emergency and risk communication guidelines, reports, and training resources informed by expert knowledge and lessons learned from previous outbreaks (e.g., [21, 24–26]). However, the existence of extensive WHO resources alone does not ensure that individuals will consult these materials or adhere to WHO recommendations. Therefore, this study examines the extent to which individuals are willing to seek, share, and act upon information provided by the WHO during public health emergencies. Specifically, the study tests a theoretical model grounded in STOPS to identify communicative behaviors that may emerge during epidemics and to assess how these behaviors influence compliance with WHO guidelines. Furthermore, the model evaluates how public perceptions of WHO's corporate reputation shape communicative behaviors and intentions to follow WHO directives.

The situational theory of problem solving

The situational theory of problem solving (STOPS) constitutes a comprehensive expansion of the situational theory of publics [27]. Developed by Kim and Grunig [27], STOPS functions as a communication-oriented framework that clarifies the mechanisms and motivations underlying individuals' communication behaviors when confronting problematic circumstances [28]. Central to the theory is the premise that "the more one commits to problem resolution, the more one becomes acquisitive of information pertaining to the problem, selective in dealing with information, and transmissive in giving it to others" [27].

STOPS incorporates three categories of antecedent variables—perceptual, cognitive, and motivational—while identifying communicative actions as the outcome variable. Within the perceptual domain, problem recognition reflects the degree to which individuals acknowledge the presence of an issue requiring action and consciously consider potential responses. Constraint recognition refers to perceptions of limitations or obstacles that may restrict one's ability to address the issue. Involvement recognition, the third perceptual antecedent, denotes the extent to which individuals perceive a personal linkage between themselves and the

problematic situation [29]. STOPS further includes situational motivation as an additional antecedent. Situational motivation describes a context-dependent state of cognitive and epistemic preparedness that energizes problem-solving by minimizing the gap between anticipated circumstances and actual experiences [27].

STOPS proposes that individuals who define a situation as problematic, perceive personal relevance, and believe that few barriers impede action are more likely to experience heightened motivation and to engage in proactive communicative behaviors aimed at resolving the issue.

Based on earlier empirical findings regarding the influence of perceptual antecedents on situational motivation, the following hypotheses are formulated:

H1

Individuals' recognition of a problem positively influences situational motivation.

H2

Individuals' recognition of involvement positively influences situational motivation.

H3

Individuals' recognition of constraints negatively influences situational motivation.

Within STOPS, communicative actions—treated analytically as an independent construct—are organized into three principal domains: information acquisition, information selection, and information transmission. Each domain is subdivided into active and passive forms, resulting in six distinct communication behaviors. Information acquisition consists of information seeking (active) and information attending (passive). Information attending refers to unintentional exposure to and processing of problem-related information, whereas information seeking involves deliberate efforts to obtain detailed knowledge by actively scanning one's environment [27].

Information selection comprises information forefending (active) and information permitting (passive). Information forefending involves proactively filtering or rejecting information based on judgments of relevance and usefulness for problem-solving. In contrast, information permitting reflects openness to receiving any information associated with the problem, without prior evaluation [27].

Information transmission represents the third domain and includes information forwarding (active) and information sharing (passive). Information forwarding occurs when individuals voluntarily disseminate information to others, regardless of whether the information is requested or directly solution-oriented [30]. Information sharing, by contrast, takes place only when individuals respond to explicit requests for information [27].

According to STOPS, communicative actions in problematic situations are primarily shaped by situational motivation and the referent criterion. The referent criterion, conceptualized as a cognitive antecedent, is defined as "any knowledge or subjective judgmental system that influences the way in which one approaches problem-solving" [27]. This construct reflects individuals' reliance on prior experiences with comparable problems when selecting strategies to address current challenges.

To examine the associations among situational motivation, referent criterion, and communicative actions, the study advances the following hypotheses:

H4

Situational motivation positively affects individuals' communicative actions.

H5

The referent criterion positively affects individuals' communicative actions.

Behavioral intention

Behavioral intention represents a motivational disposition that reflects the extent of effort individuals are prepared to invest in performing a specific behavior [31]. Scholarly discussions of behavioral intention are commonly situated within the theory of planned behavior, which asserts that stronger intentions increase the probability of behavioral execution [31]. In the context of epidemic management, adherence to guidelines issued by authoritative organizations is essential; however, such adherence presupposes a prior intention to comply.

A growing body of research has examined how communicative behaviors influence behavioral intention within the STOPS framework. Yan *et al.* [32], for example, demonstrated that information forwarding exerted a stronger effect on behavioral intention than information seeking. Conversely, Pressgrove, Barra, and Janoske [33] reported that passive communicative

behaviors—including information permitting, information sharing, and information attending—were more influential than active behaviors in predicting intentions related to charitable donation, volunteerism, and policy advocacy.

Yoo, Kim, and Lee [34] found that information acquisition served as a mediating variable linking intention with both information selection and information transmission, as well as mediating the relationship between perceived risk and intention. In a study of Australian organic food consumers, Sultan *et al*. [35] showed that perceived communication quality, satisfaction, and trust reduced both the intention–behavior gap and the perceived behavioral control–behavior gap within the theory of planned behavior. Xu, Li, and Shan [36] reported that information acquisition and information selection influenced intentions to receive the HPV vaccine, whereas information transmission did not. Similarly, Chon and Park [37] demonstrated that both information acquisition and information transmission significantly affected individuals' intentions to comply with Centers for Disease Control and Prevention (CDC) guidelines during a public health emergency.

Drawing on these findings, the following hypothesis is proposed:

H6

Individuals' communicative actions positively influence their willingness to comply with the World Health Organization's instructions.

Corporate reputation

Corporate reputation can be defined as the cumulative judgment formed by stakeholders regarding an organization, derived from long-term interactions, exposure to organizational messages and symbols, and evaluative comparisons with the behavior and performance of major competitors [38].

Examining public perceptions and communication patterns during crisis contexts, Kim [39] demonstrated that higher levels of organizational reputation are associated with increased communicative engagement—namely information attending, information forwarding, and information seeking—as well as stronger behavioral intentions.

Likewise, Kim, Miller, and Chon [40], using communicative behavior–based public segmentation during crises, concluded that publics characterized by high awareness and activity levels tend to display more pronounced negative behavioral intentions toward organizations.

On the basis of these empirical findings, the following hypotheses are advanced:

H7

The perceived reputation of the World Health Organization positively influences individuals' communicative actions.

H8

The perceived reputation of the World Health Organization positively influences individuals' behavioral intentions.

The conceptual model and related hypotheses are illustrated in **Figure 1.**

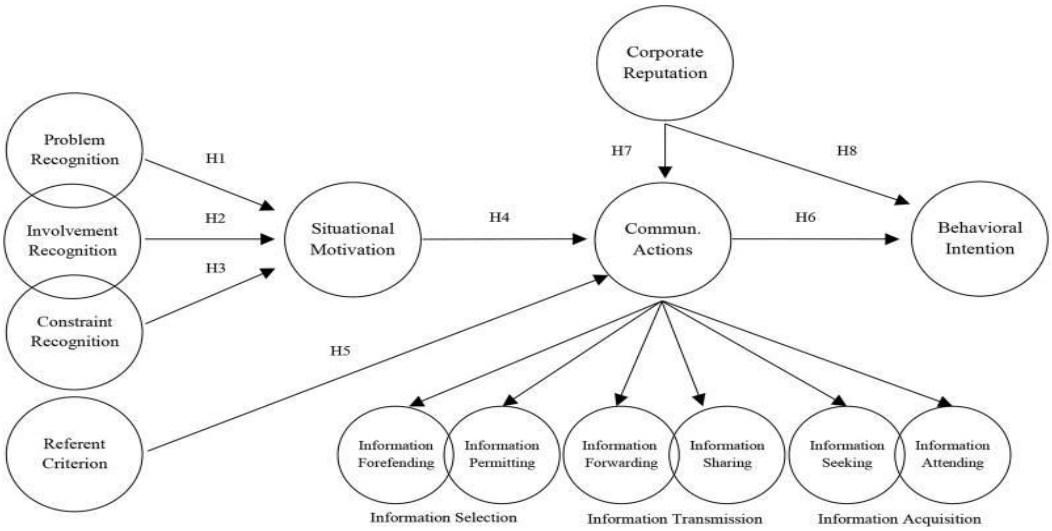

Figure 1. Research model and hypotheses proposed in the study (Erzurum, Türkiye. 2022).

Materials and Methods

Research design and sampling

Data collection took place between November and December 2022 through an online questionnaire. The survey instrument was developed using Google Forms, after which access links were distributed to potential respondents via e-mail and WhatsApp. Prior to dissemination, three domain experts reviewed the questionnaire to assess clarity, wording appropriateness, and content validity.

The survey instrument comprised five distinct sections. The first section included three demographic items. The second section consisted of fifteen items measuring situational constructs. The third section contained eighteen items assessing information-related behaviors. The fourth section measured behavioral intention using three items. The final section included six items designed to assess corporate reputation.

The target population consisted of graduate-level students enrolled at a public university in Turkey's Eastern Anatolia Region. Using convenience sampling, a non-probability technique, responses were initially obtained from 294 participants, considered adequate for representing the population. Following data screening, 33 responses were excluded due to failure to meet analytical suitability criteria. Consequently, statistical analyses were conducted using 261 valid questionnaires. All participants provided informed consent after reviewing a statement explaining the purpose of the research.

Measures

The principal constructs of STOPS were measured using 33 items in total, with three items allocated to each construct, consistent with prior research practices [27, 37, 41, 42]. Perceptions of WHO's organizational reputation were assessed using a six-item instrument originally developed by Sarstedt and Schloderer [43] for nonprofit organizations. Behavioral intention to comply with WHO recommendations was measured using the three-item scale developed by Chon and Park [37]. All items were evaluated using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Analysis

Structural equation modeling (SEM) was applied to test the proposed relationships using AMOS v20 software. Prior to estimating the structural model, confirmatory factor analyses were conducted to identify poorly performing or cross-loading items and to verify construct validity. Results indicated acceptable internal consistency for the measurement instruments, as evidenced by Cronbach's α values. Additionally, a second-order confirmatory factor analysis was performed to validate the hierarchical structure of communicative actions.

Model fit for the measurement model met acceptable thresholds [44–47]:

$X^2(738) = 1{,}389.98$, $p < .001$; $X^2/df = 1.883$; CFI = .933; GFI = .799; IFI = .934; TLI = .922; RMSEA = .058; SRMR = .052.

Results and Discussion

Participant demographics are summarized in **Table 1.**

Table 1. Demographic profile of participants (Erzurum, Türkiye. 2022).

Variable	Category	%	n
Gender	Male	49.4	129
	Female	50.6	132
Age (years)	21–30	65.1	170
	31–40	24.9	65
	≥41	10.0	26
Educational level	Master's student	80.1	209
	Doctoral student	19.9	52

The sample consisted of 50.6% females (n = 132) and 49.4% males (n = 129). With respect to age, 65.1% (n = 170) were between 21 and 30 years, 24.9% (n = 65) fell within the 31–40 age range, and 10.0% (n = 26) were aged 41 years or above. Regarding educational attainment, 80.1% (n = 209) were master's students, whereas 19.9% (n = 52) were enrolled in doctoral programs.

After confirming adequate measurement model fit, the structural model was estimated. Path analysis indicated that the association between referent criterion and communicative actions was not statistically significant (β = .08, p > .05), leading to rejection of H5. Consistent with prior findings [37] and acknowledging ongoing debate surrounding the referent criterion within STOPS [27], this variable was excluded, and the model was reanalyzed.

The revised structural model demonstrated acceptable goodness-of-fit [44–47]:

$X^2(309) = 607.731$, $p < .001$; $X^2/df = 1.967$; CFI = .952; GFI = .859; IFI = .952; TLI = .945; RMSEA = .061; SRMR = .054. Structural relationships are displayed in **Figure 2.**

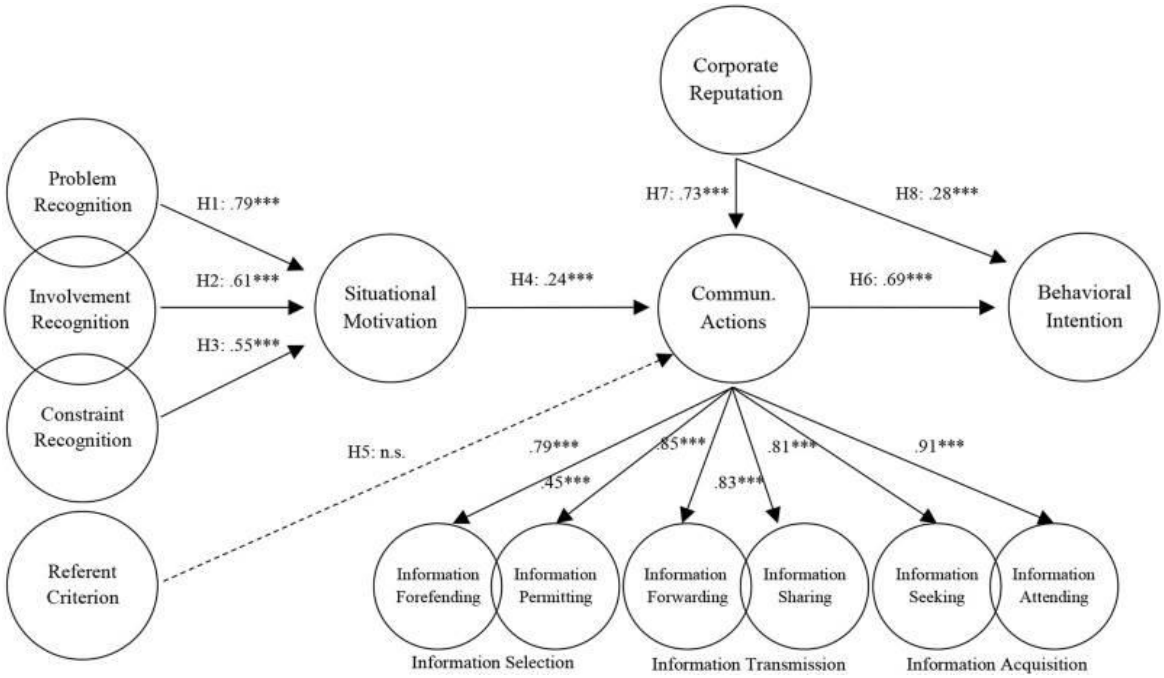

Figure 2. Structural equation modeling results with standardized path coefficients for significant relationships (***p < 0.001) (Erzurum, Türkiye. 2022).

Hypotheses H1 through H5 were designed to evaluate the core assumptions of STOPS regarding communicative behavior during public health emergencies. Hypotheses H1–H3 focused on perceptual antecedents of situational motivation. Results supported H1, confirming that problem recognition positively influenced situational motivation ($\beta = .79$, $p < .001$). H2 was also supported, demonstrating a positive effect of involvement recognition on situational motivation ($\beta = .61$, $p < .001$). H3 was assessed using reverse-coded items; therefore, a positive coefficient was required for confirmation. The results supported H3 ($\beta = .55$, $p < .001$).

H4, which predicted a positive relationship between situational motivation and communicative actions, was supported ($\beta = .24$, $p < .001$). H6, positing that communicative actions increase willingness to follow WHO guidance, was also confirmed ($\beta = .69$, $p < .001$). Finally, hypotheses addressing corporate reputation were supported: perceptions of WHO's reputation positively affected communicative actions (H7: $\beta = .73$, $p < .001$) and behavioral intentions (H8: $\beta = .28$, $p < .001$).

Overall, the findings largely validate the core propositions of STOPS, with the exception of the referent criterion, and align with prior empirical research (e.g., [27, 37, 41, 42, 48]). In the context of public health emergencies, individuals' perceptions of the situation were shown to shape their situational motivation, which in turn played a central role in determining their communicative behaviors. More specifically, the results indicate that when individuals perceive an issue as a problem, view it as personally relevant, and believe that few barriers prevent them from taking action, they become more motivated to engage in communication activities such as seeking, filtering, and disseminating information provided by the WHO.

The findings further suggest that individuals tend to favor more proactive forms of communication, particularly information forefending and information forwarding, within the domains of information selection and transmission. In practice, this means that individuals first evaluate and filter information based on its potential contribution to problem resolution and subsequently share this information with others voluntarily, even in the absence of explicit requests. Such behaviors facilitate the more rapid and effective spread of credible information. Accordingly, and consistent with the recommendations of Kim and Hong [42], public health authorities—especially the WHO—should enhance problem recognition by clearly communicating the seriousness of health threats through both traditional and digital media during crises. At the same time, authorities should seek to reduce perceived constraints by clearly outlining how individuals can contribute to solutions and emphasizing the potential consequences for individuals and their close networks. Timely and transparent dissemination of scientific information is particularly important, as rapid information sharing has been shown to reduce panic during crises [49].

Another notable outcome of this study is the absence of a significant relationship between the referent criterion—the cognitive component of STOPS—and communicative actions. Similar findings were reported in earlier research [37], where the lack of effect was attributed to participants' difficulty in relating themselves to a hypothetical epidemic scenario. A comparable explanation applies to the present study, as it examined communicative behaviors in response to a fictional outbreak. Under such conditions, participants are unlikely to possess sufficient prior knowledge or experience to activate the referent criterion meaningfully. Indeed, the role of the referent criterion within STOPS has long been debated. Although it was included in early formulations of the situational theory of publics, it was subsequently excluded from later models because of its limited explanatory power for communicative behaviors [27]. Nevertheless, this does not diminish its potential relevance in real-world health crises. Evidence from Kim and Hong's [42] study on the COVID-19 pandemic—a concrete and ongoing global health emergency—demonstrated that individuals with greater knowledge of the pandemic engaged more actively in communication behaviors. This underscores the importance of health authorities producing accessible and informative content that equips the public with adequate knowledge as part of risk communication efforts.

Consistent with earlier research (e.g., [32, 33, 36, 37]), the present study also confirms that communicative actions play a critical role in shaping behavioral intention, particularly individuals' willingness to comply with WHO guidelines. This finding highlights the need for health authorities to provide clear, comprehensive, and timely information, prioritize communication about the most critical aspects of an epidemic, maintain updated informational resources, and offer accessible channels for individuals seeking further details. When individuals feel well-informed and confident in the information they receive, they are more inclined to

follow official recommendations and to share verified information with others.

The study also explored whether perceptions of corporate reputation influence both communicative behaviors and behavioral intentions—an area that has received relatively limited attention in prior research. The results indicate that favorable perceptions of the WHO's reputation significantly encourage individuals to engage more actively in information acquisition, evaluation, and dissemination during public health emergencies. In other words, a positive organizational reputation increases the likelihood that individuals will rely on and circulate information originating from WHO.

In addition, the findings demonstrate that positive perceptions of the WHO's reputation enhance individuals' intentions to follow its instructions. Individuals' willingness to cooperate with health authorities during epidemics and to accept official recommendations is strongly shaped by perceptions of integrity, credibility, and professional competence [50]. Trust in health authorities and in the information they disseminate is a key determinant of public adherence to preventive measures during outbreaks [51–53]. Trust is also central to managing infodemics, as messages from trusted sources are more likely to influence behavior. However, trust cannot exist without perceived trustworthiness. For this reason, health authorities must prioritize transparency, honesty, and continuous information sharing from the earliest stages of an outbreak to establish and maintain public trust [54]. During health crises, perceptions of authorities' trustworthiness are informed by their existing reputation, the quality of their relationships with the public, and the consistency and reliability of the information they provide [50]. Consequently, health authorities—and particularly the WHO—should invest in long-term relationship management, proactive reputation building, and comprehensive risk communication planning even in non-crisis periods. Relationship management, reputation management, and risk communication are interrelated organizational functions that collectively underpin corporate trust, which in turn plays a crucial role in the leadership required for effective epidemic prevention and control [50].

Limitations and future research

Although this study demonstrates that STOPS constitutes a valuable framework for understanding and improving risk communication during public health crises and offers a theoretical foundation for more extensive future investigations, several limitations should be acknowledged. First, the research adopted a cross-sectional design, which restricts the ability to observe changes over time. Subsequent studies using longitudinal approaches could yield deeper insights into the dynamics underlying the present findings. Second, the sample consisted exclusively of graduate students and was obtained through a non-probability sampling technique. As a result, the external validity and generalizability of the findings are constrained. Future research would benefit from employing probability-based sampling strategies and larger samples that more accurately represent diverse social groups. Third, the study relied on a hypothetical epidemic scenario rather than focusing on a real or specific outbreak. Consequently, participants' responses may not fully reflect behaviors that would emerge during an actual epidemic, particularly in relation to the referent criterion. Fourth, the model incorporated only a limited set of variables. Future investigations could expand the model by including additional factors that may influence communicative actions and behavioral intentions, such as the credibility of information sources or message reliability. Finally, future research may also explore whether behavioral intention exerts an influence on both active and passive forms of communicative behavior.

Conclusion

During public health emergencies, including epidemic outbreaks, individuals' engagement in appropriate communicative behaviors and their compliance with health authorities' guidelines are essential for effective prevention and control. The findings of this study indicate that STOPS—by offering a comprehensive explanation of when and how individuals communicate, and with its core assumptions largely supported except for the referent criterion—serves as a practical and robust framework for risk communication. Moreover, by integrating corporate reputation and behavioral intention into the STOPS model, this study extends existing research on risk communication. The observed positive impact of corporate reputation on both communicative actions and individuals' willingness to comply with official instructions suggests that health authorities, particularly the WHO, should place greater emphasis on reputation management. Overall, the results of this study are expected to offer meaningful contributions for

scholars and public health practitioners seeking to better understand individual communication behaviors in the context of public health crises.

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