

Inter-Institutional Communication in Public Health Crises: Evidence from Switzerland's COVID-19 Response

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Abstract

This study examines the communication challenges faced by public health organizations in Switzerland during the COVID-19 pandemic. It pinpoints the primary obstacles and enabling factors that influence successful information exchange both internally and between these organizations. During 2021, qualitative online semi-structured interviews were performed to capture the perspectives and firsthand accounts of officials from Swiss public health bodies. The resulting interview transcripts underwent inductive thematic analysis to uncover the core themes.

The principal enablers of successful communication included adaptability, allocated resources, newly established procedures, collaborative coordination, and lessons learned from prior experience. Communication between institutions was strengthened by well-defined procedures, attentive listening, intermediary support, and solid professional connections. The obstacles largely corresponded to these elements, including conflicts over roles, ambiguous duties, and insufficient resources. Variations between cantons as well as between different tiers of government — notably the federal level and the cantons — repeatedly obstructed effective dialogue. Improving communication readiness for future public health emergencies requires adopting standardized protocols, implementing more centralized frameworks, and addressing cultural and language-related divides. Sustained training programs, together with the integration of diverse viewpoints, remain crucial for fostering effective internal and inter-institutional communication in Switzerland and beyond.

Keywords: Public health, Inter-institutional communication, COVID-19 pandemic, Organizations

Introduction

Public health crises such as the COVID-19 pandemic necessitate robust coordination both inside and among public health organizations at regional and national scales [1], which depends heavily on efficient communication. In Switzerland, the presence of four distinct linguistic regions and significant cultural variety adds further layers of complexity to these coordination efforts [2]. The COVID-19 outbreak highlighted serious

communication shortcomings that undermined the nation's overall crisis management [3]. The lack of precise directives concerning institutional and intergovernmental information flow [4] — even within established emergency risk communication frameworks [5] — proved especially detrimental in the face of the unprecedented “infodemic” [6, 7]. These shortcomings underscore the importance of effective communication for prompt information sharing, consistent messaging, and unified action across levels of governance.

Delivering clear communication from public institutions to citizens is indispensable during emergencies because it cultivates public confidence and supports synchronized responses. Straightforward, open information helps synchronize citizen actions with official strategies, thereby reducing uncertainty and empowering communities to respond appropriately [8–10]. In keeping

Access this article online

<https://smerpub.com/>

Received: 28 May 2023; Accepted: 18 August 2023

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How to cite this article: Hernandez M, Vega C. Inter-Institutional Communication in Public Health Crises: Evidence from Switzerland's COVID-19 Response. *Int J Soc Psychol Asp Healthc.* 2023;3:304-14. <https://doi.org/10.51847/oSkXMSp9lo>

with Switzerland's cultural preferences, national authorities usually favor a factual, restrained tone that contrasts with the more passionate or commanding approaches seen in neighboring countries [11–13]. This emphasis on evidence-based messaging has generally sustained public confidence by aligning with societal demands for openness and logical argument. Still, occasional inconsistencies in messaging generated bewilderment and frustration, illustrating the inherent difficulties posed by Switzerland's multifaceted governance arrangement [14]. Given that authority is dispersed across multiple entities, effective coordination is essential both within the federal administration — for example between units responsible for health funding and those managing public health interventions — and between different governmental tiers, often facilitated through mechanisms like the Swiss Conference of the Cantonal Ministers of Public Health (GDK/CDS), which works to align policies on specialized medical services and broader health strategies [14].

Switzerland's healthcare framework is fundamentally shaped by its federalist structure, which presents both benefits and notable drawbacks [14]. While service delivery remains efficient and readily accessible to residents, the resulting fragmentation — as noted in independent reviews — raises concerns about coordination quality, transparency, and the risk of mistakes [15]. These underlying tensions surfaced clearly during the COVID-19 pandemic: even with existing recommendations in place, responses differed markedly across governmental levels, exposing the practical limitations of a decentralized system [2, 12]. Duties and authority evolved from one phase to another, and frequent updates to management strategies revealed the persistent challenges of orchestrating a cohesive response [3, 11]. Although the central importance of communication in crises is widely accepted, the value of systematic intergovernmental alignment is often overlooked. These issues are closely linked to levels of political confidence. Switzerland typically enjoys elevated and consistent trust in its institutions, a phenomenon connected to its balanced federalism, strong cantonal independence, and tradition of direct democracy [16]. Nevertheless, previous events such as the 2009 H1N1 outbreak demonstrated how trust can quickly diminish: public confidence in federal authorities dropped amid criticisms of a lack of transparency, perceived pressure to vaccinate, and suspected conflicts of interest. These episodes make clear that, even within

high-trust decentralized systems, successful crisis handling hinges not only on formal institutional design but also on effective collaboration across government layers and on trustworthy public messaging [17].

This article constitutes one component of a wider research project dedicated to creating a practical toolkit to assist health organizations with communication during public health emergencies. More specifically, the present work focuses on the internal communication problems encountered by Swiss institutions during the pandemic, to identify key obstacles and enabling factors that can inform improved strategies for future crises.

Materials and Methods

This qualitative research applied an Interpretative Phenomenological lens to deeply understand how communication unfolded during the pandemic. The focus was on participants' lived experiences and the personal meanings they attached to them [18]. We selected this approach because it excels at revealing intricate viewpoints and the situational factors shaping communication and coordination during a major health crisis — insights that purely statistical methods cannot offer. Data collection targeted senior public health figures who had played active roles in the emergency response right from the start.

Recruitment

Between the first surge (March–May 2020) and the second surge (October 2020 – February 2021), we sent email invitations to all relevant public institutions across Switzerland, covering both federal and cantonal authorities responsible for pandemic communication. Only institutions tasked with communicating directly to the public at the national or cantonal level were eligible. Organizations without any communication duties or pandemic-related messaging responsibilities were left out. The invitation letter clearly explained the study's purpose and procedures, and invited voluntary participation in an online interview, to be arranged according to each participant's availability. Two reminder emails were sent.

Data collection

We carried out online semi-structured interviews guided by a custom-designed protocol (see Supplementary Material). To respect Switzerland's multilingual environment, three interviewers (one man and two

women) conducted every session in the participant's first language, ensuring cultural respect and comfort. No prior connection existed between the researchers and the interviewees. Before starting, participants were briefed on the research team's institutional ties, the aims of the study, and its connection to the wider project. All interviewers held PhD qualifications in health communication and possessed extensive qualitative research skills; they actively discussed potential personal biases as a team to maintain strong reflexivity. The interview framework followed a consistent set of main sections: participants first recounted events from the initial wave, then the second wave, and finally offered comparative reflections, with extra probes (such as questions on managing the infodemic) added where relevant.

All interviews took place between January and July 2021 and lasted roughly 40 minutes each. Sessions were recorded on video, audio tracks were isolated, and professional transcription services produced versions in both the source language and English. Recruitment and data collection continued until theoretical saturation was fully achieved, after which no further participants were approached.

Data analysis

After repeated immersion in the material, we conducted thematic analysis of the complete set of transcripts [19]. MF began by inductively coding the first half of the interviews, letting patterns emerge organically from the data. Preliminary codes were then reviewed and refined through discussion with ND and SR to reach a collective understanding. These codes were subsequently organized into two overarching categories: barriers and facilitators of institutional communication. Once saturation was confirmed, the remaining interviews were coded

deductively against this emerging framework, with ongoing refinement to ensure internal consistency. Final theme names and labeling benefited from comparison with ND's independent analysis of the same dataset for a different study [20].

Results and Discussion

From the 57 public institutions contacted, 6 explicitly declined and 28 gave no response. The final sample comprised 25 individuals representing 23 different cantonal or federal organizations. At the federal level, five institutions participated, including communication and media professionals, members of the national COVID-19 task force, and delegates from the federal ethics commission. Cantonal participants included seven directors of health departments, six cantonal physicians (chief public health officers), and five communication experts. The largest share of participants originated from the German-speaking region (65%), followed by the Italian-speaking region (13%) and the French-speaking region (4%). This regional distribution successfully reflected Switzerland's multilingual and decentralized governance model — a key consideration when investigating communication flows and coordination mechanisms inside a federal health system.

Analysis uncovered barriers and facilitators operating across two separate communication domains [1]: within single public health institutions and [2] between multiple institutions (**Figure 1**). The figure visualizes the dynamic relationships among these factors across both domains, indicating where obstacles hinder coordination and where positive factors enhance information exchange. Arrows specify whether each factor primarily influences internal processes, inter-institutional collaboration, or both.

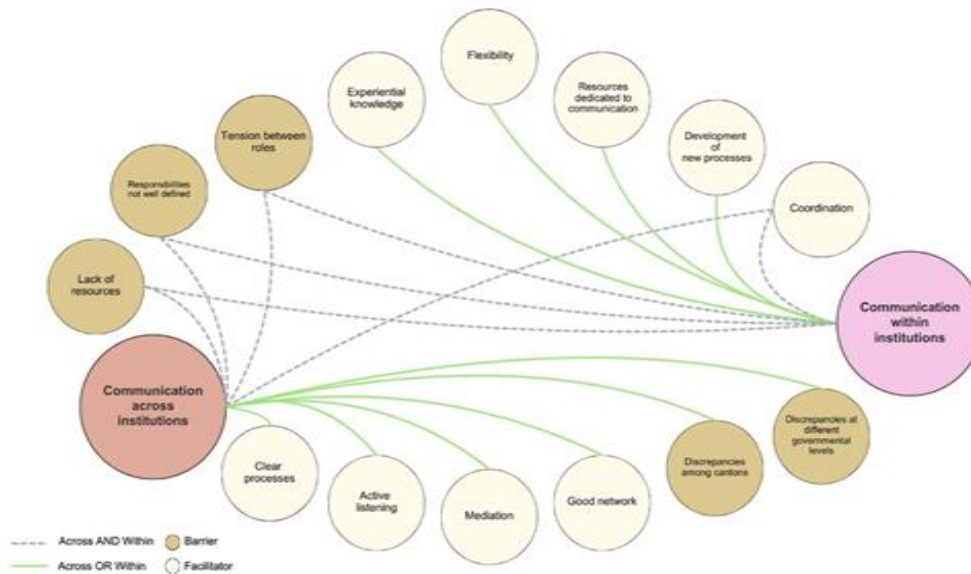


Figure 1. Developing standards for institutional health communication during public health emergencies. Learning from information around the COVID-19 pandemic as a case in point (Switzerland, 2020-2023).

Communication within the public health institution

Participants uniformly characterized the pandemic as a period of intense pressure, characterized by a massive surge in both the quantity and speed of information flow. Against this backdrop, officials from federal and cantonal authorities identified five main elements that promoted smoother internal communication: effective coordination, newly developed procedures, dedicated resources, adaptability, and practical knowledge gained through hands-on involvement. In parallel, they highlighted three recurring obstacles — clashes over roles, vague accountability, and a shortage of resources — that surfaced solely in accounts from cantonal representatives (**Figure 1**).

Facilitators to communication within the public health institution

Numerous respondents noted that the nonstop demands placed on public bodies can only be addressed effectively through tightly coordinated messaging that spans departments and crosses internal boundaries.

“We also have to coordinate many inquiries, coordinate them between the departments (e.g., Department of Economic Affairs) in one answer. [...] And if it weren’t for the central communication office, then there would be wild back-and-forth communication and one contradiction after the other towards the outside.” (Cantonal representative).

High-stakes scenarios call for the rapid establishment of fresh operational methods — these may stem from existing contingency plans or emerge through collective efforts once the emergency unfolds. Both cantonal and federal interviewees shared this outlook, as one cantonal official explained:

“Regarding communication? The structure. Courses of action. Crisis procedures. If a huge crisis were to happen, for example, let’s assume that our government council has secretly had itself vaccinated and the media would find out.” (Cantonal representative).

Representatives at both levels repeatedly emphasized that allocating specific personnel and tools exclusively to communication was indispensable for tackling internal hurdles. In Switzerland’s diverse linguistic landscape, the experience of a bilingual canton underscored the value of culturally and linguistically sensitive support, as illustrated by the following cantonal representative:

“Any communication issued by the canton—whether from the health office, the government, or the management staff—passes through this department and is ultimately released by the registry office or the media service. The collaboration now works well. It took considerable effort to reach this point, but it functions effectively today. We have established agreements, and whenever possible, the necessary resources—such as translation services—are reserved in advance.” (Cantonal representative)

Several participants regarded flexibility as the optimal way to navigate difficulties, thereby fostering greater resilience in managing disruptions. This adaptable stance was frequently linked to a willingness to act decisively and think creatively. One federal official described how this approach delivered results under pressure and offered lasting lessons:

“And then it was an ongoing, rolling process. [...] And I think the pandemic has shown that when there is pressure to act, you come up with good solutions very quickly, and that you have the courage to implement them because you are forced to do so. And that is something I would generally take away as an important insight, that in today’s world - and the greater the challenge, the greater the courage. That courage and the joy of implementation are needed to get things rolling, and that nothing is as classic and static as one thinks, and that one should and can therefore also dare to take new paths. [...]” (Federal Representative).

Finally, when reflecting on the differences between the two waves, many stressed that lessons learned from real-world experience played a decisive role in strengthening communication processes within public institutions amid the crisis.

“There is no comparison. Although the second wave was much worse than the first, it went much more calmly and orderly, because they had all these experiences from the first wave and because they knew; now we have to watch out, now we have to react, now we have to pick them up. That went much better.” (Cantonal representative).

Barriers to communication within the public health institution

The initial challenge that surfaced was conflict arising from differing roles. Departments and officials frequently pursued incompatible objectives, making it hard to keep internal discussions smooth and free of strain. This difficulty was especially noted by several cantonal participants.

“The public health department oversees the cantonal crisis effort, yet it brings together various units with competing agendas. This friction is something I deal with daily. There is a continuous trade-off between protecting the economy and safeguarding public health. The head of economic affairs pushes to relax rules quickly to minimize financial losses, whereas the health minister is responsible for protecting residents, maintaining hospital capacity, and tracking disease patterns. These clashing

priorities generate real strain — and this is merely one illustration among many.” (Cantonal representative).

A second internal barrier, mentioned by multiple cantonal representatives, involved the absence of clearly assigned duties. Such uncertainty weakened team members’ performance and disrupted the flow of information within the organization.

“Early in the process, confusion arose over who held decision-making power within the communication setup. Should this be handled by A, B, or C? Who is the correct contact, and who is authorized to speak on which topic? Some external contributors also carried overlapping duties, so it was often unclear where responsibilities began and ended.” (Cantonal representative).

Shortage of dedicated resources for crisis communication emerged as another serious obstacle to effective internal messaging. Lacking trained specialists made it difficult to manage complex scenarios, frequently causing mixed messages and loss of confidence. In contrast, having the right expertise led to clearer, more unified communication, which strengthened overall crisis management. This point was raised by various cantonal representatives, as illustrated below.

“We had little prior experience with truly integrated messaging, and that remains a weak spot. We have since built up some additional capacity. This stands out as an important takeaway from the crisis. At the cantonal level, we must raise the professional level of crisis communication. To that end, we have recently brought in a dedicated expert to focus on the area.” (Cantonal representative).

Communication across public health institutions

Within a federal system, internal communication necessarily includes exchanges between local, cantonal, and national entities. The thematic analysis identified five key enablers — coordination, well-defined procedures, attentive listening, mediation efforts, and solid professional networks — alongside five main obstacles: role conflicts, ambiguous responsibilities, resource shortages, and inconsistencies between cantons and across different tiers of government (**Figure 1**).

Facilitators to the communication across public health institutions

A large number of participants described coordination as an essential driver of success, since it improved information sharing not only among cantonal and regional bodies but also with federal authorities. The

need for coordination grows stronger as more parties become involved. Interviewees observed that when additional stakeholders — especially municipal offices — join the chain, the requirement for synchronization increases significantly. Local staff often serve as the primary point of contact for citizens, so they require prompt, consistent, and carefully aligned updates to manage public interactions effectively. One participant captured this dynamic as follows:

“Support from municipalities is absolutely vital, but involving more people raises the bar for synchronization and joint planning. This is because a larger group needs to receive timely updates and stay fully informed, given that they are the ones directly engaging with citizens on the ground.” (Cantonal representative).

Participants also viewed clearly laid-out procedures as indispensable, as they helped institutions avoid being caught off guard. By spelling out who is accountable for what, these procedures enabled smoother joint action and produced a more orderly response across public organizations.

“We prepared thoroughly for the first confirmed infection. We also developed detailed plans for the initial fatality in close collaboration with the cantons. Every possible situation was examined in advance: whether it occurred late at night or early in the morning, whether it took place in Ticino or Bern with its different access arrangements, and whether a full press conference or a simple official statement would be the right response. All these contingencies were mapped out beforehand. [...]” (Federal representative).

Because each institution operates within its own cultural framework, interviewees stressed that active listening is critical for productive collaboration. This competence helps navigate the intricate network of exchanges that span multiple governance layers, committees, and organizations. One participant highlighted how openness and availability support these interactions:

“[...] The cantons engage in fairly lively dialogue with each other and with the federal level, though these conversations occur across many different tiers. [...] In short, there is extensive information sharing among the cantons, but it takes place through a wide array of committees and platforms. Each canton maintains its own channels for updates. Overall, I find the working culture among the cantons to be open and approachable.” (Cantonal representative).

Another critical communication competence that emerged in the Swiss federal context is mediation.

Cantonal representatives stressed that successful communication — particularly with the Confederation — demands not only attentive listening but also a genuine appreciation of each institution’s viewpoint and constraints.

“The Federal Council pushes to shut down the ski terraces while the cantonal government wants to keep them operating. This kind of daily clash is very common. Our real task is to locate a sensible compromise that helps everyone understand the other side’s position.” (Cantonal representative).

Many participants also highlighted the importance of the pre-pandemic social landscape in enabling smoother communication between public institutions. Strong existing networks and direct personal relationships proved highly valuable, as they permitted quicker, more straightforward exchanges and helped build confidence. In addition, a solid network strengthened mediation activities and supported more successful collaborative efforts.

“We hold regular discussions with all cantonal doctors during the weekly FOPH teleconference. Beyond that, we maintain informal contact with those cantonal doctors we know personally — we are all acquainted, but some relationships are closer than others. [...] We also coordinate joint declarations, especially among the French-speaking cantons together [...]” (Cantonal representative).

Barriers to communication across public health institutions

As observed within institutions, participants also cited role-related tensions as an obstacle to communication between different public health bodies.

“I consider the scientific independence maintained by the FOPH and the Swiss state to be highly significant. It would be easy to copy decisions made by a neighboring country, but that approach does not apply here. As new evidence emerges, our communication has to adjust in step with it.” (Federal representative).

According to many interviewees, another major obstacle to inter-institutional communication was the absence of clearly assigned responsibilities. Cantonal representatives described situations in which decisions were taken and announced without their involvement, leaving them feeling sidelined and making effective coordination even more difficult.

“The GDK released details concerning our canton without consulting us at all. This was highly problematic

because I had already prepared an explanation for a separate issue. Once the GDK made that announcement, my earlier justification was almost completely undermined. It created a very difficult situation — releasing information about our canton without any prior discussion.” (Cantonal representative).

The shortage of resources equipped with cultural and linguistic expertise also surfaced as a notable barrier to communication between public institutions. Given Switzerland’s linguistic variety, specialists with targeted language skills were especially valuable. Their absence created friction and made cross-institutional dialogue considerably harder.

“When linguistic nuances were not handled properly, misunderstandings and disputes arose quickly. People would complain that we were ignoring them or overlooking the fact that they belonged to Graubünden — some even preferred dealing with Ticino. This proved to be a major difficulty. [...] At the same time, we still had to gather a unified position from the various departments inside the canton, which was almost impossible under tight deadlines. I cannot consult my four government colleagues about every single point.” (Cantonal representative)

Differences between cantons represented a substantial barrier to communication across institutions. These variations frequently obstructed constructive dialogue and intensified friction with federal authorities. Such discrepancies, stemming from cultural differences or specific local circumstances, hindered open discussion and weakened overall coordination.

“This factor is considered to a certain degree. The real issue is that the cantons often lack the collective strength to speak with one voice when dealing with the Confederation. One canton may support the federal plan, another may consider it excessive, and a third may argue it falls short. This wide range of positions ultimately bolsters the Confederation’s hand, allowing it to respond that it has heard everyone, but without agreement, it will move forward on its chosen path. That is a valid result.” (Cantonal representative).

The final obstacle was the gaps between the different layers of government (the Confederation and the cantons), which hindered constructive dialogue between cantonal and federal bodies. This occasionally led to fragmentation and undermined unified messaging across institutional levels.

“Naturally, we make every effort to align our actions and avoid a situation where federalism turns into mutual

blame or finger-pointing. Unfortunately, this does not always succeed. Coordination tends to function smoothly between the Federal Department of Home Affairs and the GDK, but relations between the federal government and individual cantons are not consistently effective.” (Cantonal representative).

This paper explored the obstacles and enablers affecting communication within and between public institutions, to guide upcoming crisis response strategies and contribute to current theoretical frameworks [4]. Federal representatives described internal communication as functioning well, highlighting effective coordination and adaptability, while noting only minor obstacles between institutions, primarily arising from differences among cantons. In contrast, cantonal representatives presented a more varied experience: they encountered both obstacles and enablers within their own institutions and, when looking across institutions, identified major obstacles, including unclear allocation of responsibilities and inconsistencies between different layers of government, as well as enablers such as well-defined procedures and robust professional networks. These differing perspectives highlight the intricate nature of crisis communication. To better prepare for future crises, public institutions should deliberately apply the identified enablers to improve coordination and draw upon successful existing approaches.

First, developing a stronger communication capacity requires continuous training programs to help staff build and sustain the skills required for productive exchanges and effective crisis management. Study participants frequently noted shortcomings in communication skills—especially in crisis communication—which point to a broader preparedness issue across public institutions. Even so, the processes of communication within and between institutions have not been sufficiently examined in research on professional development [21, 22]. For instance, analyses of earlier nuclear incidents underscore the challenges of delivering personalized risk information and clarifying radiation safety measures, thereby emphasizing the importance of training programs that include evidence-based methods, support decision-making, weigh potential risks against benefits, and manage scientific uncertainty [21]. In the current environment, this type of training should be supplemented with strategies to manage infodemics [6, 23]. The enablers revealed in our research—such as dedicated communication resources, skills like active listening and conflict mediation, and strong networks

linking different institutions—reinforce the need for well-organized, sustained training efforts.

Furthermore, integrating a wide range of viewpoints by encouraging open conversations with key stakeholders—including public health bodies at various administrative tiers, local government officials, medical practitioners, and community groups—is critical to ensuring that every relevant perspective informs decision-making [4]. Engaging stakeholders has demonstrated its usefulness in situations where scientific data or resources are scarce, ranging from community-level decisions [24] to global issues such as managing the COVID-19 vaccine distribution chain [25]. Within institutions, the creation of networks, dedicated task groups, and cross-disciplinary committees, combined with meaningful participation of local actors, can improve the exchange of information and joint working; however, these structures are still insufficiently developed and utilized [26]. Our results indicate that the absence of formalized cooperative arrangements generates obstacles between institutions, such as conflicts over roles, variations between cantons, and mismatches across governmental tiers. These methods are particularly important in Switzerland's intricate federal and culturally diverse setting, where they can reduce friction while honoring existing differences.

Additionally, institutions need to address the obstacles between the cantonal and federal levels, as demonstrated by this research. Establishing explicit communication protocols is essential to simplify interactions and achieve greater consistency across governance layers. A more centralized framework might improve overall coordination and support the spread of uniform information. Nevertheless, the adoption of emergency risk communication guidelines is influenced by country-specific conditions. It can be affected by leadership styles and organizational factors that help overcome barriers, such as regulatory restrictions [3, 4]. In Switzerland, cantons enjoy considerable independence in public health matters, which allows for responses adapted to local needs [16] yet creates difficulties for coordinated action during emergencies. Our findings reveal that, although some forms of cooperation already exist, differences in responsibilities, working methods, and available resources among cantons obstruct coherent communication. Participants stressed that these underlying structural elements—including unequal crisis-communication capabilities, variations in institutional culture, and the independence of cantonal

decision-making processes—directly influence how communication actually occurs. Consequently, these structural characteristics must be carefully considered when formulating national crisis strategies. Participants recommended that nationwide strategies should permit adaptable application at the cantonal level, reinforce systems for coordination and information exchange among federal, cantonal, and municipal players, and guarantee fairer access to specialized crisis-communication knowledge and resources. Such measures were regarded as vital for developing national strategies that are both practical and successful within Switzerland's decentralized system.

Lastly, enhancing communication across cultural groups is essential. Within Switzerland's multicultural environment, closing gaps inside and between public health institutions helps foster openness, confidence, and coherent messaging in preparation for future crises. This reflects trends observed in public outreach efforts, in which disadvantaged communities experienced unequal access to COVID-19 information due to insufficient tailored communication [27, 28]. Culturally aware and inclusive approaches—such as providing information in multiple languages, customizing content, and partnering with community leaders—are required to achieve fair distribution of information [29–31]. These initiatives contribute to the inclusion of vulnerable populations and promote clear, harmonized communication [9]. They are also consistent with the enablers uncovered in our study—coordination, mediation, active listening, and well-established networks—which, although present in certain settings, need to be further strengthened to create robust and inclusive communication systems.

This study is subject to limitations typical of its cross-sectional, qualitative approach, which provides only a snapshot of crisis communication practices. Nevertheless, gathering data across two waves of the pandemic enabled participants to offer more considered reflections, yielding useful lessons for enhancing future readiness. Pre-existing conditions—such as the presence of specialized crisis-communication personnel, established coordination frameworks, and the strength of internal communication systems—probably affected how each canton experienced the situation, and comparable resource-related limitations may likewise have shaped the views of federal-level participants. Although certain results—particularly the benefits of coordination structures and communication capacity—could apply to other federal and multilingual systems,

their generalizability is restricted by Switzerland's distinctive governance arrangements. These pronounced cantonal independence and wide cultural and linguistic variety, features may differ significantly from those found in more centralized or culturally uniform environments.

The key strength of this work is that the proposed policy actions arise directly from the specific barriers and enablers identified in the data. Training initiatives target deficiencies in crisis-communication skills; stakeholder involvement addresses the shortage of joint working; and clearer protocols, along with improved coordination mechanisms, address mismatches between cantonal and federal operations. Similarly, cultural and linguistic issues highlight the requirement for inclusive, multilingual approaches. However, substantial cantonal autonomy, uneven capabilities, and differing institutional cultures could impede the full standardization of application, underscoring the importance of adaptable, context-sensitive solutions in a decentralized system.

Conclusion

This study sheds light on communication patterns within and between Swiss public health institutions throughout the COVID-19 pandemic. By combining insights from both federal and cantonal perspectives, it highlights the frequently neglected importance of internal communication for emergency preparedness, in contrast to earlier research that has mainly focused on external communication directed at the public [20]. Effective communication—supported by coordination, well-defined procedures, and active listening—emerged as a core element of crisis response. The research identifies both enablers and barriers and offers practical recommendations, such as establishing clear protocols, creating centralized structures, providing ongoing training, and paying greater attention to cultural and linguistic diversity. Although these observations capture a particular period, they deliver valuable long-term guidance for reinforcing crisis communication and overall institutional readiness.

Acknowledgments: The authors extend their thanks to Dr. Claudia Zanini for her support in conducting interviews in the French-speaking region of Switzerland. They also express their gratitude to all interview participants for dedicating their time to our study despite the challenging circumstances.

Conflict of Interest: None

Financial Support: The author(s) declared that financial support was received for this work and/or its publication. This work was supported by a research grant awarded to SR and ND by the Swiss National Science Foundation (Special call on Coronaviruses, grant number 31CA30_196736).

Ethics Statement: The study received a waiver from the Ethics Committee Northwest and Central Switzerland (reference: EKNZ 2020-01306). It falls outside the scope of the Human Research Act and complies with the Helsinki Declaration. Participation was voluntary, all data were anonymized, and participants could withdraw from the study at any time. Verbal informed consent from all participants was obtained before the online interview began.

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