

Covid-19, Community Resilience, and Marginalised Populations: Health Communication and Chinese Communities in the UK

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Abstract

The Covid-19 pandemic brought unprecedented challenges to global public health, economies, and societies. In the UK, the impact of Covid-19 on the economy, healthcare systems, and individual well-being was also profound and multifaceted. While the pandemic had far-reaching consequences for the general population, its impact was not evenly distributed across society. It has been widely reported that the Covid-19 pandemic disproportionately affected ethnic minority communities, exposing and amplifying long-standing health and social inequalities. This study addresses a gap in existing research by contributing new insights to ongoing debates on ethnic minority health and public health communication. It takes a “bottom-up” approach by using focus groups to explore how UK-based Chinese communities, many of whom live at the margins of mainstream British society, drew on forms of community resilience to interpret, navigate, and endure the pandemic. Our study deploys the typology outlined in Buzzanell’s communication theory of resilience alongside thematic analysis as a framework to identify, understand, and analyse the findings from focus groups. Key findings demonstrate that UK Chinese communities constituted resilience in the face of the pandemic by engaging in the processes Buzzanell identifies. They also relied on their cultural resources to build and maintain resilience, and indeed they had to, because culturally and linguistically they had little support from government or health authorities.

Keywords

communication theory of resilience; Covid-19; health communication; UK Chinese communities

1. Introduction

1.1. Background

The Covid-19 pandemic brought unprecedented challenges to global public health, economies, and societies. It is estimated to have caused between 18 and 33.5 million deaths globally (Mathieu et al., 2024). Economically, the pandemic triggered a contraction in global GDP by approximately 3.0–3.4% in 2020, with total losses estimated at around \$3.7 trillion, or 4.4% of global GDP (United Nations Conference on Trade and Development, 2022). Beyond mortality and economic impact, the pandemic produced profound social consequences. During its first year, global prevalence of anxiety and depression increased by around 25%, with lasting adverse effects on mental health, social relationships, trust in institutions, and overall well-being (WHO, 2023). Although the rapid global development and rollout of the vaccine were crucial in reducing transmission and mortality, they did not always mask the pandemic's broader impact. Ongoing burdens include excess morbidity and mortality, the emergence of long Covid, strained healthcare systems, and widespread delays in medical care, all of which are expected to have lasting implications for economic stability, social well-being, and sustainable development (Greenhalgh et al., 2024; Johnson et al., 2022). In the UK, life expectancy reverted to levels seen a decade before, homelessness surged, and approximately 2.7 million people became economically inactive due to sickness (Partington, 2024).

The impact of Covid-19 was not evenly distributed across society. Ethnic minority communities experienced disproportionate risks of infection, hospitalisation, and death. These outcomes reflected the interaction of biomedical factors (such as age and pre-existing conditions) and social determinants of health, including overcrowded housing, occupational exposure, and economic disadvantage (Razai et al., 2021). Higher levels of vaccine hesitancy among some ethnic minority groups compared with white British populations further compounded these risks (Sethi et al., 2021). Together, these factors highlight how long-standing structural inequalities shaped the unequal burden of Covid-19 in the UK (Office for National Statistics, 2021a).

1.2. Covid-19 and Chinese Communities in the UK

The health experiences of ethnic minority communities have increasingly attracted attention from communication scholars, many of whom argue that these populations remain under-served and marginalised in mainstream health policy and communication (Al-Oraibi et al., 2021; Dutta & Jamil, 2013). In the context of Covid-19, UK government vaccine messaging was often found to be ineffective for ethnic minority groups due to limited cultural and linguistic appropriateness in its design and delivery (Ekezie et al., 2023).

Existing UK research on ethnic minority experiences during the pandemic has largely focused on Black and South Asian populations (Razai et al., 2021). According to the 2021 census, 502,216 Chinese people lived in the UK, at 0.7% of the population one of the largest non-EU ethnic groups (Office for National Statistics, 2021b). Despite this, relatively few studies have examined their experiences. Available research includes a national survey indicating that UK Chinese respondents had the second highest level of vaccine hesitancy in 2021 (Office for National Statistics, 2021a), and two small-scale interview studies focusing on experiences of discrimination (Al-Talib et al., 2023; Gies, 2023). Our earlier work examined information sources and trust, particularly in relation to government communication (Gong et al., 2024). Nevertheless, significant gaps remain in understanding the broader challenges, vulnerabilities, sense-making processes, and coping strategies of Chinese communities in the UK during the Covid-19 pandemic.

1.3. This Study

This study addresses this gap by contributing new insights to ongoing debates on ethnic minority health and public health communication. It explores how Chinese communities, many of whom live at the margins of mainstream British society, drew on forms of community resilience and cultural resources to interpret, navigate, and endure the pandemic. Understanding this is crucial for informing health communication around resilience-building and maintenance among ethnic minority communities. While this article draws primarily on the communication theory of resilience, other theoretical frameworks also informed the study, though discussion is limited by journal length constraints. Notably, research on cultural competence in health communication highlights racial and ethnic health disparities as a long-standing crisis and argues that culturally competent communication is essential for improving healthcare outcomes (Betancourt et al., 2003). Schouten et al. (2023) emphasise that culturally and linguistically sensitive care is a prerequisite for high-quality health communication in increasingly superdiverse societies, where ethnic minority populations often experience poorer health outcomes. Papadopoulos (2022) argues that Covid-19 exposed systemic inequalities and inadequate healthcare preparedness and calls for culturally competent, rights-based health responses.

Intersectionality research on Covid-19 also informed this study, enabling a more nuanced understanding of disease knowledge, vaccination rates, and hesitancy within minority ethnic groups. Spetz et al. (2022) show that treating ethnic groups as homogeneous obscures important differences in vaccine coverage and argue that an intersectional approach is essential to capture this variability. We concur with Bauer's critique that population health research often relies on unitary categories such as race or sex, which can conceal intervenable factors. Bauer (2014, p. 11) emphasises that "the intersectional approach assumes that an individual's experience, and their health, are not simply the sum of their parts." Holman et al. (2020) suggest that intersectionality offers a promising framework for addressing health inequalities, though its application in the UK has been limited by policy preferences for simplified solutions that avoid challenging entrenched structures of discrimination. These perspectives echo Crenshaw's (1989) critique of legal and policy frameworks that treat discrimination through unitary categories and overlook the various marginalisations Black American women experience. In this study, we recognise that Chinese communities in the UK are not homogeneous and include significant intra-group differences (e.g., between Hong Kong and Mainland China). We sought to capture diverse lived experiences through focus group discussions attentive to variations in language, culture, and tradition. The following section introduces community resilience and the communication theory of resilience, which provides the central theoretical and analytical lens for this study.

2. Communities and the Communication Theory of Resilience

Acosta et al. (2017, p. 2) define resilience as "the capacity of any dynamic system to anticipate and adapt successfully to difficulties." When thinking about human groups, communities, and even societies, communication is central to anticipation, response, and adaptation, particularly in the context of health crises. This section outlines the relationship between communication and community resilience before focusing on Buzzanell's (2010) communication theory of resilience.

2.1. Resilience, Communities, and Communication

Although there is, of course, an individual aspect to resilience, when considered in relation to a community or a societal crisis it makes more sense to think about resilience as a communal process, a response where people together engage in an integrated effort to confront a challenge which impacts them all to some degree. As Buzzanell (2010, p. 2) puts it, rather than being an “individual phenomenon that someone either possesses or does not, resilience is developed, sustained, and grown through discourse, interaction, and material considerations.” Indeed, a concept of resilience that focuses on individual traits has also been criticised for not “taking account of historical and structural inequalities, which are foundational barriers to well-being” (Acosta et al., 2017, p. 2) and scholars like Houston (2018 p. 21) frequently make the point that these inequalities need “to be addressed in community resilience planning and response, and communication researchers can help understand these processes.” We will focus more directly on communication theory and resilience research below but it is worth noting here that communication is typically identified as a core concept in community resilience in the literature in this area, and indeed is explicitly identified within various resilience models. For example, Houston (2018) developed a framework highlighting communication’s centrality, comprising communication systems and resources (e.g., media, infrastructure), community relationships (e.g., social capital), and strategic communication processes (e.g., planning, storytelling). Houston’s research indicates that satisfaction with official information correlates with higher community resilience scores, while information deficits, whether from official sources or social disconnection, negatively impact resilience perceptions (Houston, 2018).

Buzzanell (2019) points out that it is essential to recognise that resilience is both reactive and anticipatory. Buzzanell’s (2019, p. 2) argument is that anticipatory resilience is “always necessarily cultivated prior to disruptive events” and we would expect communities to “draw from their cultural beliefs and discursive resources about adversity to develop this anticipatory resilience.” Long et al. (2021, p. 4) note that despite being “one of the most neglected topics in the study of resilience, culture is foundational to shaping resources and practices to cope with adversity.” Studies on Chinese culture and resilience which have utilised Buzzanell’s approach (Kuang et al., 2022; Long et al., 2021) have found that cultural values from Confucianism, Buddhism, and Taoism have “influenced how Chinese individuals perceive the nature of life, the self, and relationships, which subsequently may influence how people respond to adversity” (Kuang et al., 2022, p. 72).

Ultimately resilience can be articulated as a communally constructed and enacted process, embedded in the daily interactions and practices of individuals, families, communities, organisations, and their cultures. It is primarily through communication that communities can navigate challenges and adapt to crises, and, as Buzzanell (2019, p. 2) observes, in contrast “to positive psychology, for example, communicative theorizing on resilience does not reside in the individual. It is fundamentally grounded in messages, d/Discourse, and narrative.” Communication theory and research on resilience can have important practical outcomes because identifying “factors associated with community resilience can be a powerful tool for determining what policies, programs, and research are needed to create healthier and more robust communities that use resources more efficiently” (Acosta et al., 2017, p. 2). This leads us to reflect on the research that communication scholarship can engage in to identify and analyse the communicative aspects of community resilience.

2.2. The Communication Theory of Resilience

As noted above, much of the scholarship on community resilience (Buzzanell, 2010, 2019; Houston, 2018) highlights communication's central role in building and fostering it, frequently within broader perspectives encompassing individual, family, organisational, and national resilience. Houston (2018) defines community resilience as a collective activity or capacity which isn't a static trait but a dynamic process which can be developed and sustained through discourse, and enacted communicatively and collectively within everyday life. Houston (2018) argues this necessarily involves investigating what people in communities actually talk about, when, with whom, and how they communicate, whether that be face-to-face or in mediated forms of communication. According to the communication theory of resilience, people engage with societal disruption, that is, a "trigger" event which sets human sense-making in motion, through a range of interrelated communicative processes which are vital for fostering community resilience (Buzzanell, 2010). Our study deploys Buzzanell's (2010) typology to identify, understand, and analyse the findings from our focus groups. This typology can be articulated in five distinct communicative processes:

- "Crafting normalcy" involves communities actively talking and performing actions to establish a new sense of routine and order after disruption, even when "reality" has been profoundly altered. A key finding of Buzzanell's (2010, p. 3) research is that "family and community members look forward to when things return to normal...[where] 'normal' is both an ongoing process and a perceived desirable outcome." She notes, "New normalcies are literally created through talk....As a first—perhaps primary—communicative process, we see that people, organizations, and nations bring a new normalcy to life—one embedded in material realities and generated by talk-in-interaction" (Buzzanell, 2010, p. 3).
- "Affirming identity anchors" sees communities, people, and organisations rely on enduring identity discourses (e.g., cultural values, beliefs, "mission") to help navigate uncertainties. Buzzanell (2010, p. 4) defines an identity anchor "as a relatively enduring cluster of identity discourses upon which individuals and their familial, collegial, and/or community members rely when explaining who they are for themselves and in relation to each other."
- "Maintaining and using communication networks" is crucial to constituting and maintaining resilience because the social capital, built through communicative interactions, provides an essential foundational support for communities to survive and recover from crisis (Buzzanell, 2010, p. 5).
- "Putting alternative logics to work" enables resilient communities to collaboratively reframe challenging situations and devise creative solutions (Buzzanell, 2010, p. 6). While the process of reframing may appear to be a psychological process, in reality it is almost always a communal activity. As Kuang et al. (2022) note, people construct, or co-construct, new views of situations (alternative logics) through conversations with others, and by seeking information from interpersonal and media sources.
- "Legitimising negative feelings while foregrounding productive action" allows communities to acknowledge distress but consciously choose to prioritise actions that lead to recovery and foster hopefulness. Buzzanell (2010, p. 7) argues this process involves "the deliberate foregrounding of productive action while simultaneously acknowledging that the circumstances perceived as detrimental could legitimately provoke anger and other potentially negative feelings."

The communication theory of resilience views the construction of resilience as always involving a collaborative exchange: "As a new story, identity, mode of being and behaving, and/or linkage is crafted, there must be others who support and elaborate on the new version and its potential to assist in the

construction of resilience” (Buzzanell, 2010, p. 9). The theory also recognises that these resilience processes are always interconnected. Some of the processes outlined above (e.g., affirming identity anchors, crafting normalcy) work together to “promote a sense of normalcy by stressing continuity in ways that help provide stability linguistically [and] materially” (Buzzanell, 2010, p. 9). It is clear that, in this important sense, promoting and maintaining resilience frequently requires navigating the tensions between continuity and change. In relation to the Chinese community, Long et al. (2021) note that at multiple levels (individual, relational, and community), what are perceived to be identity anchors, such as traditional Chinese cultural values (e.g., perseverance and hard work, or solidarity and collectivism), may encourage the community to focus on taking productive action when challenged by the crisis. It may also be the case that “cultural beliefs about harmony between humans and nature including that everything has its natural course (i.e., Tao) may help individuals reframe adverse situations and find meaning in suffering” (Kuang et al., 2022, p. 72), which could imply that the resilience processes identified in Buzzanell’s typology “may encompass different subdimensions (e.g., collective in addition to individual identity anchors) in Chinese as opposed to Western cultures” (Kuang et al., 2022, p. 72). To understand how UK ethnic Chinese people enacted resilience, we ask: How did the UK Chinese communities communicatively constitute and maintain resilience in the face of the huge societal disruption caused by the Covid-19 pandemic? We also ask: What key lessons can be learned from this study for public health communication to improve resilience-building for ethnic minority communities?

3. Method

The study received ethics approval from the University of Leicester ethics committee. In total, 154 participants of varied socio-demographic backgrounds were recruited between March and November 2021. Twenty-nine focus groups (119 females and 35 males) were conducted to reach data saturation. Chinese community members were defined as adults who self-identify as ethnically Chinese and who live in the UK. Participants ranged in age from 18 to 75 years and included students, housewives, retirees, manual and office workers, professionals, and small business owners. Participants were recruited in Manchester and Leicester. In Manchester, participants were recruited via a Chinese community organisation. In Leicester, participants not affiliated with Chinese community organisations were recruited by two Mandarin- and Cantonese-speaking research assistants at community hubs (e.g., Chinese churches, supermarkets, restaurants). Including both affiliated and non-affiliated participants helped ensure a broader range of perspectives in our dataset.

Participants received project information and provided informed consent. As the study was conducted during a period of high Covid-19 transmission, all focus groups were organised online, enabling the collection of real-time experiences rather than retrospective accounts. Focus groups were conducted in Cantonese, Mandarin, or English according to participants’ preference. Moderators (the research assistants) were bilingual or multilingual, facilitating communication in participants’ preferred languages (see Table 1). Initial data analysis was conducted in the original language used in each focus group to preserve meaning and shared cultural understandings. Focus groups consisted of three to eight participants, and lasted between 39 and 84 minutes (average 62 minutes). All sessions were audio-recorded, transcribed, and anonymised. Recruitment ceased after the 29th focus group when discussions became repetitive, indicating data saturation (Hennink et al., 2019). Data analysis followed a deductive approach, with themes coded in alignment with Buzzanell’s typology. The deductive qualitative approach enables the researcher to use

existing theory to examine meanings, processes, and narratives (Fife & Gossner, 2024, p. 1), but it carries the risk of confirmation bias. To mitigate this, analysis was conducted collaboratively, with continual cross-checking and reflexive discussions to ensure the communication theory of resilience was used as a sensitising and generative framework rather than a restrictive lens that obscured nuance.

Table 1. Participants' demographic information.

| Focus group | Age group | Language used | Gender |
|-------------|---------------------------------|----------------------|--------|
| 1 | Mixed (middle-aged and elders) | Cantonese | Male |
| 2 | Elders | Cantonese | Female |
| 3 | Mixed (middle-aged and elders) | Cantonese | Female |
| 4 | Mixed (young adults and adults) | Cantonese | Mixed |
| 5 | Middle-aged | Mandarin | Mixed |
| 6 | Adults | Mandarin | Female |
| 7 | Adults | Mandarin | Mixed |
| 8 | Elders | Cantonese | Female |
| 9 | Elders | Cantonese | Mixed |
| 10 | Young adults | English | Female |
| 11 | Mixed (middle-aged and elders) | Mandarin | Mixed |
| 12 | Middle-aged | Cantonese | Mixed |
| 13 | Mixed (young adults and adults) | Cantonese | Mixed |
| 14 | Adults | Mandarin | Mixed |
| 15 | Middle-aged | Cantonese | Mixed |
| 16 | Young adults | Mandarin | Mixed |
| 17 | Young adults | English | Mixed |
| 18 | Young adults | Cantonese | Mixed |
| 19 | Mixed (young adults and adults) | Cantonese | Mixed |
| 20 | Mixed (middle-aged and elders) | Mandarin | Mixed |
| 21 | Adults | Mandarin | Female |
| 22 | Mixed (middle-aged and elders) | Mandarin | Female |
| 23 | Middle-aged | Mandarin | Female |
| 24 | Middle-aged | Cantonese | Mixed |
| 25 | Young adults | English | Mixed |
| 26 | Middle-aged | Mandarin and English | Mixed |
| 27 | Adults | Cantonese | Mixed |
| 28 | Middle-aged | Mandarin | Mixed |
| 29 | Middle-aged | Mandarin | Female |

Note: Age categories—young adults = 18–25; adults = 26–44; middle-aged = 45–64; elders = 65+.

4. Findings

As noted above, this study utilises Buzzanell's (2010) five-category typology ("crafting normalcy"; "affirming identity anchors"; "maintaining communication networks"; "constructing alternative logics"; and "legitimising negative feelings while foregrounding productive action"), which is derived from her communication theory of

resilience. We use the typology to better understand how community resilience was fostered and maintained within the UK Chinese communities during the Covid-19 pandemic and how our participants engaged with the issue of vaccine hesitancy. Quotations from participants are identified by focus group (FG), speaker (Sp), and gender.

4.1. *Crafting Normalcy*

Restoring normalcy was clearly a central concern for many participants after the pandemic had caused huge disruptions in their lives. Frequently they expressed the view that they just wanted things to get back to normal and vaccination would ensure this: “That’s why I chose to get vaccinated. I just want to return to my previous life” (FG5, Sp3, Male). Others emphasised that by sticking together and following medical advice they can play their part in ensuring a return to a more normal life for everyone: “When everyone does one thing together, you reduce the risk of disease in the community...everyone can go out with confidence, go out for activities, eat, and live a normal life” (FG3, Sp5, Male). In relation to “crafting normalcy,” elderly participants were particularly keen to emphasise that ultimately the health crisis was not something entirely new: “People of our age have seen everything, all storms” (FG2, Sp1, Female). Others made it clear that despite the extraordinary circumstances, they were doing their best to craft a normal life: “I also take precautions, protect myself and my family, and live a normal life” (FG22, Sp4, Female). Some participants, however, explicitly acknowledged that their task was to construct, or at least accept, a “new normal” which involved going along with a change in government policy: “It is really like what the British leadership said, so our new slogan is to let this virus coexist with life” (FG11, Sp3, Male). Participants said they adapted to living with the pandemic and noted this necessitated acceptance of the vaccine: “You can travel or go home to visit relatives...so you accepted this vaccine” (FG22, Sp3, Female). Some participants expressed the view that after the vaccine rollout, returning to normal activities as much as possible was necessary for the community’s well-being: “Hiding at home can really take a toll on your mental health...Now that more people have been vaccinated...let’s resume some normal life as soon as possible” (FG13, Sp2, Female).

4.2. *Affirming Identity Anchors*

In regard to Buzzanell’s (2010) process of “affirming identity anchors,” it was clear that, despite being a minority ethnic group, many participants stressed that they had a duty to the whole of society, not just their group. One stated: “I should fulfil my responsibility as a citizen and should take the injection” (FG1, Sp3, Male). Several emphasised that Britain was a key part of their lived identity, one noting that “since we live in the UK, we must trust the British government” (FG1, Sp4, Male). Although some expressed concerns as to whether or not the British vaccines were appropriate for Chinese people, “In our Chinese community...[we] may be different from the British” (FG5, Sp1, Female), others were reassured by the fact that people from their own community were part of the teams working on vaccinations, “News said there were many Chinese people in the Oxford vaccine development team” (FG1, Sp1, Male). Almost all of our participants did, however, strongly emphasise the importance of their cultural identity as ethnic Chinese British people and indeed many were happy to be seen to respond to the pandemic in ways which they believed were true to that identity, even if it marked them out to the rest of the population. One person illustrated this by relating a story about a confrontation with some white British who were telling them they should not wear masks. A participant said, “My son said to him these are our freedoms, you have your freedom to demonstrate, we have our freedom to wear masks....If you pull my mask with your hands, I will beat you, I have learned Tai Chi” (FG9, Sp3, Female). This

is an interesting assertion that living in a pluralist society means people have choices and freedoms, while at the same time it re-emphasises the values of the ethnic minority group, which act as a strong identity anchor for that community. Many participants emphasised the different levels of identity that motivated their sense of duty, with one stating, “With my vaccine I hope to protect myself, my family, and the community” (FG23, Sp2, Female). Finally, a number of participants, recent arrivals from Hong Kong, drew on that specific Chinese community identity to emphasise their understanding of the importance of protection and vaccination in combating dangerous viruses: “Because of SARS, we Hong Kong people are very aware” (FG18, Sp5, Female).

4.3. Maintaining Communication Networks

In relation to the third process in Buzzanell’s (2010) typology, “maintaining communication networks,” almost all participants emphasised that maintaining communicative relationships was very important: “You can’t be isolated from things and cut off ties with the outside world” (FG22, Sp4, Female). Participants across the focus groups highlighted how essential it was to maintain communication networks within their communities for sharing information, influencing opinions, and seeking reassurance regarding the pandemic and the vaccination. Almost every participant mentioned that they regularly used social media platforms such as WeChat to maintain their networks: “There were many discussion groups, and everyone...will chat in that group about whether you have vaccinated and what your attitude is” (FG7, Sp2, Male). Many participants emphasised that maintaining communication networks has never been easier: “There are so many channels for you to get information. Whether it’s messages between friends, doctors’ comments on the vaccine situation on YouTube, or radio stations” (FG1, Sp4, Male). While mediated communications were very important, most participants mentioned that direct interpersonal relationships were still significant: “I think word of mouth is useful as well, because it comes from our neighbours and friends” (FG25, Sp5, Male). Participants frequently identified specific Chinese community organisations and groups as being important communication networks; religious organisations were seen as highly important by a significant number of people across different focus groups. One participant said, “The information given to me by friends from the church is quite positive” (FG23, Sp2, Female). Several participants mentioned expertise in relation to their friendship groups at church: “I heard the brothers and sisters in our church, all doctors....So I feel more assured” (FG11, Sp2, Female). Some people made the point that belonging to a communication network you could trust was very important: “The more trustworthy people around you to tell you [about the vaccine]...makes you more confident” (FG19, Sp4, Female).

4.4. Constructing Alternative Logics

In relation to the process of “constructing alternative logics,” participants demonstrated attempts to collaboratively reframe the health crisis. Despite the concerns they had in vaccinating the elderly, some reframed it as not a potentially worrying health decision but as an act of personal freedom: “My mother is in her 90s and she said that she must vaccinate. Only by vaccinating can she be free” (FG2, Sp4, Female). Another participant reframed the act of going to get the vaccine alone, not as a worry but as an act of independence: “Many friends said that as an old man, you should not go alone to get vaccinated. I said that I am not afraid. I can get the vaccine myself and come back without bothering others” (FG4, Sp2, Male). Other participants reframed personal fears about the vaccination by shifting attention to the courage of medical staff: “Medical staff risked their own lives and were among the first to receive the vaccine, so what should we be afraid of?” (FG3, Sp4, Female). Others advocated a fatalistic perspective on life to reduce

anxiety around risk and find some relief from a stressful context: “Just believe that life has a certain destiny. If it is you, it is you, if not, it is not you” (FG3, Sp2, Female). Even though ultimately it was a personal choice and people were not breaking the law by refusing to vaccinate, some participants did not articulate it like that, with one participant stating, “I don’t think you have any choice” (FG3, Sp2, Female). This reframes the situation as one where vaccination is a requirement, and this logic simplifies the decision in a challenging environment. Other participants, in order to mitigate their anxiety, constructed the virus as something familiar that they could overcome: “I treat it like a cold, a normal thing. Because I feel that there may be no end to this virus” (FG22, Sp3, Female). This reframes Covid-19 from an acute crisis to an endemic reality, similar to a common cold, certainly requiring vigilance and action but not acceptance of defeat and fear. Reframing Covid-19 as a manageable condition like a cold encourages adaptation and continuing with life as the only viable way to deal with the situation.

4.5. Legitimising Negative Feelings While Foregrounding Productive Action

Regarding the processes of “legitimising negative feelings while foregrounding productive action,” many participants highlighted that they were determined to press on with life despite understanding the risks of Covid-19. Some acknowledged the negative impacts of Covid-19 but enthusiastically stated it was important to take action to end the threat: “This pandemic has really caused misery all over the world. If we citizens don’t get vaccinated, we will be even less able to defeat this virus” (FG3, Sp1, Female). Others spoke about the kind of practical advice they offered family and friends in the community: “If you get vaccinated, take two pills of paracetamol immediately, drink more water, and don’t do strenuous exercise” (FG1, Sp4, Male). Some participants offered advice about maintaining a good positive attitude through the crisis: “Don’t let the epidemic suppress you....Protect yourself, take two injections, and nothing will happen” (FG8, Sp3, Female). Other participants linked this kind of personal productive action with the fact that you were helping your community: “I still wear a mask....In fact, you not only protect yourself, but you can also indirectly help others” (FG7, Sp3, Male). Many participants reflected on the coping mechanisms they employed to reduce anxiety and mitigate the concerns about the risks of the Covid-19 vaccine. One participant noted that they had lived with anxiety for a long time but they saw hope in the vaccine: “I saw reports that a vaccine had begun to be developed and clinical trials had begun. These are very exciting to me, and I am looking forward to the vaccine. Of course, I will also have some worries about this vaccine” (FG23, Sp5, Female). Others were determined to push concerns to the background: “I’m not really worried about side effects...like the only people that seem to be complaining about them are people who are really against vaccines. Crazy people” (FG25, Sp2, Male). Another participant argued that the probability of risk pushed negative emotions into the background:

I mean, the only thing I can really think of is the probability of getting a really bad blood clot from the AstraZeneca one. The probability of that happening is much lower than that of a very severe symptom of Covid. (FG17, Sp4, Female)

When discussing how the authorities could specifically help communicate the positive benefits of vaccination to UK Chinese people, many participants noted that such action was notably absent: “I think if there are some more professional news in Chinese, it may be of great help to those of us who are not very good at English, and let us understand some things better” (FG23, Sp7, Female). However, they were frequently happy to offer advice about how to take action, one suggesting, “If you gather a bunch of Chinese people, to say, they’ve had

good experiences, and then show that video to Chinese people or older Chinese people” (FG24, Sp1, Female). This point about the need for more culturally-specific communication resources was a common view amongst many participants, and a number of people across different focus groups articulated creative solutions like this one, which frequently involved the idea of involving Chinese community members.

5. Discussion

A number of studies (Yu, 2021; Zhao, 2020) have highlighted that Chinese people in Western societies were frequently negatively impacted by right-wing rhetoric about the pandemic including US President Trump’s continual attempts to deploy racist tropes around Covid-19 (calling it the “China virus,” etc.), which caused huge anxiety and even resulted in significant mental health issues (Stolte et al., 2022). UK Chinese communities are highly visible and at times suffered from discrimination and targeting from some elements of the white British community. We have not focused directly on this specific issue—some aspects have been researched elsewhere (Al-Talib et al., 2023; Gies, 2023)—but in our findings we have noted instances where UK Chinese people display resilience and a determination to maintain their own viewpoints and cultural norms even when confronted by challenging situations.

Our main focus was on UK Chinese communities engaged in building and maintaining community resilience, and we would argue that the processes identified in Buzzanell’s (2010) typology were a useful place to start to understand the sense-making activities of the participants in this study. It is clear that most participants prioritised a return to a “normal” life while acknowledging that what they were doing was adapting to a “new normal.” This *crafting normalcy* (Buzzanell, 2010) was seen by most as an essential reaction to the disruption to life brought by the Covid-19 pandemic and an important responsibility to family, community, and society. Additionally, many participants spoke about a new reality where having the vaccine was viewed as the key to being able to work, travel, and socialise, and saw those who opposed vaccination as purveyors of misinformation or even dismissed them as “crazy people.” However, it would be wrong to represent all participants as thinking as one on the pandemic: While most ultimately expressed support for the policies of government and health agencies, a significant minority raised concerns when UK and Chinese Covid-19 policies differed, particularly regarding lockdown restrictions and vaccinating the elderly. This perhaps reflected very little attempt by UK health agencies to focus communication efforts on issues which were important for the Chinese communities. Instead, participants spoke about their own efforts and their own determination to face the crisis, and this could be seen as a demonstration of individual resilience, but what is interesting is that while doing so, most participants framed their decisions or actions as part of a wider communal effort to build a new normal and get on with life. In this sense, our study echoes Buzzanell’s (2019, p. 68) findings that resilience can be conceptualised as “a constitutive process through which people reintegrate and actively construct their new normal through language, interaction, networks, and attention to their identities and identifications.”

As noted above, the Covid-19 pandemic exacerbated anti-Asian discrimination and xenophobia in many Western countries such as Canada, the UK, and the US, and resulted in increased levels of stress linked to racism-related interactions toward Chinese communities. Stolte et al. (2022) conducted a US-based survey study which found that those who identified as Chinese reported greater perceived distal stress linked to racism-related vigilance. A response to this kind of stress in our study was what Buzzanell (2010) labels the process of *affirming identity anchors*, which manifested itself in different ways for our participants.

Buzzanell's (2010) research noted that religion is frequently a key identity anchor for people in a crisis, and it was interesting to see this to some extent reflected in the UK Chinese communities. In the West, this is perhaps more of a US rather than a British societal feature, but for some participants their membership of their local church was a key identity anchor upon which they relied. More broadly, for all participants, their Chinese culture and identity was hugely important and many spoke about differences between the Chinese community and the "white British." For some, there was an interesting juxtaposition between emphasising their responsibility as a British citizen, an identity anchor considered significant and meaningful to their sense of who they are, while at the same time acknowledging their difference as a Chinese person in a diverse, multicultural society. For others, it was important to differentiate themselves from some other British citizens, and in doing so they emphasised their position as a resilient strong people in the face of adversity, which could be expressed through specifically Chinese skills like knowledge of Tai Chi. In this sense, the study can be seen to reinforce the work of Kuang et al. (2022, p. 85), which extends understanding of Chinese cultural values as a source of anticipatory resilience that provides support during periods of adversity. Notably, some participants were keen to emphasise that the UK Chinese were a heterogeneous population, with Hong Kongers being particularly keen to point out their difference from mainland Chinese. Interestingly, it was this group who stressed that it was their identity as "Hong Kong Chinese" and their "experience of previous adverse events" (Kuang et al., 2022, p. 72), such as the SARS crisis, which aided in constituting resilience in the face of Covid-19.

It was very clear from our focus groups that *communication networks* were essential to the process of building and maintaining resilience for our participants. For most people in a period of acute disruption, communication networks become ever-more essential (Houston, 2018), and this ranges from top-down (government, agencies, health bodies) to the bottom-up neighbourly interactions. All these can be essential resilience-building resources, and our participants did express views about all levels within this "communication ecology" (Houston, 2018) which surrounds people. It was very clear that certain networks were essential for day-to-day communication interactions: Family and friends were unsurprisingly very important in people's lives. As noted above, the Christian churches, for quite a number of participants, were seen as centres of trustworthy information, particularly about the vaccine. It was a communicative resource where people felt included, shared stories, and were able to engage with people (medical professionals) who had knowledge and expertise, and this reduced anxiety for many in these networks. Houston (2018, p. 20) argued that "research could consider the role of social media in community resilience talk," and it is clear that for many of our participants of all ages, various social media platforms were continually deployed to collectively share their experiences and discuss their feelings about the pandemic and the vaccine. What is also clear is that people made efforts to enact and maintain resilience, but they had to do it largely on their own, with little dedicated health communication resources directed toward this community.

Constituting resilience by reframing the crisis, or as Buzzanell (2010) puts it, *putting alternative logics to work*, was frequently evident in the discussions within our focus groups. For many, this involved referencing their cultural beliefs/heritage or directly pointing to cultural differences. Some people spoke about how they understood the current crisis as just another one of life's "storms," which Kuang et al. (2022, p. 71) note echoes the Taoist belief "that everything has its natural course...[which] may help individuals reframe adverse situations and find meaning in suffering." Kuang et al. (2022, p. 72) also note that "individuals can draw from cultural beliefs and discursive resources about adversity to cultivate anticipatory resilience." Repeating a belief like "life has a certain destiny" taps into a whole cultural resource around

Taoist/Confucian ideas of *ming* (destiny), where one accepts destiny but also lives virtuously, fulfilling one's obligations to family, community, and government (Kuang et al., 2022). It's important to draw attention to this because, as Southwick et al. (2014) noted, the cultural processes and cultural resources deployed by communities to maintain resilience in the face of adversity are still largely understudied. We observed above how Hong Kongers in particular mentioned their experience of SARS, and a key reframing process involved contextualising the present crisis through the lens of previous crises. As Buzzanell (2010) explains, a crucial aspect of resilience is how communities apply past lessons to prepare for future events, and our focus group members talking about how the current pandemic could be understood as a new version of SARS was of course part of their sense-making process. Attempting to find understanding in something familiar was a way to reduce anxiety—after all, they had adapted to and survived SARS.

The final process of building resilience in Buzzanell's (2010) typology is where people “legitimise negative feelings while foregrounding productive action,” and it was clear that the participants in our focus groups did appear to feel free to express their fears about the virus and the “misery” it had brought. Yet there was a general focus on actions to take in response to the virus, many of which were oriented toward how the community had to change to face the new challenge. Much of this was about fostering collaborative action, such as ensuring everyone paid strict attention to the hygiene guidelines, and of course offering advice and encouragement about the necessity to vaccinate. People generally were not afraid to voice some concerns about the vaccine, but this was usually couched in terms of acknowledging some risk, while the risk of not vaccinating was viewed as vastly greater. Long et al. (2021, p. 4) noted that culture is a hugely neglected topic in both the study of and taking action for community resilience, even though it should be “foundational to shaping resources and practices to cope with adversity.” It was clear from our focus groups that participants felt they were overlooked in relation to health communication, but as we noted above, participants were always prepared to offer culturally and linguistically appropriate, creative, and actionable solutions which they felt would be helpful to the agencies involved in health communication efforts.

6. Conclusion

Long et al. (2021, p. 4) make the point that “extant resilience research has relied mostly on North American empirical data and constructs anchored in Eurocentric epistemology,” and argue that a “grounded approach privileging participants' voices and accounts is also needed to add greater specificity and cultural insights.” This study has attempted to take account of this and similar calls by opening a space in our focus group research for UK Chinese people to speak about their lived experiences, feelings, and concerns in a time of great disruption brought about by Covid-19. They have given voice to the processes which they enacted in order to constitute and maintain resilience during the pandemic. Houston (2018) argued that too little is still known about what individuals in resilient communities talk about, and our aim in this project was to shed some light on this. He also argued that to “advance understanding of communication and community resilience, research is needed to develop an insight into how communication systems and resources (the communication ecology) affect community resilience” (Houston et al., 2015, p. 139). We would concur with this and also add that more communication research is needed that considers how “historical and structural inequalities” are impediments to community resilience (Acosta et al., 2017, p. 6). From our study, it is clear that one key inequality concerns communicative resources, and in preparing for the next pandemic, UK governmental and health agencies should focus efforts on understanding the cultural and language requirements of ethnic minorities in multicultural Britain. Similar to the recommendations made by other

studies on pandemic experiences of ethnic minority communities in the UK (Stolte et al., 2022; Ekezie et al., 2023), we find a need for policymakers and health authorities to work closely with community organisations to co-produce culturally appropriate health and social care information. The information needs to reflect community members' varied demographic characteristics, including intragroup identity, language, age, living conditions, and socioeconomic status. Better resources, including disseminating channels and mental health support, should be provided to the community, as well as training for community health workers to help build stronger health communication networks, which can benefit community resilience. Finally, as noted at the beginning of this article, the work of Betancourt et al. (2003) and others has made an important contribution to reflecting on cultural competence and health communication. Indeed, Betancourt et al. (2003) proposed a three-level framework for cultural competence addressing the organisational (e.g., leadership), structural (e.g., language access), and clinical (e.g., provider–patient relationship) levels. The case they make seems even more important in light of the Covid-19 pandemic because, as they highlight, communication is the bridge to health outcomes, and when cultural or linguistic barriers exist, health messaging is always negatively impacted.

7. Limitations

The study was unable to recruit extremely marginal participants such as refugees and undocumented migrants who did not wish to take part in the project. Therefore, we acknowledge that their understanding and experiences of vulnerability and resilience in the pandemic may be different from the views reported in this article. Future research could endeavour to recruit participants whose Covid-19 pandemic experiences may be determined by other priorities such as the intention to avoid contact with the authorities even in a health crisis.

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Conflict of Interests

In this article, editorial decisions were undertaken by Jenny Zhengye Hou (Queensland University of Technology).

Data Availability

Data are available upon reasonable request.

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