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Trust in government in Sweden and Denmark during the COVID-19 epidemic

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ABSTRACT

Did the different public-health policies that Sweden and Denmark pursued in the beginning of the COVID-19 pandemic result in different levels of public trust in governments' and health authorities' ability to guide the two countries safely through the pandemic? How did the level of trust change as the pandemic unfolded? And were there any cross-country differences in the correlates of trust? Using three original representative surveys conducted in Sweden and Denmark between late March and late June, 2020, this article answers these questions. It finds that Danes consistently trusted their government and health authorities more than the Swedes did. While Swedish trust was politicized and shaped by ideology from the onset of the pandemic, this only later became the case in Denmark. The findings provide insights into popular evaluations of different public-health policies in two otherwise similar countries, with implications for future policy making.

KEYWORDS COVID-19; Denmark; Sweden; political trust; ideology; Rally-around-the-flag effect

Sweden and Denmark adopted markedly different public-health policies during the COVID-19 pandemic. Whereas Sweden became famous, perhaps infamous, for its liberal approach, which relied heavily on principles of voluntarism and personal responsibility, Denmark opted for more stringent policies, closing its borders early on and shutting all its schools in the middle of March 2020. We ask how these policies influenced public trust in the ability of the Swedish and Danish governments and public-health authorities to guide the two countries safely through the pandemic.¹ In a global perspective, Sweden and Denmark are socially and institutionally similar countries, but they made very different choices when the new coronavirus spread across Europe in early 2020. This allows us to investigate whether differences in public-health policies

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mattered for how citizens felt about their political leaders and their public-health authorities.

We rely on three unique surveys that were fielded in Sweden and Denmark at three different stages of the pandemic. The first survey was fielded in late March (27 March to 3 April, 2020), the second survey was fielded in late April (23 to 30 April), and the third survey was fielded in late June (18 June to 30 June). The repeated surveys, which posed identical questions to the respondents, allow us to track changes in public trust in Sweden's and Denmark's governments and health authorities as the number of COVID-19-related deaths rose, especially in Sweden. In late March, there were 239 COVID-19-related deaths in Sweden and 90 in Denmark, which meant that although the Swedish death rate (*c.*2.3 per 100,000) was higher than Denmark's (*c.*1.5 per 100,000), it was not dramatically higher. When the second survey was fielded, however, there were 2,559 COVID-19-related deaths in Sweden and 425 in Denmark, which meant that the Swedish death rate (*c.*25 per 100,000) was almost four times higher than Denmark's (*c.*7 per 100,000). When the last survey was fielded, in late June 2020, the number of COVID-related deaths in Sweden was 5,241 (*c.*50 per 100,000), whereas the Danish figure was 600 (*c.*10 per 100,000, or five times as low).² In other words, at the time of the first survey, it was not widely known that Sweden would be worse hit than its neighbour, Denmark, but at the time of the second and third surveys, it was well-known. We ask whether these diverse experiences during the spring of 2020 made a difference to public trust in national governments and national health authorities. The two last rounds were designed as a panel study, and some of the analyses in this article make use of the panel structure of our data.

We emphasise three main findings. The first, which mirrors findings from other studies, is that on average, Danish respondents trusted their government and their health authority more during the COVID-19 pandemic than Swedish respondents did. The second finding is that this difference between the two countries was there from the start and grew only little over time, which suggests that Sweden's distinctive policies and performance didn't matter much for trust in the Swedish government and the Swedish health authority, at least not before late June, when our study ends. Our third and last finding, which appears to explain the baseline difference in trust between Sweden and Denmark, is that left-right ideology played a greater role in the Swedish case from the onset of the pandemic. Overall, there was thus more ideological polarisation in political trust in Sweden than in Denmark.

The COVID-19 pandemic is spreading at a time when democracy is in decline or under threat in many parts of the world (see, for example,

Frey *et al.* 2020). Understanding how the pandemic has influenced and continues to influence political trust is therefore an issue of first importance. Moreover, public trust matters directly for public-health policy, since it increases adherence to the advice of public health authorities and compliance with laws and regulations (Im *et al.* 2014; Marien and Hooghe 2011). As also shown in other contributions in this special issue, public approval depends on trust in national leaders (Altiparmakis *et al.* 2021), and compliance with the advice of health authorities on things like social distancing depends on populist political attitudes and the feeling of economic security (Ansell *et al.* 2021). To our knowledge, our article is the first study that compares public opinion and political trust in Sweden and Denmark over time during the COVID-19 pandemic, although the comparison has been made many times in political commentary, media coverage, and think-tank reports.

Emergencies and political trust

Political trust is typically conceptualised in general terms, as public support for – and confidence in – core political institutions such as the government and the legislature (e.g. Newton *et al.* 2018; Van der Meer 2017a). We instead ask narrower and more context-specific questions about public trust in the ability of national governments and national public-health authorities to guide Sweden and Denmark safely through the COVID-19 pandemic. While the most natural starting point for our empirical analysis is the idea that trust and government satisfaction are influenced positively by crises and emergencies – which at least in the short term tend to result in a so-called ‘rally-around-the-flag effect’ (Mueller 1973) – we begin by briefly discussing some insights from the general literature on public trust in democracies.

Political trust is strongly associated with political performance, also in times of crises. Distinguishing between democratic input and the output of institutions, Van der Meer (2017b) highlights that trust benchmarks are important to include in studies of political trust since low expectations are likely to boost evaluations. We therefore include a discussion of levels of trust in Denmark and Sweden *prior* to the pandemic in our analysis. Furthermore, it is known that political trust depends directly or indirectly on comparisons with other countries and on perceived performance as opposed to actual performance (Van der Meer 2017b). This is particularly interesting in the context of a pandemic, since performance is very hard to estimate in the early phases of the breakout of a new and hitherto unknown disease.

The relationship between political trust and the welfare state is also central to our article since we study two Scandinavian universal welfare

states that are known for their high levels of social and political trust (e.g. Kumlin and Haugsgjerd 2017). Studies highlight that during major economic setbacks, such as the one witnessed during the COVID-19 lockdowns, big drops in political trust may occur, although that is especially the case if they also result in welfare-state retrenchment, which has a negative effect on political trust (Kumlin and Haugsgjerd 2017; Kumlin *et al.* 2018). Finally, Van der Meer *et al.* (2018) highlights that the economy is an important driver of political trust, with citizens making longitudinal comparisons with their own past rather than cross-national comparison with other countries. We return to the insights from this literature in the concluding discussion of the article's main results.

A positive rally-around-the-flag effect on political trust and public support for institutions has been found in many different social and political contexts. The most well-studied case is the 9–11 terrorist attacks in the United States, which generated a strong such effect (Perrin and Smolek 2009), although the positive effect on trust was heterogeneously distributed and many other factors, including genetic and environmental ones, influenced the complex observed relationships (Ojeda 2016). Other studies have found similar rally-around-the-flag effects in widely different circumstances, including on presidential approval during World War II (Kriner 2006) and after the Reagan assassination attempt in 1981 (Ostrom and Simon 1989), to mention two prominent examples from the United States.

A positive rally-around-the-flag effect has also been identified in several European cases. Following the terrorist attacks in Madrid in 2004, trust in political institutions increased significantly, although the effect proved to be relatively short-lived (Dinesen and Jæger 2013). A similar effect on political trust was found in a quasi-experimental study that explored the impact of the November 2015 terrorist attacks in France (Coupe 2017). In Scandinavia, Norway witnessed an increase in interpersonal and institutional trust as well as a modest increase in civic engagement in the aftermath of the 2011 terrorist attack on Utøya (Wollebæk *et al.* 2012).

However, not all studies provide consistent support for the rally-around-the-flag hypothesis. Outside the United States and Europe, for example, a quasi-experimental study from Mali showed that after an unanticipated violent attack by a rebel group, people mainly attributed responsibility to the president, and not to parliament or the local government, while trust in institutions remained largely unaffected (Gates and Justesen 2020).

The rapid spread of COVID-19 in early 2020 created an international crisis of such a magnitude that we have strong reasons to expect a rally-around-the-flag effect as national governments have struggled to

contain the spread of the disease. Early studies of the COVID-19 pandemic in Western Europe have indeed suggested that trust increased in the early stages of the pandemic (Esaiasson *et al.* 2020), and, furthermore, that lockdowns have had a positive effect on trust (Bol *et al.* 2020). Also, in this special issue, we learn that support for government policies is primarily found among a unique coalition of fearful, pro-social and knowledgeable individuals, groups that are often political opponents but whose interests have aligned because of the pandemic (Jørgensen *et al.* 2021).

So far, however, only preliminary conclusions have been drawn about the pandemic's political implications and effects. One global study of the COVID-19 pandemic concludes that there is a positive effect of public attention on policy implementation, which is driven mainly by countries with good political institutions (Aksoy *et al.* 2020). Another study asks if autocratic governments have been more effective in reducing the movement of people to curb the COVID-19 spread, concluding that although autocratic regimes in general have imposed more stringent lockdowns – relying, for example, more on contact tracing – autocracies were not more effective in reducing travel and human mobility. On the contrary, democratic countries, opting for less strict lockdowns, were more effective (Frey *et al.* 2020).

Not surprisingly, a study of data from the United States documents a substantial increase in economic anxiety during and after the arrival of COVID-19 (Fetzer *et al.* 2020). Notwithstanding this effect, lockdowns do not seem to have had an effect on traditional left-right attitudes (Bol *et al.* 2020). Also, from a set of survey experiments and social media analyses in Canada, we learn that COVID-19 has been associated with greater partisan consensus and support for the government (Merkley *et al.* 2020). A study of Dutch data has nevertheless questioned whether lockdowns per se influence political trust, suggesting that the intensity of the pandemic as such, not the policy response, rallied people around political institutions (Schraff 2020).

Some early work has also looked into the impact of the pandemic strategies in Sweden and Denmark. Comparing Sweden and Denmark, a study of private consumer spending during the COVID-19 concludes that most of the economic contraction identified in Sweden and Denmark was caused by the virus itself and occurred regardless of whether governments mandated social distancing or not (Andersen *et al.* 2020). In other words, the differences between Sweden's and Denmark's pandemic strategies did not play a significant role for consumer behaviour. Another study asked if and how the different public-health strategies of the two countries influenced behaviour among the general public. It concluded that the Danish population took more precautionary health actions and was significantly more optimistic about gaining control over the COVID-19 virus in the near future compared with the Swedish population.

Additionally, the Danish population was significantly more supportive towards its government, thinking it implemented the right pandemic strategy, compared to the Swedish population. On a different, psychological, note, the study found that the Swedish population experienced more loneliness during the pandemic than the Danish (Lindholt and Petersen 2020). Lastly, Bækgaard *et al.* (2020) conclude that there was a rally-around-the-flag effect in Denmark when it came to trust in the Prime Minister during the 2020 lockdown. However, their data only include unemployed Danish citizens and do not offer a comparative perspective on the Danish case.

At least to our knowledge, there is currently no comparative evidence that shows how individuals in Sweden and Denmark responded to their governments' different pandemic strategies – or if these responses differed. We present such evidence here. While the literature on the rally-around-the-flag effect suggests that there are strong reasons to study political trust in the context of the COVID-19 pandemic, it does not provide us with strong expectations about which government actions or strategies might generate more trust. That is the question we investigate here, relying on repeated surveys of Danes and Swedes in the first few months of the COVID-19 crisis.

A view from the Nordic countries

Sweden and Denmark both belong to the Nordic group of universal welfare states, which are characterised, among other things, by generally high levels of political and social trust (e.g. Rothstein and Stolle 2003). Sweden and Denmark are also similar in that they are wealthy, established, parliamentary, multi-party, unitary, welfare-state democracies, which rank high on social capital (Andersen and Dinesen 2017; Holmberg 1999; Rothstein and Stolle 2003). Both countries maintain a soft Euroscepticism when it comes to joining the Euro (Nielsen 2017). Thus, both at the institutional, systemic level and at the socio-psychological level, Sweden and Denmark share important characteristics that are essential when one explores the relationship between public-health policies and trust.

At the institutional, systemic level, Sweden and Denmark both have strong state capacity; both countries have put in place universal welfare states, including, for example, free health care and education; both have corporatist traditions; both countries have a multi-party political system that is characterised by ongoing bargaining and frequent compromises among parties. A large body of research emphasises the importance of all these factors for political trust and satisfaction. For example, state capacity improves policy implementation, which usually allows countries to respond more effectively and efficiently to crises such as the COVID-19 pandemic. From early work that compares successful government replies

to the COVID-19 pandemic – where ‘successful’ is defined in terms of limited COVID-19-related casualties – we know that government effectiveness matters, on average, for low casualties (Bosancianu *et al.* 2020). In sum, these institutional and systemic factors matter for the context in which a pandemic unfolds, and they are traits that the Swedish and Danish political systems share.

At the social-psychological and behavioural level, Sweden and Denmark also share some core statistics. For example, the two countries both have high voter turnout in elections and their populations have high levels of generalised trust in strangers, which is something that is closely linked to high levels of social capital (Andersen and Dinesen 2017; Rothstein and Stolle 2003). From psychological research, we learn that only minor differences exist between Denmark and Sweden when it comes to, for example, the effect of personality traits on political attitudes (Nielsen 2016). Lastly, and particularly important for this article, both Sweden and Denmark rank high on political trust in a global perspective (Andersen and Dinesen 2017). Table 1 summarises the main similarities between Sweden and Denmark.

However, there are also important differences between Sweden and Denmark that are worth highlighting. Again, these differences are found both at the structural, institutional level and at the behavioural, social-psychological level, which is something that scholars have picked up on in numerous comparative case studies (see, for example, Green-Pedersen and Krogstrup 2008 and Anthonsen *et al.* 2011). For example, it has been argued that there is an East-Nordic model of historical state building, with Sweden as the most important example, and a West-Nordic model with Denmark as the most important case (Knudsen and Rothstein 1994). The East-Nordic culture, according to this literature, is characterised by paternalistic corporatism, in contrast with Denmark’s more liberal welfare state. According to this literature, these differences, deriving from different modernity paths, led to important differences in political outcomes in the twentieth century, including different political institutions, welfare policies, and trade policies.

Turning to contemporary politics, one of the most important differences between Sweden and Denmark today is the role that immigration policies and, more generally, discourse about immigration, have played in the last

Table 1. Sweden and Denmark: the main similarities.

	Sweden	Denmark
State stability	High	High
Universal welfare state	Yes	Yes
Multi-party system	Yes	Yes
Political engagement	High	High
Generalised trust	High	High
Social capital	High	High
Political trust	High	High

two or three decades, which has also led to differences in the role of right-wing anti-immigration parties in parliamentary processes (Green-Pedersen and Krogstrup 2008). It is also worth highlighting that at the time of the pandemic, the Swedish Prime Minister Stefan Löfven had been in office since 2014 – considerably longer than the Danish Prime Minister Mette Frederiksen, who was only appointed in the summer of 2019. These differences, and the fact that the Swedish government-formation process in 2018–2019 was a protracted and drawn-out affair (Teorell *et al.* 2020), might have influenced political trust at the onset of the pandemic, as we will discuss at the end of this article.

The main reason for comparing Sweden and Denmark is that despite their underlying similarities, they chose to pursue very different policies in the spring 2020, when the pandemic hit Western Europe.

On 11 March 2020, the Danish Social Democratic Prime Minister Mette Frederiksen, along with the director of the health authorities and the head of the police, held a press conference, announcing that large parts of Danish society would be locked down within a few days to combat the spread of COVID-19. The lockdown meant that students in all educational institutions were taught in their homes; all indoor cultural institutions, libraries, and leisure facilities closed; public servants who did not perform critical functions were sent home; schools and day-care facilities closed; use of public transportation was discouraged; and private employers were encouraged to let employees work from home. Further restrictions were imposed on nursing home and hospital visits, gatherings of more than 100 people indoors were prohibited, the Ministry of Foreign Affairs changed its travel advice, and additional restrictions were imposed upon entry to Denmark. Lastly, urgent legislation allowing for the imposition of special measures was adopted. Denmark thus acted early and became the second country in Europe to impose a widespread lockdown in connection with the COVID-19 pandemic. The lockdown was initially set for 14 days, but it was later prolonged. On 18 March, further restrictions were activated. For example, it became illegal to assemble more than ten people in public, and all shopping centres, as well as stores with close personal contacts, such as hairdressers and nightclubs, had to close. Restaurants were only allowed to serve take-away food. Furthermore, unlike previous restrictions, breaking the rules concerning the number of people who were allowed to assemble would now result in actual fines. On 23 March, it was announced that these lockdown measures would be extended for a further two weeks and be in place until 13 April. Further restrictions were imposed in March and April 2020.³

Sweden's policies were very different. Rather than adopting coercive policies, the government and the public health authorities chose to issue recommendations and guidelines that were meant to encourage

individual-level behaviour that would increase social distancing and limit the spread of the disease. Secondary schools and universities were closed in March, but day-care facilities and primary schools remained open, as did public libraries and leisure facilities. A ban on public gatherings of more than 50 people was introduced in late March, but restaurants, bars, gyms, and other businesses and organisations where people gather were not forced to close, although they were instructed to take practical steps to reduce interpersonal contacts.

Although they made Sweden stand out in comparison with other countries, these policy choices were in line with existing Swedish legislation: the Communicable Diseases Act, which governs Sweden's public-health policies and authorises government physicians to take steps to limit the spread of infectious diseases, is largely based on principles of voluntarism and personal responsibility (Petersson 2020). The policies were far from uncontroversial within Sweden, however. Many medical doctors were critical of the liberal approach of Sweden's public-health authority, *Folkhälsomyndigheten*, and in political commentary, right-wing pundits and politicians advocated a more direct and coercive approach to the disease during the spring of 2020.⁴

Table 2 describes some of the main differences between Swedish and Danish public health policies during the COVID-19 pandemic between 1 March and 1 July 2021 (the period we investigate in our surveys).

Table 2. Public-health policies in the Spring of 2020: a summary.

	Sweden	Denmark
Borders	Not closed	Closed and restrictions from 14 March
Schools	Secondary schools and universities recommended to close from 17 March	All schools, day-care centres and higher education institutions closed from mid-March
Public gatherings	Limited to 50 individuals from 27 March	Limited to 10 individuals from 18 March
Shops and services	Restaurants, bars, shopping centres, and personal services such as hairdressers encouraged to take social-distancing measures from 24 March, but remained open	All such establishments were closed from 18 March (restaurants allowed to sell take away)

Sources: Dahlström and Lindvall (2020), WHO, www.politi.dk.

Finding 1: more trust in Denmark

In order to explore the differences between public trust in the national government and the national health authorities in Sweden and Denmark during the COVID-19 pandemic, we conducted three identical large-*N* representative surveys in Sweden and Denmark at three different points

in time. The first survey, at t_1 , was fielded in late March (27 March to 3 April, 2020; $N_{SE}= 1,311$, $N_{DK}= 1,251$); the second survey, at t_2 , was fielded in late April (23 to 30 April; $N_{SE}= 1,537$, $N_{DK}= 1,572$), and the last survey of the three, at t_3 , was fielded in late June (18 June to 30 June; $N_{SE}= 1,217$, $N_{DK}= 1,212$). The response rate at t_1 was 30.7 percent in Denmark and 32.9 percent in Sweden; the response rate at t_2 was 32.8 percent in Denmark and 32.6 percent in Sweden; at t_3 , due to the panel-data structure (only respondents who answered the survey at t_2 were asked again at t_3), the response rate was much higher in both Denmark (78.5 percent) and Sweden (80.3 percent).⁵ In both countries, the surveys were administered by the company Epinion.⁶ Respondents were not paid or otherwise rewarded for their participation.⁷

We concentrate on two outcome variables: trust in the national government's ability to guide the country safely through the pandemic and trust in the ability of the national health authorities to do the same.

The first thing we learn from the surveys is that trust in both the government and the national health authority was higher in Denmark than in Sweden during the COVID-19 pandemic. As [Figure 1](#) shows, Swedish respondents had a lower level of trust both in their government's and their health authorities' response to the COVID-19 pandemic, as

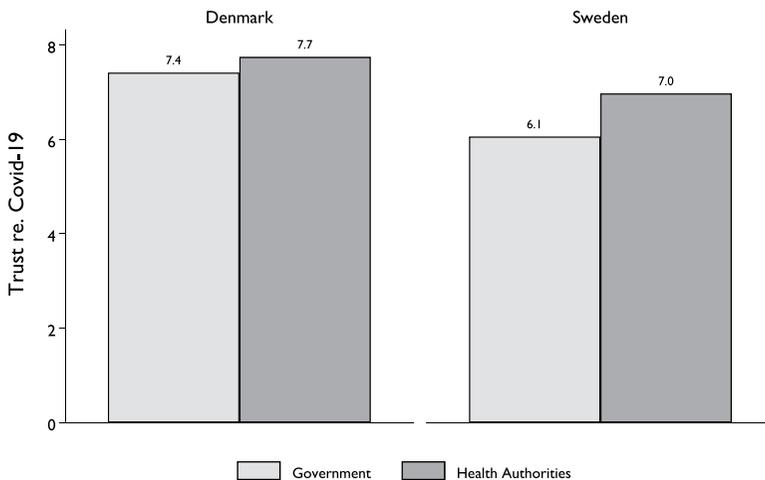


Figure 1. Trust in the National Government's and the National Health Authority's Ability to Respond to Covid-19. Notes: The respondents were asked to indicate, on a scale from 0 to 10, how much they trusted the government and the national health authority to guide the country safely through the pandemic. For trust in government, there are 3,948 observations for Denmark ($SD = 2.2$) and 3,986 observations for Sweden ($SD = 2.8$). For trust in the national public-health authority, there are 3,966 observations for Denmark ($SD = 1.9$) and 3,996 observations for Sweden ($SD = 2.6$).

compared with the Danish respondents. The figure, which averages over all three surveys (we look more carefully at differences over time below), is based on the answers the respondents gave to two questions: ‘How much do you trust that the current government can bring the Swedish/Danish society safely through the COVID-19 pandemic?’ and ‘How much do you trust that the Swedish/Danish health authority can bring the Danish/Swedish society safely through the COVID-19 pandemic?’ In the Swedish survey, ‘health authority’ was translated into *Folkhälsomyndigheten*. In Denmark, ‘health authority’ was translated into *Sundhedsstyrelsen*, which was the highest administrative body for public health in the Danish government. Respondents were asked to provide answers on a scale from 0 to 10, where 0 indicated ‘no trust at all’ and 10 indicated ‘complete trust’.

In the next section, we examine if the differences between Sweden and Denmark increased over time between March, April and June, as the number of COVID-19-related deaths increased much more in Sweden than in Denmark. An early indication that this was not the main explanation for the differences between the two countries, however, is that the *general* level of trust in the national government was significantly lower in Sweden than in Denmark, not just trust in the government’s ability to respond to the Coronavirus. [Figure 2](#) describes the overall level of trust in government in Denmark and Sweden during the whole period we examine. Asked to what extent they trusted the

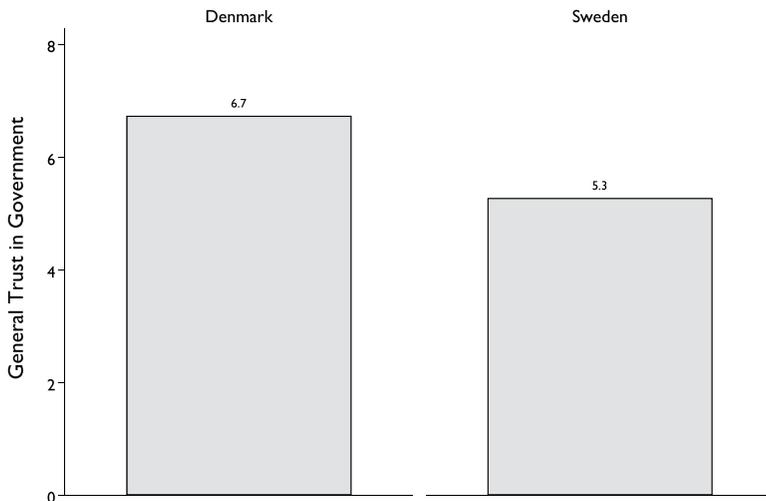


Figure 2. General Trust in the National Government. Notes: The respondents were asked to indicate, on a scale from 0 to 10, how much they trusted the incumbent (social-democratic-led) government. There are 3,962 observations for Denmark ($SD = 2.3$) and 3,984 observations for Sweden ($SD = 2.8$).

current government on a scale from 0 (no trust) to 10 (high levels of trust), Danish respondents had significantly more trust in the government than their Swedish counterparts, with a Danish mean in t_1-t_3 of 6.7 and a Swedish mean of 5.3. It is, of course, quite likely that general trust in the government was influenced by the respondents' views concerning the government's ability to handle the pandemic, so we should not make too much of these findings concerning general trust, but in combination with our later findings concerning differences over time, they do suggest that the differences between Sweden and Denmark may have had deeper roots.

The differences between Sweden and Denmark may also have predated the pandemic, but since our first survey was conducted in the early stages of the COVID-19 crisis – not *before* the crisis began – this is difficult to ascertain using our data. What we can say with some confidence on the basis of existing research is that although many Western democracies countries have experienced a decline in political trust in the last few decades (e.g. Hetherington and Rudolph 2015), Sweden and Denmark have maintained fairly high levels of trust in political institutions and elected politicians compared with most other advanced democracies. When it comes to differences between Sweden and Denmark, the most recent comparative data on political trust, at least to our knowledge, are from the Eurobarometer and from the European Social Survey (ESS). Both surveys have advantages and disadvantages. The semi-annual Eurobarometer asks about general trust in national governments – ‘How much trust do you have in the national government’ – but the answer categories are dichotomous, ‘tend to trust’ or ‘tend not to trust’, which makes it difficult to compare the Eurobarometer findings with our own data, as our answer categories are on a 0–10 scale. The latest Eurobarometer survey reported that 59 percent of Swedes and 54 percent of Danes tended to trust their current government. But, in addition to the problem of comparing data that rely on designs and different methods, one needs to keep in mind that these data were collected in late 2018, which was prior the 2019 Danish election, where a liberal minority government was replaced by a social democratic minority government, and just after the Swedish election. The ESS, meanwhile, includes political trust questions that are measured on the same scale as ours (0 = no trust- 10 = high trust), but the survey does not ask about trust in the national government as such. The answer categories that come closest are trust in parliament, trust in politicians, and trust in the political parties. [Figure 3](#) present data from the latest ESS for Swedish and Danish trust in the politicians, parliament and the political parties.

Judging from the ESS data, Sweden and Denmark had similar levels of political trust in the late 2010s, with the Danish respondents being

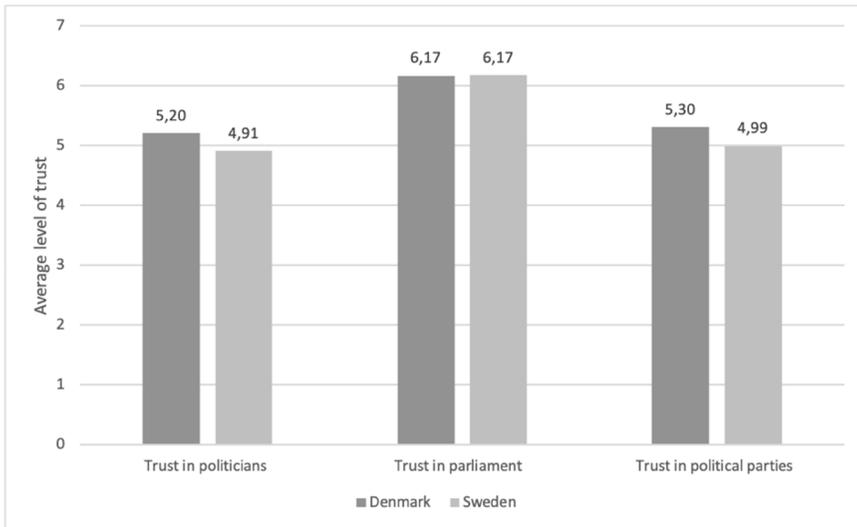


Figure 3. Trust in politicians, parliament and parties: Denmark and Sweden. Notes: Sweden N = 1539; Denmark N = 1572. The data are from the latest European Social Survey, from which the Danish data were released in December 2020. The data were collected in late 2018 and are available at www.europeansocialsurvey.org.

slightly more trusting in their politicians and political parties as compared with their Swedish neighbours. Again, this is not a direct measure of trust in the government, which is our dependent variable in this study, so we do not have an accurate baseline or benchmark for governmental trust in pre-pandemic period. Furthermore, like the Eurobarometer data, the ESS data were collected in 2018, so the time lag between the collection of the data and the onset of the pandemic is again a concern.

We know from earlier research, relying on other surveys and methods, that there was a rally-around-the-flag effect in both Sweden and Denmark in the beginning of the COVID-19 crisis (on the Swedish case, see especially Esaiasson *et al.* 2020). Since we do not know for sure whether the overall level of trust in government was higher in Denmark already before the election, we cannot say whether the higher level of trust in Denmark reflects a larger rally-around-the-flag effect than in Sweden, or whether it was a matter of higher levels of trust in government overall influencing trust in the government's, and the health authority's, ability to respond to the pandemic. We are inclined to think that it was a little of both, but the main strength of our study is not that it allows for pre-crisis–post-crisis comparisons (it doesn't), but that it allows for comparisons among different phases of the crisis once the crisis had begun. We turn to those comparisons next.

Finding 2: comparisons over time suggest weak effect of national public-health policies

To learn more about how public policies and public trust in the government's and the health authority's ability to guide Sweden and Denmark safely through the pandemic, we now proceed to examining changes over time between the early stages of the pandemic and the later stages. In Figure 4, we show how trust in the government and the health authorities changed from the period when we fielded the first survey in late March (t_1) to the period when we fielded our third survey, in late June 2020 (t_3).

The mean level of trust among the respondents in our survey in the government's ability to guide Sweden safely through the pandemic was 6.3 on a 11-point scale at t_1 (SD = 2.8). As Figure 4 shows, our surveys suggest that trust in the government in Sweden was stable between $t-1$ and t_2 , but it then dropped to 5.5 (SD = 2.9) at t_3 (note that the change between t_2 and t_3 involved the same individuals, since this part of our survey was designed as a panel study). In the Danish case, the level of trust in the government's strategy at t_1 was 7.8 (SD = 2.0). That number decreased to 7.4 (SD = 2.2) at t_2 and to 7.1 (SD = 2.4) at t_3 . In other words, in the Swedish case, there was at first little change, then a

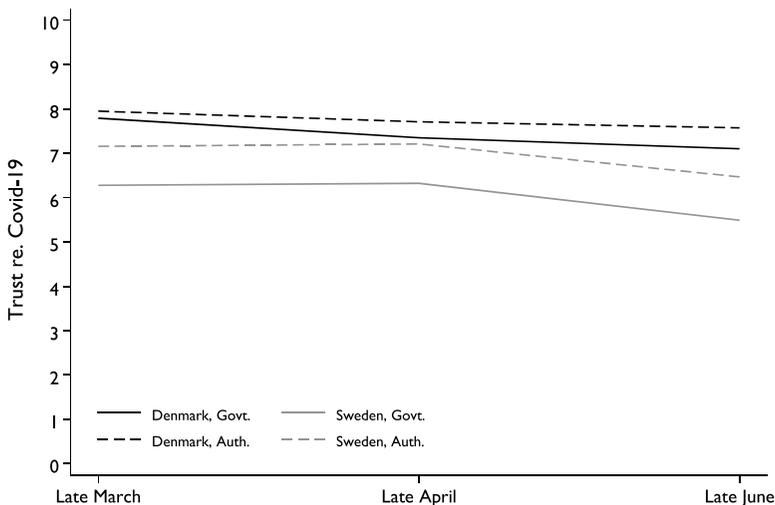


Figure 4. Trust in the Government's and the Health Authority's Ability to Respond to Covid-19 Over Time. Notes: The respondents were asked to indicate, on a scale from 0 to 10, how much they trusted the government and the national health authority to guide the country safely through the pandemic. For Denmark, there are 1,219–1,226 observations in late March, 1,538–1,546 observations in late April, and 1,191–1,194 observations in late June. For Sweden, the corresponding numbers are 1,278–1,279, 1,510–1,519, and 1,197–1,199. The standard deviations for the two countries and the three rounds of the survey are listed in the text.

relatively large decrease in trust in government between April and June. In the Danish case, by contrast, there was a more gradual decline in trust over this period. But the aggregate decline in trust over the whole period was similar in the two countries (0.7–0.8 on a 11-point scale). Note also that the standard deviation increased over time in the Danish case, suggesting that there was increasing political disagreement concerning the government's ability to respond to the pandemic during the spring and early summer. When it comes to trust in the national health authority's response to the pandemic, the Swedish level was again stable between t_1 and t_2 (7.2, SD = 2.6 in both surveys), before falling to 6.5 (SD = 2.8) at t_3 . The aggregate decline was slightly smaller in Denmark, and more gradual. The mean level of trust in the national public-health authority was 8.0 (SD = 1.8) at t_1 , 7.7 (SD = 1.9) at t_2 , and 7.6 (SD = 2.0) at t_3 .

A two-sample between-country t -test shows that the difference in trust both in the government and in the health authorities between Sweden and Denmark is significant in all three surveys ($p < 0.01$). As we discussed in the previous section, it is quite clear that the Swedish respondents had less trust in the government and in the health authorities than their Danish counterparts from the onset. But when it comes to changes over time, the aggregate decline in trust between March and June was in fact comparable in the two countries – even if that was the period in which it became clear that the death rate in Sweden was much higher than the death rate in Denmark. The fall in trust was marginally larger in Sweden (although the difference-in-differences is not statistically significant) which may suggest that there was some effect on trust of the policies Sweden had adopted – but if so, it was not a large effect.

In order to understand the differences between Sweden and Denmark better, we need to pay closer attention to the differences within countries. By identifying groups with low trust and groups with high trust within Sweden and Denmark, we will be able to say more about what explains the differences between these otherwise similar countries. As we demonstrate in the next section, we find particularly interesting differences in how the issue of trust in the national government and the national health authorities were politicised in Sweden and Denmark during 2020.

Finding 3: more ideological polarization in Sweden

In the previous section, we learned that trust in the ability of the national government and the national health authority to guide the country through the pandemic does not seem to have been influenced much by the large differences between the COVID-19 death tolls in Sweden and Denmark in the spring of 2020: the Danes in our survey had more confidence in the ability of their government and their health authority

to guide their country through the COVID-19 pandemic than the Swedes in our survey had, but most of that difference was there from the start – it was not a result of the rising death rate in Sweden in late March and April. To gain a better understanding of what might explain the different levels of trust in the two countries, we now proceed to examine individual-level explanatory variables that can be expected to influence the outcome we are interested in (e.g. Newton *et al.* 2018). We have paid particularly close attention to the role of political ideology.

Numerous studies have associated political ideology with political trust (see, for example, Krouwel *et al.* 2017). In our survey, political ideology is measured on a traditional left-right scale, using the following question: ‘In political matters, people talk of “the left” and “the right.” How would you place your own views on this scale, generally speaking?’ The respondents were asked to give an answer on a scale from 0 (left) to 10 (right). Our survey samples are all representative of the whole political spectrum. In Sweden, the mean left-right ideology among the respondents increased ever so slightly over time from 5.1 in the first and second surveys to 5.2 in the third survey (SD = 2.7 in all three surveys). In Denmark, the mean left-right ideology also increased ever so slightly from 4.9 in the first survey to 5.1 in the second and third (SD = 2.4 in the first and third surveys, 2.5 in the second).

As [Figure 5](#) shows, ideology played a significant role in both countries, but much more noticeably so in the Swedish case. In both countries, right-wing respondents trusted their governments less than left-wing respondents – which makes sense since both Denmark and Sweden had left-wing governments at the time of the pandemic. But the slopes of the lines for Sweden suggest that the effect was greater in Sweden than in Denmark in both March, April and June 2020. Ideology thus mattered more in Sweden than in Denmark for how respondents felt about the government’s ability to carry the country safely through the pandemic. Indeed, the observed difference in the *average* level of trust in the government among the survey respondents in Sweden and Denmark in the first half of 2020 is largely due to the big differences between the *right-wing* respondents in the two countries, not the differences between left-wing respondents.

That said, [Figure 5](#) also suggests that there were some interesting changes over time within both Sweden and Denmark. In the Swedish case, we find very little change between late March (when the per-capita death rate was relatively similar in the two countries) and late April (when the per-capita death rate was much higher in Sweden). But then there was a significant drop in trust in the government’s ability to guide Sweden through the pandemic between April and June – a period in which the high Swedish death rate was debated daily in Swedish news media. That late decline in trust seems to have affected left- and right-wing voters

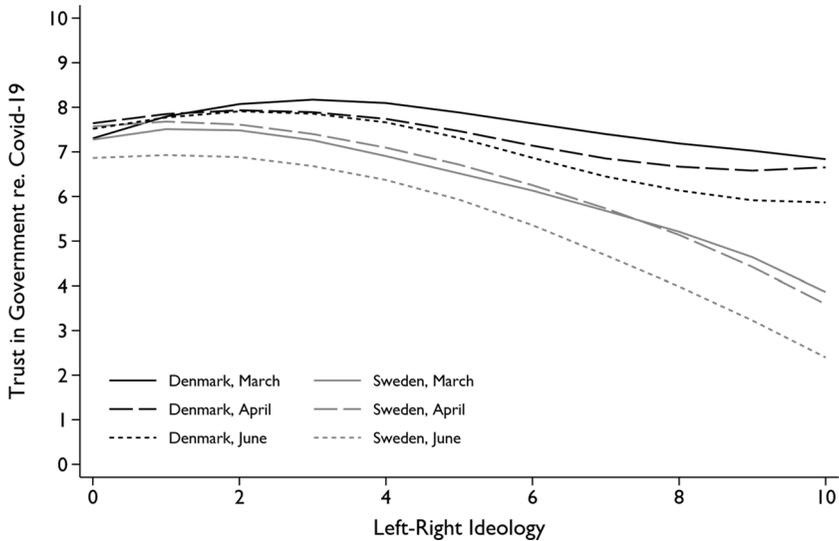


Figure 5. Ideology and Trust in the Government’s Ability to Respond to Covid-19, March–June. Notes: The figure describes the relationship between political ideology and public trust in the government’s ability to guide Sweden and Denmark safely through the Covid-19 pandemic. The black lines are Denmark; the grey lines are Sweden. Left-right ideology is measured on a 11-point scale with 0 = left and 10 = right. The lines are locally weighted regression estimates, smoothing the data (Cleveland 1979). The numbers of observations for Denmark are 1,131, 1,398, and 1,099. For Sweden, the corresponding numbers are 1,180, 1,370, and 1,111.

alike, although the change was slightly larger among right-wing respondents. In Denmark, by comparison, what occurred between March and April was a slight increase in polarisation, not a general decline in trust in the government’s ability to respond to COVID-19: left-wing voters remained quite confident in the government’s ability to guide Denmark through the pandemic, but right-wing voters became slightly more sceptical. In that sense, Denmark became a little more similar to Sweden: left-right ideology began to play a more important role as the crisis unfolded and as the epidemic progressed, but the curves remain flatter than Sweden’s, suggesting that polarisation did not reach Swedish levels.

Figure 6 shows that the patterns are largely similar when we instead asked about trust in the public-health authorities. But in both Denmark and Sweden, ideology matters less for within-country differences in trust in public authorities – as one would expect. Among supporters of the opposition right-wing parties in both countries, trust was higher for the public-health authorities than for the government.

The main conclusion that can be drawn on the basis of these figures is that there was more political polarisation in Sweden from the onset of

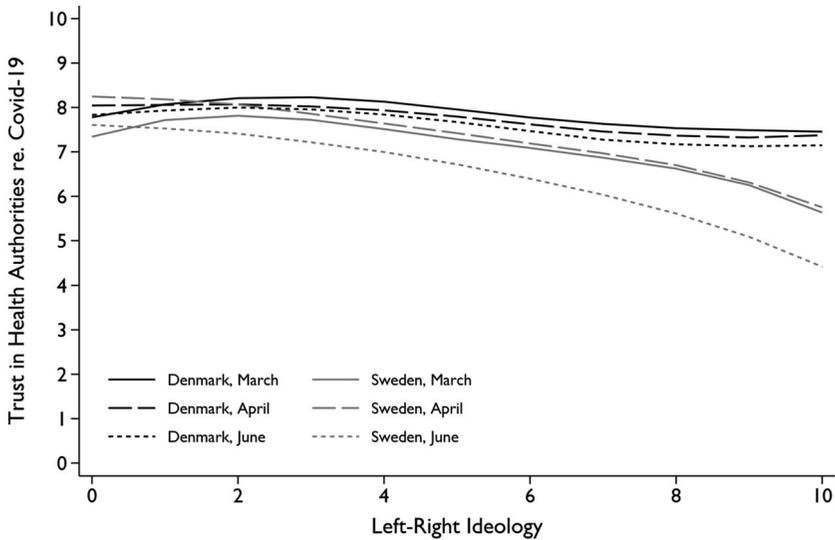


Figure 6. Ideology and Trust in the Public-Health Authority's Ability to Respond to Covid-19, March–June. Notes: The figure describes public trust in the ability of the public-health authorities to guide Sweden and Denmark safely through the Covid-19 pandemic. The black lines are Denmark; the grey lines are Sweden. left-right ideology is measured on a 11-point scale with 0 = left and 10 = right. The lines are locally weighted regression estimates (Cleveland 1979). The numbers of observations for Denmark are 1,136, 1,404, and 1,101. The corresponding numbers for Sweden are 1,178, 1,371, and 1,113.

the COVID-19 pandemic: how people felt about the government's and the public-health authorities' ability to take the country safely through the pandemic depended more on the respondents' general political views in Sweden than in Denmark. But this political polarisation does not seem to have been an effect of how the crisis unfolded, since most of the differences between Sweden and Denmark appear already in the data from late March.

For the two last surveys, in late April and late June, we are able to take advantage of the fact that we have panel data for those two points in time. We can thus compare the level of trust that the same individuals had in the government's ability to take the country safely through the pandemic at two different points in time. Figure 7 has ideology – as reported in the April survey – on the *x*-axis and changes in public trust in the ability of the national government to guide Sweden and Denmark safely through the COVID-19 pandemic between April and June 2020 on the *y*-axis.

The first thing to note is that there is a lot of variation in the dependent variable– although most respondents had approximately the same level of confidence in the national government in June as they had in April, there are many examples of individual respondents who revised

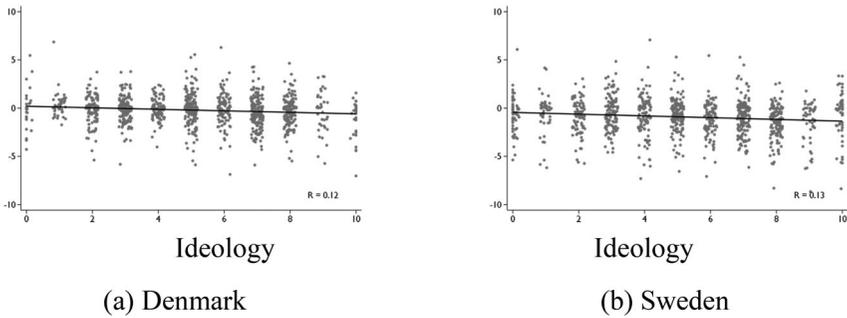


Figure 7. Ideology and changes in trust between April and June. Notes: These scatterplots describe the relationship between political ideology – as reported in April – and changes in public trust in the ability of the national government to guide Sweden and Denmark safely through the Covid-19 pandemic between April and June 2020 among survey respondents who were included in both rounds of the panel study that was conducted during that period.

their views considerably over this two-month period. The second thing to note is that the relationship between ideology and changes in trust is similar in the two countries – the slope is ever so slightly greater in Sweden, but the correlation is almost identical ($R=0.12$ – 0.13). The third thing to note is that whereas left-wing respondents in Denmark had, on average, the same level of trust in the government in June as they had in April, this was not the case for left-wing respondents in the Swedish case: in Sweden, as in Denmark, right-wing respondents became relatively less favourable to the government, but this was on top of a more general decline in trust in Sweden over this period. These findings from the survey shed light on the processes through which the short-term rally-around-the-flag effects that have been found in both Denmark and Sweden in earlier studies were dissipated during the first months of the COVID-19 crisis of 2020.

Discussion and conclusions

Our analysis leaves us with three main findings. First, we find that the Danish levels of trust in the government's and the health authorities' ability to guide the country through the COVID-19 crisis were significantly higher than the Swedish levels of trust. Second, we find that this difference was more or less consistent over time (March–June 2020), despite a mounting COVID-19-related death toll in Sweden between March and June. Lastly, we find that ideology was a stronger predictor of trust in Sweden than in Denmark, although ideology mattered for changes over time in Denmark too, as our panel data reveal.

We started our investigation by engaging with the so-called ‘rally-around-the-flag’ literature, in which a general finding is that in times of national emergency, people tend to support and trust their national governments more. Our findings suggest that at least in the beginning of the COVID-19 crisis, the rally-around-the-flag effect was if not stronger then at least more universal in Denmark than in Sweden, in the sense that there were smaller differences between different political groups in the level of confidence they had in the ability of the government and the authorities to handle the crisis.

So why do we find these patterns? In particular, since ideology appears to explain why levels of trust do not track COVID-19 death tolls very closely, what might account for the early politicisation of the COVID-19 crisis in Sweden in comparison with Denmark, at least when it comes to the public’s views concerning the government’s and the health authorities’ ability to handle the COVID-19 crisis?

One possible explanation for this finding is that due to the widespread international attention and criticism the Swedish strategy received from the beginning of the pandemic onward, the Swedish strategy quickly became internally questioned – and, thus, politicised. In Denmark, on the contrary, the first months of the pandemic were characterised by a broad political consensus concerning the societal lockdown, with only very little and sporadic debate. The literature on political trust in times of crises support this interpretation, as citizens seem to base their political trust on comparisons with other countries and on perceived performance (Van der Meer 2017b).

What speaks against this first interpretation, however, is that we observe partisan differences in Sweden already in late March, very soon after the emergence of large cross-country differences in policy. Moreover, in the middle of the spring, party politics was fairly consensual in Sweden too (Dahlström and Lindvall 2020), and there was a rally-round-the-flag effect also in the Swedish case (Esaiasson *et al.* 2020).

Another potential explanation concerns the different roles the health authorities played for public-health strategies in the two countries. Due to different administrative traditions, the health authorities in Sweden played a much more important role than their Danish counterparts. Consequently, Swedish politicians and the Swedish government, in contrast with their Danish colleagues, were not the main spokespersons when press conferences were held about the status of the national pandemic in its early phases. This might at least explain why the public’s views concerning the health authorities were more politicised in Sweden: they simply played a more prominent role than the Danish health authorities.

But the most plausible explanation is that the differences between Denmark and Sweden were a result of deeper political differences between the two countries prior to the crisis. For example, despite both countries having social democratic governments at the time of the pandemic, the Swedish prime minister, Stefan Löfven, had been in power much longer than the Danish prime minister, Mette Frederiksen, who was appointed in the middle of 2019. The longer period of social democratic-led minority government – in combination with the protracted government-formation process in 2018–2019 and the heightened level of conflict in Swedish politics as a result of deep political disagreements over immigration policy in the wake of the refugee crisis of 2015 – is likely to have made Swedish political conflicts more polarised and ideologically consolidated than conflicts in Denmark, where a relatively new government was put to the test for the first time.

The new data we present in this article cover a longer time period than the initial phase that has already been examined in the published scholarly literature. The main contribution of our study is that these data from repeated surveys – and, for a part of the period, a panel – allow us to study the evolution of the public's trust in the government and in political authorities during a crisis. Future studies will hopefully be able to say more about the medium- to long-term consequences of the public-health crisis that many countries in the world faced in 2020 and into 2021. For example, the literature on political trust suggests that major economic setbacks may decrease public trust (for more see Kumlin and Haugsgjerd 2017), and it will be important to follow what happens to political trust if the pandemic should result in long-term unemployment or other economic ills.

Our study and our data also have some limitations. While we draw on different data sets from different time periods during the pandemic, the pandemic continues to unfold. In that sense, our analysis, despite its longitudinal nature, only describes the first few months of a pandemic that is not over at the time of writing. We still do not know how the pandemic will evolve from now on, or how the different national strategies work and will be adapted. Consequently, the patterns identified here may change, and change again, during the remainder COVID-19 crisis. In particular, it is worth emphasising that although trust is generally high in the Nordic countries, it varies over time as a result of a wide variety of factors. We can expect even more variation in trust as the pandemic unfolds. While an earlier study on the Danish COVID-19 case showed that the increase in trust lasted throughout the entire period of measurement (Bækgaard *et al.* 2020), previous studies of the rally-around-the-flag effect suggests that the positive effect on trust tends to be relatively short-lived (Dinesen and Jæger 2013).

Lastly, it remains important to emphasise that this study does not tell us which national strategy was most effective. It may still be too early to tell which strategy was most successful (or even to define which parameter should be used to measure success). Nevertheless, it is interesting that Sweden did not experience a larger decline in trust in comparison with Denmark, since the information about the death rates was so well known and discussed so widely. Other factors appear to have mattered more for public trust in the government and in public authorities than performance, narrowly defined.

Notes

1. The term ‘public-health authorities’ refers to Folkhälsomyndigheten in Sweden and Sundhedsstyrelsen and Statens Serum Institute in Denmark.
2. Sources: Swedish Public Health Authority, www.folkhalsomyndigheten.se, and Danish Health Authority, www.sst.dk. Web pages consulted on 12 August 2020. At the time of writing, in the middle of the second wave of the pandemic, the total death rate in Sweden is approximately 3.6 times as high as the death rate in Denmark (87 per 100,000 vs. 24 per 100,000).
3. See, for instance, ‘New measures against the COVID-19’, 12 March 2020, at www.politi.dk/coronavirus-idanmark/in-english/new-measures-against-COVID-19; ‘Fast in first out: Denmark leads lockdown exit’, 18 May 2020, by Jacob Gronholt-Pedersen and Nikolaj Skydsgaard, www.reuters.com.
4. For an overview of Sweden’s response to COVID-19 from a political-science perspective, see Dahlström and Lindvall (2020).
5. We show in Table A.4 and Table A.5 in the Online appendix that the sample distribution with regard to income and education are very similar in the second and third surveys, and thus we have no strong reason to be concerned about bias due to panel attrition.
6. For more information about the survey company, see www.epinionglobal.com/en/.
7. For descriptive statistics on all included variables, see the Online Appendix, Tables A.1–A.5.

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