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**Title:** Public trust in governments' communicating with intermediaries : Finnish and Swedish Governments during the COVID-19 pandemic

**Year:** 2023

**Version:** Accepted version (Final draft)

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**Please cite the original version:**

Valentini, C., & Badham, M. (2023). Public trust in governments' communicating with intermediaries : Finnish and Swedish Governments during the COVID-19 pandemic. In R. Tench, J. Meng, & Á. Moreno (Eds.), *Strategic Communication in a Global Crisis : National and International Responses to the COVID-19 Pandemic* (pp. 165-183). Routledge.  
<https://doi.org/10.4324/9781003184669-16>

**Chapter 10**

**Chapter for the book “Strategic Communication in a Global Crisis”, Routledge, edited  
by Ralph Tench, Juan Meng, and Angeles Moreno**

**Chapter title:**

**Public trust in governments' communicating with intermediaries: Finnish and Swedish  
Governments during COVID-19 pandemic in 2020**

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**Abstract**

During the 1st wave of the pandemic in 2020, the Finnish and Swedish governments followed two very contrasting COVID-19 approaches. Using a 'test, trace, isolate and treat' strategy, the Finnish Government adopted a hybrid approach which saw relatively heavy government intervention to contain community transmission. The Swedish Government adopted a de-facto herd immunity approach in which relatively light government intervention resulted in higher community transmission. These two approaches shaped the way the Finnish and Swedish governments communicated COVID-19 messages as well as the way people perceived their government's handling of the pandemic and their subsequent behavioural responses.

Particularly, this chapter examines public trust in these governments as a source of information and the role of - and public trust in - intermediaries as government stakeholders in the COVID-19 communication process. Trust in government is vital during major health crises as it affects the way the public responds to government recommendations about the way they should behave, such as social distancing and mask-wearing measures. This study shows that public perceptions in both countries were overall positive and public trust in the respective authorities remained high. The chapter concludes with recommendations for government health communicators on how to use strategic communication to build and manage public trust.

**Keywords:** COVID-19, government communication, risk and crisis communication, strategic communication, trust

## Introduction

The Finnish and Swedish Governments handled the COVID-19 pandemic very differently in 2020, with contrasting results in terms of number of deaths and infected people. Given that in the Nordic region citizens' trust in their governments generally ranks very high (Andreasson 2017), did Finns and Swedes trust their governments' COVID-19 response strategies towards the end of 2020?

Trust in national governments is especially important during infectious disease outbreaks (Balog-Way and McComas 2020). Trust can influence the public's perception of risk (Bronfman *et al.* 2009, Cvetkovich 1999, Flynn *et al.* 1992, Siegrist *et al.* 2000, Slovic 1993) and intentions to adopt government-recommended guidelines (Blair *et al.* 2017, Vinck *et al.* 2019).

In this chapter we draw on conceptualisation of intermediaries (Deephouse and Heugens 2009, Fombrun 1996, Frandsen and Johansen 2015, Rindova and Fombrun 1999) in strategic communication studies and organizational studies to shed light on the role and importance of intermediaries in building trust during risk communication processes. Strategic communicators within government may turn to intermediaries as government-endorsed sources of risk information, who hold varying levels of public trust, to help disseminate risk messages to the wide range of stakeholders affected by a health crisis. Studying the mediating role of different strategic communication intermediaries in risk management during global pandemics such as COVID-19 is thus timely and important.

In this chapter we focus on two Nordic countries, Finland and Sweden, as illustrative examples of two very different government response strategies that both include the involvement of intermediaries. The Finnish and Swedish cases can offer insights into differences and similarities of how national governments in two countries with high citizen trust in authorities communicated risk messages via intermediaries and the resulting

implications for citizens' trust in their governments and in their communication intermediaries.

After presenting the main theoretical premises of this comparative study, and introducing the reader to the main events in the two analysed countries, the chapter presents empirical data pertaining to public trust in different sources of information, perceived quality of government communication, public risk perceptions and compliance with government recommendations. For this part, primary data collected through a web-survey conducted in autumn 2020 in these respective countries is used. The chapter concludes with recommendations for strategic communication scholars and practitioners on ways to use intermediaries during health crisis situations, particularly to build and manage trust.

## LITERATURE REVIEW

Given the important mediating role of trust in public compliance with government recommendations during pandemics, in the following section we elaborate on the role of trust and of intermediaries during health crises from the most prominent literature primarily on risk, health and crisis communication and stakeholder relations.

### **Trust as main factor influencing risk communication success**

The trust people have in their government, health authority and fellow citizens is an important variable during public health crises. Trust is a multifaceted concept often related to a state, belief or positive expectation (Valentini 2020). Trust is essentially understood as the public confidence in a government's intentions and capacity to act to limit negative health effects on the population (Esaiasson *et al.* 2020, Levi and Stoker 2000, Taylor *et al.* 2009). Particularly during health pandemics, such as COVID-19, in which individual human

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behaviour strongly determines the transmission of the disease, public compliance with health recommendations is an essential feature of effective risk management by governments.

Several studies show that when people trust the source of information, they most likely find the information to be credible (Bickham and Francis 2021, Lucassen and Schraagen 2012), evaluate its quality and comprehensiveness in a positive light (Cairns *et al.* 2013), and tend to follow the instructions provided by that source to prevent or limit risks (Quinn *et al.* 2013).

This ultimately means that when people trust a source they are more willing to follow its rules and guidelines (Han *et al.* 2020, Olsen and Hjorth 2020). The public's trust in a government's capacity to manage a public health situation has been shown to highly correlate with the public's behaviour during situations characterised by high health crisis (Fancourt *et al.* 2020) and this therefore has impacted the effectiveness of governments' risk management plan during pandemics (Bargain and Aminjonov 2020). Studies show that greater trust in government leads to more compliance with health policies (Van Bavel *et al.* 2020), such as measures relating to quarantining, testing and restrictions on mass gatherings. Indeed, high levels of institutional trust are a necessary condition for the implementation of restrictive policies and for public compliance with them (Van Bavel *et al.* 2020). Effective risk management during a health crisis helps increase and reinforce public trust in a government managing that crisis (Siegrist and Zingg 2014), but people's perception of that government's lack of effectiveness in managing a health crisis also may hinder public trust in it (van der Weerd *et al.* 2011).

Another type of trust important to public risk management is trust in intermediaries. Research shows that trust in intermediaries such as health agencies, medical organizations and the scientific community positively influences people's willingness to adopt recommended behaviour in health crises (Battiston *et al.* 2021, Gilles *et al.* 2011, Siegrist and Zingg 2014). As a result, government use of experts as intermediary communicators during

health crises could potentially amplify the reach of other risk information, particularly among those groups of individuals who hold high trust in these intermediaries (Siegrist and Zingg 2014). In the next section we elaborate on the specific role of intermediaries as strategic communicators engaged by the government in risk communications.

### **Intermediary communicators in health crises**

Global health crises affect a very broad and diverse set of stakeholders. Therefore governments' risk management has numerous challenges in reaching all these diversified groups of stakeholders and persuading them to embrace health recommendations. In the case of the COVID-19 pandemic, it is paramount that government communicators address and reach out to each stakeholder group via their preferred channels and sources. Since stakeholders may have different levels of trust in sources of health information, communication with them needs to reflect the sources they trust most, which may or may not be government-based. These can be disease experts and scientists (Battiston *et al.* 2021). These social actors, together with medical practitioners and experts from different health organizations, such as a national pharmaceutical agency, act as intermediaries of pandemic communications.

Organizational studies shed light on the role of intermediaries in communication contexts (Deephouse and Heugens 2009, Fombrun 1996, Rindova and Fombrun 1999). Within the context of frequent information exchanges between organizations and their stakeholders, some types of organizations take on professional third-party roles to mediate these information flows between organizations and stakeholders and thus provide mediated information to audiences (Hirsch 1977, Shoemaker and Reese 1996). Examples include trade unions and news media organizations. Within strategic communication literature, Frandsen and Johansen (2015) define an intermediary as:

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“an individual, a group of individuals, an organization, or a meta-organization, that belongs to a specific area in society (e.g., a specific industry, a specific organizational field, and/or a specific sector), and whose primary function or mission is to mediate; that is, to represent an organization and/or a specific stakeholder group, and/or to intervene in the relationship between them either by furthering or by impeding the interests and activities of the organization in question and/or its stakeholders in a specific situation or over time.” (Frandsen and Johansen 2015, p. 257).

Since intermediaries are so heterogenous, it is important to select the most relevant ones based on the issue at stake and some formal characteristics they show. Frandsen and Johansen (2015) propose six main elements to classify intermediaries which, we argue, can be used to select the most appropriate ones in risk communication management planning. These are: (1) the areas of society where the intermediary is active (and thus influential), (2) its organizational form, (3) status, (4) representation, (5) intervention and (6) its strategic communications.

First, intermediaries are active at both societal and organizational levels, and each of these contexts has its own structure, rules and norms of behaviours. Hence each of these contexts affects what an intermediary can do and how. Therefore, Frandsen and Johansen (2015) suggest paying attention to the industry or sector as well as the organizational field where the intermediary operates. Second, the very nature (i.e., the organizational form) of the intermediary can tell a lot about what it can do and through what means. Intermediaries can, in fact, be individuals (e.g., social media influencers), organizations (e.g., trade unions and professional associations), and meta-organizations (i.e., organizations of organizations, such as consortiums) (Arne and Brunsson 2008). Third, status indicates the types of roles the intermediary can play. This can act as a pure intermediary of an organization or of a

stakeholder group. It can also be considered a stakeholder of an organization while acting as intermediary for another.

Fourth, the representation of the intermediary is also an important element. Frandsen and Johansen (2015) describe this as "the relationship between the intermediary and the focal organization; that is, to act or speak on behalf of an organization or a group of stakeholders" (p. 264). In this chapter we understand representation as *alignment*. Intermediaries are situated along a spectrum between close alignment with the focal organization and close alignment with a specific stakeholder group. For example, an association of medical practitioners is established to represent medical workers and in a crisis situation they would be more aligned with this group than with a government managing a crisis impacting this group. When an intermediary is closely aligned with an organization, the organization may request that it act as a spokesperson for the organization, thus endorsing the organization.

This question of intermediary alignment is important to organizations planning which intermediaries to work with when communicating about a crisis with all stakeholders. From an organizational perspective, they can be positioned anywhere between acting as a stakeholder and faithholder of the organization (Luoma-aho 2015). Accordingly their communicative intervention could be either vouching for the organization/stakeholder group and advocate for its interests (furthering intervention) or else hindering the organization/stakeholder group's interests (impeding intervention) through, for example, campaigns against it. This is the fifth element of Frandsen and Johansen's classification (2015). Finally, the strategic communication of the intermediary offers insight into its reputation and is an important element to understanding how an intermediary operates, forms collaborations and alliances, and eventually represents the interests of other organizations or

groups of stakeholders. All in all, literature shows that intermediaries can play an important role in the management of communications, and thus they deserve to be investigated when studying risk communication processes such as those related to COVID-19.

## **METHOD AND DATA**

This study is comparative, employing a mixed method approach; data in the two countries was collected and contrasted to identify similarities and differences in each government's risk communication strategy during the pandemic. The case was researched using news coverage from leading Finnish, Swedish and international media and official information from the Finnish and Swedish governments' websites and respective authorities' websites in charge of the management of the COVID-19 disease. To identify relevant information, we searched for a combination of the following keywords "COVID-19" and "government" and "Finland" or "Sweden" in English, Finnish and Swedish languages in the Lexis Nexis database and the official governments' and authorities' websites during the period March-November 2020. This material was used to compile the case narrative describing the events and to gather information on these governments' communication strategy, their pandemic management actions and involved stakeholders. We approached the analysis through a close reading of news articles and official media resources against our research purpose to generate insights and knowledge on the Finnish and Swedish governments' official strategic communication strategies and the involved stakeholders with no intention to quantify the contents but rather using them as background to understand the situation. To understand whether the governments' actions in these two countries were perceived appropriately by the general population, we employed a computer-assisted web interviewing (CAWI) methodology and collected primary data through a web-based survey during fall 2020 in these respective countries. The data comprises over 1000 valid answers

from a representative sample of adults (over eighteen years old). Descriptive statistics were run to show public perceptions across key elements identified in the literature.

## **COVID-19 SITUATION IN FINLAND AND SWEDEN**

In this section we first present a comparative analysis of the different approaches that the Finnish and Swedish governments took when responding to the first wave of the COVID-19 pandemic between February and November 2020. We show how both national governments communicated during this period of the pandemic and how their main intermediary stakeholders became involved in this process.

### **Differing approaches to managing COVID-19**

The first confirmed cases of COVID-19 in Finland were found in Lapland in late January 2020 when two Chinese tourists developed flu-like symptoms and tested positive (Yle 2021). At the same time, Sweden had its first case when a young woman returned from Wuhan, China, to Jönköping and entered hospital for treatment on 31 January 2020 (The Local 2021). Both the Swedish and Finnish governments recognised the severity of the novel disease for society, posing a state of emergency for each of these countries. The Swedish Government started taking some actions in February. The Finnish Government response came only on 16 March 2020, a week after the WHO declared COVID-19 world pandemic. However, beyond this action, each country took very different strategic approaches.

#### ***Finnish Government responses***

Finland is one of a few European countries with less COVID-19 casualties (Euractiv 2020), around 19,900 cases and 374 deaths as of 19 November 2020 (Höppner 2020). The Ministry of Social Affairs and Health has been responsible for the general planning, guidance and monitoring of the prevention of infectious diseases. It supported the efforts of multiple state

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agencies to prevent the spread of the coronavirus, such as the Finnish Institute for Health and Welfare (THL), the Finnish Medicines Agency (Fimea), the National Supervisory Authority for Welfare and Health (Valvira), the regional state administrative agencies, and the municipalities and joint municipal authorities. In May 2020, the Finnish Government announced that its response strategy would be based on a “hybrid” approach, aiming at curbing the epidemic while minimising the adverse impact on people, businesses, society and the exercise of fundamental rights. The hybrid strategy used a “test, trace, isolate and treat” approach to contain the pandemic’s spread (Government Communications Department, Ministry of Social Affairs and Health, Finnish Government, 2020). The government restricted public and private gatherings to no more than six people (THL 2020). These restrictions, however, have rarely lasted for more than three consecutive weeks.

As of 1 June, gatherings of up to 50 persons were permitted and public premises reopened. Restaurants, cafés and bars reopened with temporary restrictions relating to requirements on hygiene and social distancing and limiting the number of customer seats and opening and licensing hours. On 15 June 2020, the Finnish Government decided to lift the state of emergency, and to manage the COVID-19 epidemic using regular powers.

### *Swedish Government responses*

In Sweden, the government response was rather different. The Swedish management model is based on the division of executive power between elected politicians and state authorities. State authorities such as the Public Health Agency - known in Sweden as *Folkhälsomyndigheten* (FHM) which historically has plenty of freedom, are partly self-governing bodies. Politicians follow the advice of the experts working for state agencies such as FHM. This gives FHM’s state epidemiologist, Anders Tegnell, a special position (Cederblad 2020) enjoying immense public and state support in Sweden.

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Unlike Finland, Sweden did not implement a state of emergency to deal with the pandemic. The basic principles of Swedish democracy are manifested in the *Instrument of Government* (one of the fundamental laws that make up the constitution) and this makes no specific reference to 'state of emergency'. Workplaces, primary schools, shops and restaurants have generally remained open. FHM issued strong recommendations for Swedish citizens, such as to maintain social distance and hand hygiene, work and study from home if possible, abstain from non-necessary domestic travel, avoid going to work with symptoms and avoid visiting people at risk. Shops and stores were advised to limit the number of visitors. Upper secondary schools, higher institutions of education and adult learning were recommended to carry out distance learning.

In March 2020, at the request of FHM, the government made various revised decisions to restrict public gatherings. It was not until 18 December 2020 that the Swedish Government gave directives to use face masks in public transportation starting from 7 January 2021 (Regeringskansliet 2020a). This policy came relatively late compared to Finland and other neighbouring countries (Our World in Data 2021). The Swedish approach to coronavirus risk management relied more on voluntary cooperation from citizens than on mandatory regulations imposed by the governments (Fund and Hay 2020, Pierre 2020, Strang 2020). Critics, however, believe that the weak government response was planned to embark on a de-facto herd immunity approach, allowing community transmission to occur relatively unchecked (Claeson and Hanson 2020). No mandatory measures were taken to limit crowds on public transport, in shopping malls, or in other crowded places, while recommending a limit of 50 people for gatherings as of 29 March 2020 (Regeringskansliet 2020b). These measures were based on hygiene and social distancing. Most businesses, schools and restaurants remained open even during the peak of the pandemic (DW 2020). By November

2020 Sweden had recorded 196,000 infections - ten times that of Finland - and about 6,000 deaths (Höppner 2020).

### **Government COVID-19 communication alongside intermediaries**

Like many Western democratic countries, the Finnish and Swedish governments held frequent press conferences to maintain regular communication about the government's COVID-19 messages, including updates about the spread of the virus and government strategies to contain it. These press conferences gave each country's media frequent opportunities to question the government's decisions, statistics and messages.

Representatives of each government's intermediary stakeholders often took part. The most important ones were: state agencies, association of medical professionals and news media. In the following we elaborate on these key intermediaries, comparing Finnish and Swedish situations.

#### ***State agencies***

Both the Finnish and Swedish governments worked closely with their respective state agencies during the pandemic. The Finnish Government mainly relied on THL, an independent expert agency working under the Ministry of Social Affairs and Health. It serves the government, municipal and provincial decision-makers, the research community, and the public. It was heavily involved in communicating about the pandemic alongside the Finnish Government. The Swedish Government mainly relied on FHM and its state epidemiologist Tegnell to communicate COVID-19 messages. Another state agency is the Swedish National Board of Health and Welfare (*Socialstyrelsen*) positioned under the Ministry of Health and Social Affairs. It is an important intermediary stakeholder providing support to the health system and social services during the Swedish COVID-19 response. It supports and coordinates crisis preparedness across the 21 Swedish regions. It too played a vital COVID-19 communication role alongside the Swedish Government.

### *Associations of medical professionals*

Another key intermediary stakeholder in both countries is the association of medical professionals. This intermediary holds a high reputation among the general public and is the interface between doctors, health experts and medical staff, and the government. The Finnish Medical Association (FMA) is a professional organization representing all doctors in Finland in their common professional, social and economic interests. On four occasions in April 2020 the FMA issued press releases critical of aspects of the Finnish Government's handling of the pandemic. On 2 April 2020 it demanded adequate protection for healthcare personnel. It reiterated this message on 9 April calling for a national response to the protection of healthcare workers. A similar message was conveyed in a 20 April press statement. Interestingly, no public statements after April were about COVID-19 – either critical or supportive.

Similarly, the Swedish Association of Health Professionals (SAHP) is the national trade union and professional organization for nurses, midwives, biomedical scientists and radiographers, representing 80% of the workforce in Sweden. On two occasions between February and December 2020 the SAHP made public statements somewhat critical of the Swedish Government's COVID-19 management. On 3 July a press statement called for the government to stop punishing healthcare workers financially for staying home when they were ill during the pandemic. A 2 November press release called for the government and its COVID-19 stakeholders to stop blaming healthcare workers caring for the elderly for the spread of the virus.

### *News media*

While not expected to be an ally and aligned with the government response strategy, the news media have traditionally been central in informing the public and setting an agenda on

matters of high importance, such as the spread of novel infectious diseases. Thus, news media have had the status of an intermediary between focal organizations (as source of news information) and their own constituents (consumers of their news output) while also a stakeholder of focal organizations (see Frandsen and Johansen 2015), which in this study are the Finnish and Swedish governments.

For the most part, the Swedish media did not seem to question the government's handling of the pandemic (Orange 2020). This predominantly positive coverage indicates that the news media in Sweden were communication intermediaries aligned more or less closely with the Swedish Government when disseminating the government's COVID-19 messages. However, there were instances when media representatives pushed back against the government. In March 2020, Peter Wolodarski from *Dagens Nyheter* criticised the Swedish Government's management of the pandemic, stating that high-risk groups received warnings far too late about avoiding large crowd gatherings and that there were no entry restrictions from people travelling from high-risk areas (Wolodarski 2020). That same month Ewa Stenberg from *Dagens Nyheter* criticised the way that Sweden's management model was different from those of many other countries. She stated that the Swedish decentralisation of responsibility could not solve the acute shortage of protective equipment, which limited the healthcare's ability to curb the epidemic (Stenberg 2020).

Similar to the Swedish situation, in the first few months of the Finnish Government's response to the pandemic, the news media in Finland tended to be very supportive and less critical of the Finnish Government's COVID-19 messages (Seuri 2020). At that time one of Finland's leading newspapers, Helsingin Sanomat (HS), experienced some hesitation in how it should respond to government communication about the pandemic. According to Jussi Pullinen, a member of the policy editorial office at HS, the newspaper found it difficult to find experts willing to be critical of the government's decision over closing one of its internal

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borders to contain the spread of the virus. Experts advised the newspaper that this was not the time for criticism. However, this opinion began to change in May when HS noticed that Finns were becoming more open to public criticism of the government (Seuri 2020). Thus media coverage of the government's handling of the pandemic began to take on more of a critical perspective.

Given this situation in which two governments adopted varying COVID-19 response strategies and involved intermediaries in their communication of COVID-19 messages, how did the public respond? In the next section, we introduce some empirical findings from a survey showing how much publics in both these countries trusted their government's capacity to manage the pandemic, their evaluation of the quality of communication disseminated by the two governments and their intermediaries, their overall perception of the severity of the situation, and their compliance with preventive behaviours.

## **PUBLIC TRUST IN FINNISH AND SWEDISH GOVERNMENTS AND INTERMEDIARIES**

According to our data<sup>1</sup> in Finland, trust in the national government and local administrations in Finland has continued to be high even during the pandemic. Our data show that 47.7% of Finns trust their government, and specifically hold confidence in the capacity of their political leaders with Prime minister Sanna Marin holding 42.9% of trust, followed by the regional authorities (37.2%). While local authorities, such as municipalities, are closer to people's day-to-day businesses and concerns, they are the least trusted governmental institution, with 24.5% of the population trusting them as source of COVID-19 information.

Looking at the key intermediaries of the Finnish government strategy, one of the key players of the government, THL, received the highest trust (62.5% of those strongly agree and agree). This is not surprising as this intermediary is the leading public authority for health

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and welfare in the country. But what is interesting is that its spokesperson, Professor Mika Salminen received almost the same level of trust (47.9%) than Madam Prime minister, which means that Finns trust a politician as much as a non-political figure, that has - we would argue - higher expertise on the disease. Media trust has remained overall stable with most Finns trusting the news information they received (31.1% of those who agree and strongly agree). A high level of trust (48.6%) was also shown in those intermediaries that are considered highly reputed, such as the Finnish associations of health professionals which includes the Finnish Medical Association (FMA) Health experts that Finns personally know also received high levels of trust (47.6%).

Concerning the perceived quality of government communications during the pandemic, 26.5% considered government communication about COVID-19 to have always been clear and sufficient, 29.6% believed that it has been scheduled at appropriate times, and 33.3% that has provided the most reliable information.

Swedes also showed high trust in their government (42.8%), albeit less than the Finns' relatively high trust in their national government. Similarly, their trust in Prime Minister Stefan Löfven (33%) was significantly lower than for the Finnish Prime Minister. Regional authorities received higher levels of trust by the population (40.1%) followed by local municipalities (28.1%).

Among the key intermediaries, Socialstyrelsen attracted 42.7% trust and FHM's spokesperson, state epidemiologist Anders Tegnell, received higher trust (53.6%). While this was overall a high level of trust in a public agency, it was much less than the Finnish counterpart. Media trust in Sweden was also lower than that of the Finnish news media, but it still captured the majority of Swedes' confidence, with almost one out of three highly trusting them (28.3%). Information provided by health experts that Swedes know personally was trusted less (25.4%) than that provided by the Swedish Associations of Health Professionals

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(SAHP) (45.1%). As for the perceived quality of Swedish government communications, about 28.8% considered government communication on COVID-19 to have always been clear and sufficient, 25.3% believed it has been scheduled at appropriate times, and 35.1% it had provided the most reliable information.

The strategy of using intermediaries to communicate about COVID-19 information has been successful given that a great number of respondents in both countries expressed positive intentions to follow the government recommendations regarding preventive behaviours. Our aggregated data on people's intention to perform preventive behaviours show that 63.4% of all Finns and of all Swedes intend to act or are actually acting as recommended by the authorities. Moreover, COVID-19 communications promoted by the government and its intermediaries has helped to draw attention to the seriousness of the novel disease. 35.3% of all Finns and 34.5% of all Swedes believe that COVID-19 poses a serious personal threat and 25.7% of Finns and 45.2% of Swedes are afraid to get infected. This last finding on Sweden particularly seems to indicate a greater concern of contracting COVID-19, which can be explained by the government strategy of allowing the virus to circulate to gain herd immunity.

## DISCUSSION

Taking into consideration how these two governments' managed the pandemic during the 1st wave of 2020 and the empirical data on public perceptions, it becomes clear that public trust at the institutional level has played an important role in the way citizens have perceived their respective governments' capacity in managing the pandemic. The high confidence placed in these governments, coupled with a high level of trust in their key intermediary stakeholders in the pandemic management planning, resulted in high levels of public compliance with government guidelines and overall clear public understanding of the severity of the

pandemic. Our study does not show whether public trust in the government mediated public perception of the quality of information received or the other way around. However, it does offer some important points of reflections concerning the use of intermediary stakeholders in communicating risk and health issues.

### **Different forms of trust enhance the effectiveness of public compliance with government guidelines**

It is clear that people have put a lot of confidence in authorities, despite the fact that some government decisions have come late or have failed to control the spread of the disease and despite the results related to the number of deaths and spread of infectious diseases. Yet, in the case of Sweden, interpersonal trust has favoured a sort of self-regulating mechanism among citizens, thus filling the government's gaps in appropriately imposing restrictive preventive measures. In the case of Finland, institutional trust played a bigger role as most Finns followed the recommendations that they were suggested to take without the need for more restrictive impositions occurred in other countries. Trust in sources (Lucassen and Schraagen 2012), including key government communication intermediaries, is also an indicator that different forms of trust enhance the effectiveness of public compliance with the government's recommended guidelines.

### **Importance of selecting the right intermediaries during a pandemic**

We make two points about strategic choice over the involvement of intermediaries. First, there are differences between intermediaries as spokespersons (close alignment with focal organization) and intermediaries as channels (distant alignment with focal organization), such as news media. Thus organizations can choose intermediaries based on this alignment factor. A news media outlet may be considered an intermediary whose alignment vacillates between

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corporate and government interests and the interests of their own constituents. A news media outlet in a democratic society typically is considered less aligned with focal organizations (as sources of news) and more closely aligned with its own constituents (i.e., consumers of news).

Second, the choice of relying on intermediary stakeholders that have generally a strong reputation in the country and who are considered the authority in their specific industry, such as pharmaceutical and medical associations, has paid off for these two governments' strategic management. As shown in this study, public trust in both governments' prime ministers (especially in Sweden) was lower than the public trust in their health authorities and experts and this justified these governments' involvement of these agencies and experts as intermediaries. Therefore, leaning heavily on these high trust agencies and experts as communication intermediaries makes sense. Because they are set up primarily to serve the interests of their democratic governments, suggesting that they take on an 'intermediary of the organization' status (Frandsen and Johansen 2015), these governments can make use of them as spokespersons rather than as channels of communication, which in this case they did on a regular basis throughout 2020.

So, there were intermediaries who acted as spokespersons and others as channels of government communications (i.e. news media). Their involvement was genuine and authentic rather than imposed. Particularly the Swedish case shows that the Swedish government's intermediaries also opposed some of the government decisions and suggested different courses of actions. Thus while they were overall aligned with the pandemic management, they also offered impending interventions (Frandsen and Johansen 2015). In a certain way this helped increase their authenticity and credibility as independent institutions among the general public.

## PUBLIC TRUST IN GOVERNMENTS' COMMUNICATING WITH INTERMEDIARIES

We argue that the news media can be considered a communication intermediary for governments facing a major risk situation. Despite the media in Finland and Sweden having relatively low levels of trust compared to government health agencies and experts, governments should continue to use media as intermediaries during pandemic situations for reasons other than trust-building. Indeed, treating media as a communication channel for organizational messages is an important practice even as media trust is falling. In times of national emergency, such as during a pandemic or war, media outlets sometimes adopt a collaborative role (Christians *et al.* 2009); in this role they work closely with the government as a public service to ensure news reports reflect government narratives. We argue that this is what took place among Finnish and Swedish media outlets during 2020 when covering government COVID-19 messages. Thus, discarding their institutional tendency for independence from external influences, in the name of a shared effort to restore public health they took on a supportive intermediary role, which Frandsen and Johansen (2015) refer to as a 'shared intermediary' status, recognising allegiance to both the public (news consumers) and the government (as a primary news source).

One of the most important advantages of strategically engaging different types of intermediaries to act as spokespersons of a government's risk management plan is that these intermediaries can assist governments in influencing people's attitudes and behaviours during health crises. In other words, during pandemics, intermediaries' involvement in risk communications can lead to megaphoning effects in the diffusion of persuasive information on the novel infectious disease.

## CONCLUSIONS

In this chapter we examined Finnish and Swedish governments' response strategies and the role of intermediary stakeholders in the management of the COVID-19 pandemic during

March-November 2020. We argue that the two selected cases are particularly interesting because, despite similarities in the Nordic models of welfare, the general public's trust towards authorities, and the way they used intermediaries as communication stakeholders to build public trust in these governments during the pandemic, these respective governments chose very different risk management approaches, but obtained similar public perceptions in terms of compliance with government recommendations, perceived severity of the disease and overall evaluation of the pandemic's principal sources of information. Since the Swedish management response was less effective in reducing the number of deaths and diffusion of infection in the country, one would have expected lower levels of public trust in the government's capacity. However, this was not the case. In part, we argue this is due to the general high level of institutional trust that citizens in Sweden hold in their authorities. Furthermore, the strategic involvement of intermediary stakeholders as communicators during the pandemic paid off. To aid governments in communicating to build and manage public trust during a major public health crisis, strategic communicators are able to make use of a range of intermediary stakeholders, from their own government agencies and health experts, to medical associations and even news outlets. These can be used to varying degrees to communicatively mediate between the government and the public.

Strategic communicators working for governments build public trust by aligning with trusted intermediaries such as scientific experts (Balog-Way and McComas 2020). Aligning with expert intermediaries like these “publicly signals a strategic affirmation of trust” between elected political leaders, one of the least trusted professions, and scientists, one of the most trusted professions (Balog-Way and McComas 2020, p. 840). Government communicators can involve intermediaries to generate megaphoning effects and increase the influence of communicated messages in changing people's risk behaviors. In doing so, their mediating role between the different stakeholders (subjects of trust) and the government

handling a health crisis (object of trust) can be boosted (Bentele 1994). The reputation of intermediaries, tied to the public's trust in them as an important source of information, is paramount to the effect of their mediating role during a health crisis.

### **Limitations and future research**

This study is based on the analysis of publicly available documents from the Finnish and Swedish governments, selected national and international news articles and enriched with some of the data collected through a survey in fall 2020. There are limits on what this data can show and further studies could, for instance, investigate the role of intermediaries by examining each intermediary's strategic communications, for example by analysing their framing strategies and how the crisis frames travel from one source to another or change based on what other intermediaries do and say. The role of news media as a shared intermediary could also be studied qualitatively to shed more light on the factors influencing the editorial decisions to follow different types of media roles. Another important research avenue is related to the different levels of trust, societal, interpersonal, institutional and mediated (i.e. via news media). Further investigation could look at the possible causal relationships between these different types of trust and their role in public perceptions and compliance with government recommendations.

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<sup>1</sup> We employed Reichheld's (2003) approach and reported aggregated results of top favourable percentages, meaning only those who responded within the range of agree (6) to strongly agree (7) in a likert scale ranging 1-7 points.