

The Power of Trust

A comparative analysis on the impact of political trust on
excess mortality in Sweden and Norway during the covid-19
pandemic

Abstract

The covid-19 pandemic has left an irreversible impact of an immense magnitude on the world. Over six million people have died after contracting the virus, and millions more are grieving and living with the aftermath of a loss of a family member. In Europe, countries have chosen different ways to tackle and curb the spread of the virus with varying degrees of success. To save lives, compliance from their citizens to the policies and restrictions imposed has been vital. Theory demonstrates that higher levels of political trust will result in higher levels of compliance from the citizens to government guidelines. Despite this, countries with similar levels of political trust at the onset of the pandemic have seen vastly different outcomes of the pandemic. This paper aims to examine the relationship between political trust, compliance, and excess mortality by conducting a quantitative analysis on 25 countries in Europe which examines the relationship between political trust and excess mortality and a comparative case study analysis on Sweden and Norway based on most-similar-design. The findings indicate that there is a general negative correlation between political trust and excess mortality across European countries. Differences in political communication and government performance appears to be explanatory factors to the different levels of excess mortality in Sweden and Norway. These factors in turn influence the levels of political trust in the two countries, which seemingly has contributed to Norway's lower levels of excess mortality during the covid-19 pandemic.

Key words: Covid-19, Political Trust, Excess Mortality, Sweden, Norway
Words: 9847

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1 Introduction

The covid-19 pandemic has dramatically changed the world. On March 11th, 2020, the World Health Organization declared covid-19 to be a pandemic (WHO 2020). After a harrowing two years, and six million deaths, many countries in the world have resumed to normalcy and have started to view the pandemic as endemic (OECD 2022). Yet, millions of people still suffer from the effects of the virus to this day.

The pandemic has affected societies in various types of ways and at all political levels. It has been the ultimate test for governments' global health crisis response. Different countries have chosen different strategies to curb the spread of covid-19. The overall statistics on cases of fatalities due to covid-19 are very heterogenous among the countries in Europe. While the European Union has initiated co-operations to coordinate the different countries strategies to combat the virus, a lot of trust has been put on the member states. As a result, differing strategies, access to testing and vaccines, compliance from the country's population, among other things, all contribute to the heterogeneous results of the pandemic in Europe. The way governments chose to respond to curb the spread of the covid-19 virus, and the consequences of those responses, has now highlighted questions about legitimization and the general public's political trust to their government, all around the globe.

As a point of departure this paper employs the concept that there is a causal relationship between political trust, compliance, and excess mortality, and aims to analyze this relationship within the context of the covid-19 pandemic.

1.1 Aim

While European countries have tackled the covid-19 pandemic in their own way, many countries that share similar characteristics adopted similar strategies to combat the virus. The general aim for this paper is to analyze the relationship between political trust, compliance, and excess mortality during the pandemic. Previous literature indicate that higher levels of political trust should indicate higher levels of compliance to government guidelines. This in turn should result in lower levels of excess mortality rates, since complying with guidelines can indicate effectiveness in government guidelines, and it can be argued that the ultimate goal of the guidelines and policies during the covid-19 pandemic was to save lives. Given that compliance is harder to measure, I will thus utilize measures of excess mortality to examine the relationship with political trust. The purpose of this paper

is also aimed to describe and discuss the unique phenomena of how two countries, with very similar characteristics, adopted different paths in their combat with the covid-19 virus. Sweden and Norway, along with the other Nordic countries, have some of the highest levels of political trust in Europe. Sweden has however shown a significantly higher number in their reported excess mortality compared to Norway. The purpose of this paper is thus to investigate what role political trust, on a national level, has for excess mortality during the covid-19 pandemic, as well as examine how political trust can be maintained, gained, and lost during a crisis.

1.1.1 Research Questions

Based upon the purpose of this paper, I aim to answer the two following research questions:

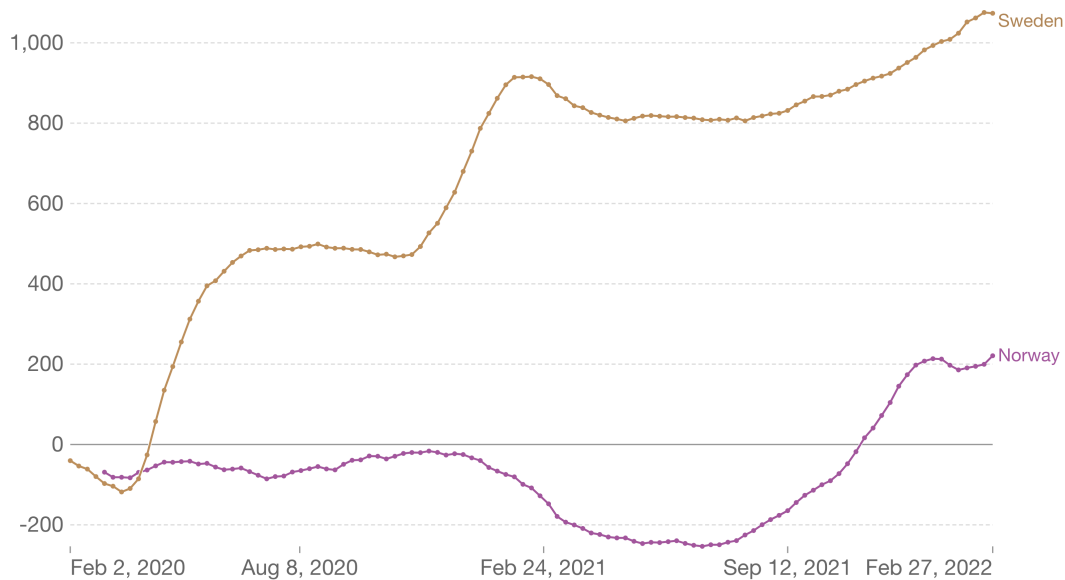
- 1. What is the relationship between political trust and excess mortality during the covid-19 pandemic from 2020-03-08 to 2022-02-27, in countries in Europe?*
- 2. To what extent does political trust in Sweden and Norway have an impact on the differing excess mortality rates in the two countries?*

Despite the many political, economic, and social similarities, the excess mortality rates differ largely between Sweden and Norway. The calculated excess deaths per million people in Norway on the 27th of February 2022 was 221.9. In Sweden this number was significantly higher, calculated to be 1073.78 (see Figure 1).

Excess mortality: Cumulative number of deaths from all causes compared to projection based on previous years, per million people



The cumulative difference between the reported number of deaths since 1 January 2020 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.



Source: Human Mortality Database (2022), World Mortality Dataset (2022)

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Figure 1: Excess deaths represented by the cumulative number of deaths from all causes in Sweden and Norway, during the timespan from 2020-02-02 to 2022-02-27. Source: Our World in Data 2022a.

1.2 Previous Studies

Previous studies have shown that there is a correlation between political trust and the willingness of citizens to comply with restrictions and rules imposed by their governments. There is an abundance of existing literature that show results of how citizens are keener to follow government policies when the government generally is perceived as trustworthy (Murphy 2005; Levi–Stoker 2000). For the field of global health crises, results from a previous case study on the Republic of Liberia during the Ebola virus global health crisis, indicated that it was less likely that survey respondents who showed lower confidence in the government would take precautionary measures against the Ebola virus, or comply with the government regulations designed to curb the spread of the virus (Blair et al. 2017).

The present and burgeoning covid-19 research around political trust have similarly also indicated how political trust has a plausible effect on compliance (Toshkov et al. 2021). A recent study has shown that political trust can influence the levels of precautions an individual decides to take during the covid-19 pandemic (Devine et al. 2021). Further, it has also been stated that political trust is an important variable to take into consideration when looking at the variations of covid-19 cases and deaths around the world (Farzanegan–Hoffman 2021). In

addition, there is evidence that high trust and compliance to public health policies and restrictions during the covid-19 pandemic have a direct impact on excess mortality (Louis-Zaki et al. 2022). Louis-Zaki et al. (2022) measure policy effectiveness as excess mortality and argue that countries with higher trust should also have more effective results (lower mortality rates) of their covid-19 policies, since citizens are keener to comply. *Ceteris paribus*, the excess mortality should be lower in countries with higher trust. Evidently, new literature indicates that there is a plausible relationship between political trust and compliance, and as a result, also on mortality rates. Moreover, Bringselius (2021) sheds light on arguments linked to the covid-19 pandemic, but more specifically to Sweden, and believes that future research on the covid-19 virus should take political trust into account to create a better understanding of the management of pandemics. Countries have all entered the covid-19 pandemic with different prerequisites and levels of political trust, however, new studies have shown that countries with both lower and higher levels of political trust have managed to achieve the similar outcomes of the pandemic. This makes it interesting to further investigate the phenomenon, especially for a relatively new topic of research – the covid-19 pandemic – and previous literature is of importance for this paper as aid and a base to depart from, in the quest to answer the research questions.

2 Theory

The theory section begins with an introduction to the definitions that are central for this paper. After that, in section 2.2 I will present the theoretical framework that in different ways relates to the relationship between political trust and compliance. Finally, this section will be concluded with a presentation of one hypothesis that is based upon the idea that political trust impacts compliance, and as a result excess mortality.

2.1 Definitions

The point of departure for the theory portion of this paper is based upon the theory and description of political trust by Pippa Norris. Norris (2017) builds upon previous work on definitions of political trust by David Easton (1975), who coined and formulated the traditional framework for political support. In Norris' (2017) work, she takes the definition by Easton and further concretizes it by categorizing and framing political support into five different indicators.

Moreover, the notion of *political trust* is then defined by Norris as a combination of two specific indicators of political support: confidence in regime institutions and approval of incumbent officeholders (see Figure 2) (2017, p. 23). Based on this understanding, political trust is about trust in the core institutions of a liberal democracy, such as, parliament, government, the legal system, and the public administration, but it also includes political parties and government officials (Norris 2017, p. 24). This definition is based upon empirical findings that indicate that citizens rarely distinguish between political institutions and the political actors that work within them (Norris 2017; Marien 2017; Zmerli–Newton 2017).

Furthermore, political trust can relate to other forms of political support but is here defined as trust to a set of political institutions and actors as objects. Newton and Norris (2000) argue that this specific understanding of the term becomes the central indicator for the general public's underlying feelings towards the state.

Most Specific Indicators of Systems Support Based on Norris (2017)

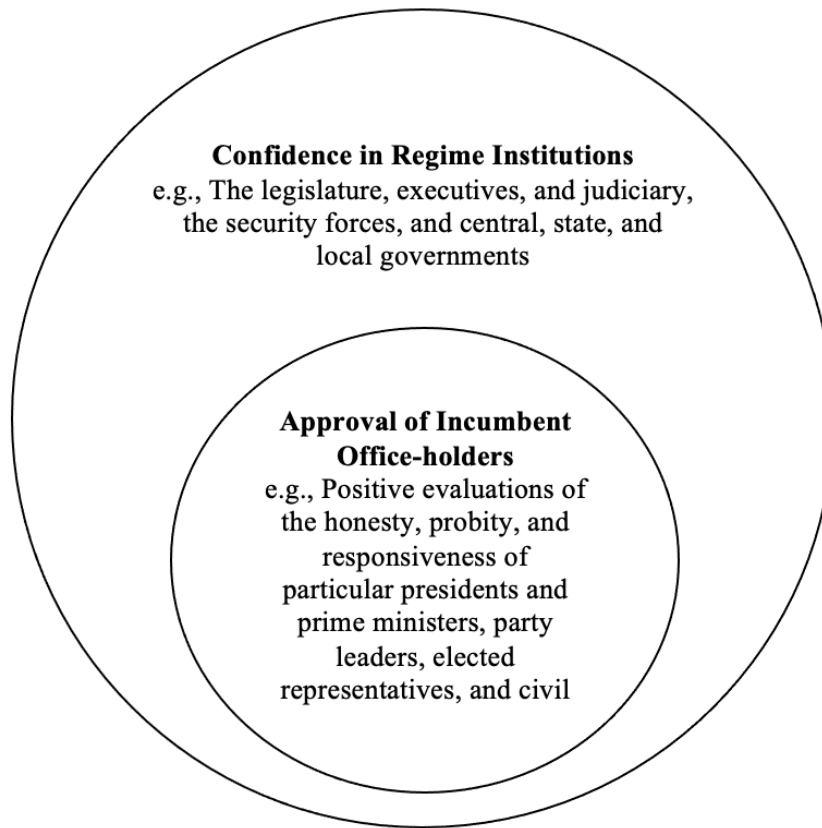


Figure 2: Definition of Political Trust according to Norris (2017).

2.2 Theoretical Framework

Theories about trust and trustworthiness have different meanings among scholars and researchers. Levi and Stoker (2000), explains trust to be a judgement that either can be conceptualized dichotomously or that of in a graded fashion. The authors further exemplify with previous literature that describes the notion of political trust or trustworthiness to be a multilevel concept (Levi–Stoker 2000, p. 484). Similarly, Norris (2017) conceptualizes political support as a “multidimensional phenomenon” that can be understood from different levels (p. 23). Although there are differing definitions of trust and trustworthiness, a common conclusion about the phenomenon is that governments that can generate and maintain trust and trustworthiness from its citizens, have a better capability to promote “a productive economy, a more peaceful and cooperative society, and a democratic government” (Fukuyama 1995; Levi–Stoker 2000, p. 493). In this fashion, political trust is something for governments to strive for to foster a good and desirable relationship with its citizens. Generally, trust can be separated within two categories: social and

political trust. Henceforward, this paper will utilize the definition of trust in that regard that it indicates to political support and trust (as discussed in section 2.1).

In addition to trust being a multifaceted phenomenon, many different aspects can be included as factors that impact the levels of trust among citizens in a country or state. Structural changes in a society, the government, and the media as well as levels of corruption, inequality, education, socio-economic status, and income are a handful of factors that can impact the building or loss of trust (Bovens–Willie 2011; Zmerli–Newton 2011; Uslaner 2011). In the fast-developing digital age of the 21st century, the importance of political communication is undoubtedly emphasized for its positive impact on building and maintaining trust – especially for a period that is characterized by an (international) crisis (Bovens–Willie 2011, p. 59-62). As for a period that is characterized as a global health crisis, countries enter it with different initial levels of political trust (Ortiz-Ospina–Roser 2020). Something unique for the Nordic countries is that they have throughout time enjoyed high levels of political trust, compared to their counterparts in the South and East of Europe. Consequently, because of the Nordic countries’ status as welfare states, their economy benefits very well from it (Andreasson 2017). This in turn might cancel out some factors that influence the political trust levels, for example, corruption, education, income etc. Instead, factors that might have a greater influence on the levels of political trust in the Nordic countries could be political communication, external political efficacy, government performance, among other things (Park–Kim 2014).

Furthermore, citizens are more likely to comply with governmental demands, if the institution is perceived to be trustworthy (Levi–Stoker 2000, p. 492). Ayres and Braithwaite (1992) also make a similar point, however, they put emphasis on the reverse role of trust from the government on the citizens. They imply that trust is a two-way street, and if the government does not have trust *for* its citizens, it could ultimately result in lower trust in the government *from* the citizens (Ayres–Braithwaite 1992). For the case of pandemics, it has repeatedly been shown that political trust is an important factor to consider during risk management (Siegrist–Zingg 2013). In relation to the covid-19 pandemic, this would mean that confidence in the government’s intentions and capabilities promote the will of the population to comply with the rules introduced to curb the spread and limit the negative effects of the covid-19 virus (Esaiasson et al. 2020, p. 748).

In summary, this review of relevant theory concludes that trust, in the form of political trust, has a great impact on citizens’ compliance to rules and regulations posed by their governments. In relation to the covid-19 pandemic, the Nordic countries entered it with high levels of political trust, which ultimately has given them other prerequisites than their counterparts in the South and East of Europe, to tackle the global health crisis. Higher levels of political trust fosters compliance from the citizens, which in turn impacts the excess mortality. However, there are still factors that influence the levels of political trust, which in turn can impact how people choose to follow the governments’ restrictions and regulations posed during the covid-19 pandemic. This conclusion constitutes the theoretical framework of this paper.

2.3 Hypothesis

Based on the theoretical framework described for this study and previous literature, one hypothesis can be presented for the quantitative part of this paper:

- *Lower levels of political trust results in higher levels of excess mortality.*

Here, I expect a negative correlation between the variables political trust and excess mortality in the sample of 25 countries in Europe¹. The countries with higher levels of political trust should then show lower rates of excess mortality, whereas countries with lower levels of political trust should show higher rates of excess mortality up until the 27th of February 2022.

¹ Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.

3 Method and Material

The research design for this paper constitutes of a combination of quantitative and qualitative methods, to help and answer the posed research questions. I will first try to confirm a general correlation, and thereafter go more in depth into the levels of political trust in the two specifically chosen cases.

3.1 Research Design and Case Selection

To describe and explain are two linked tasks that are also mutually dependent on each other. When one thing is being explained, it presupposes a description. This in turn leads to questions being asked as to why the described phenomena happened in the first place (Esaiasson et al. 2017, s. 28). With this reasoning, this paper will utilize a mixed-method approach by combining both quantitative and qualitative method together. By doing this, it can foster a deeper understanding of the subject at hand (Brookes 2017, p. 105).

To test the hypothesis of this paper, a quantitative analysis will be conducted. The hypothesis will be tested on 25 countries in Europe. In this population the difference in the levels of political trust can be controlled for since the chosen countries all have different levels of it. Here I will also test for some control variables, to see how and if the correlation is impacted in an attempt to isolate the cause.

For the qualitative section of this paper, Sweden and Norway have been chosen as comparable cases based on the most-similar-systems design. This selection is based upon how the two countries are very similar in many different aspects, such as economy, politics, geographic location, education, health care etc. However, Sweden and Norway do have differing levels of cumulative excess deaths reported during the covid-19 pandemic (see Figure 1), and thus the countries are different based on the dependent variable. By choosing two cases with differing values in the dependent variable, I can check if the independent variable political trust differs between the countries. Furthermore, this case selection was made based on the quantitative section of this paper, where I check for a general relationship between political trust and excess mortality and in that process also searched for two countries that would fit for a most-similar-design case study. Moreover, case studies are argued to be a good choice for achieving validity in a study, whereas statistical analyses are appropriate for increasing the circumstances for good reliability and generalizability (Teorell–Svensson 2007, p. 13). With this reasoning, empirical questions are best answered through combining quantitative and qualitative methods (Teorell–Svensson 2007, p.13). Quantitative methods also increase the

opportunities for causal generalization (Teorell–Svensson 2007, p. 69). With this in mind, a combination of quantitative and qualitative methods performed in two steps, is an effective approach for this study with the aim of describing and finding explanatory factors to the posed research questions.

3.2 Material

The main datasets that constitute the database for the quantitative section of this paper are borrowed from the European Social Survey (ESS) and Our World in Data.

ESS was established in 2001 and is a cross-national survey that conducts interviews every two years in 30 participating countries in Europe. The data used for this paper is from their latest report (European Social Survey 2018), is one of the most current up to date data on political trust. To study the relationship between political trust and excess mortality, this paper has narrowed the sample down to 25 countries. This because of the limitation of missing data in some of the datasets, as well as, having to make sure that all the selected countries have data for the whole chosen timespan.

Our World in Data provides the data on excess mortality. Their covid-19 dataset explorer is constantly being updated and measures excess mortality as the cumulative death differential compared to a projection based upon previous years, and is presented in a number, per million people. To make sure that I have data for the chosen sample of 25 countries, the timespan has been delimited to data from the 8th of March 2020 to the 27th of February 2022. This because it is the longest timespan where data on excess mortality from all the countries within the sample can be found.

The base for the qualitative part of this paper will mainly constitute of material taken from the Swedish as well as Norwegian covid-19 commission's reports. These were both published during the first half of 2022 and include a thorough examination of the two countries' responses to the pandemic. For the scope of this paper, I have mainly used the last chapters from these reports, which are the summaries of the main lessons and take away from the respective commission's investigation.

3.3 Variables

Based on previous literature and the theoretical framework, this paper predicts that political trust has an impact on excess mortality ($X \rightarrow Y$), which motivates the choice of having political trust as the *independent variable*, and excess mortality as the *dependent variable*, for the quantitative section of this paper.

In order to gain a more nuanced understanding about the correlation, the variables will be complemented with two control variables: GDP per capita and

population density. There are a bountiful number of factors that can simultaneously impact the levels of trust, compliance, and excess mortality, such as economy, human development etc., however, for the scope of this paper I cannot check for all these variables. This is because countries with high population density might be expected to have introduced more stringent restrictions during the pandemic, and the expectation is thus that compliance here can have an impact on excess mortality. In addition, population density can also have a direct impact on excess mortality, since more densely packed societies might be exposed to more infections, and in result more cases of covid-19 that could end in fatality. Moreover, the excess mortality rates can also be expected to plausibly be impacted by a country's GDP per capita. Countries with higher GDP per capita can be expected to have better means to combat the covid-19 virus compared to countries with lower GDP per capita.

3.4 Operationalisations

To examine the relationship between political trust and excess mortality during the covid-19 pandemic, the concepts need to be converted into empirical measures. For political trust, this study will utilize Norris' definition when choosing indicators. With reference to the purpose of this paper, which is to examine political trust at the national level, it will only focus on trust in national governments and not in regimes at the local level. By having the point of departure in Norris' definitions and using indicators that goes along well with the description of the term, I hope to be able to strengthen the validity of the study and actually measure what is meant to be measured (Teorell–Svensson 2007, p. 55).

Excess mortality is measured as the cumulative number of deaths from all causes up until the 27th of February 2022.

3.4.1 Political Trust: Quantitative Analysis

In the quantitative part of the research, I will use "Trust in Parliament" as a measure of political trust. This indicator is based on data from the European Social Survey (ESS) 2018 and has been borrowed from the Quality of Government (QoG) Standard Dataset 2022 January version. The respondents were asked to score on a scale from 0 to 10 how much they personally trust the parliament in their respective country. 0 would indicate that they have no personal trust in the parliament, whereas 10 would indicate that they have full personal trust in the parliament (Teorell et al. 2022).

In this step, the point of departure is thus to only use trust in the parliament as a measure for political trust. Trust in government would have been a good indicator here, however, the dataset does not correspond with the chosen population for the quantitative analysis ("Trust in Government" as an indicator is further discussed in

section 3.4.2). This is one of the main reasons why “Trust in Parliament” is used instead. In addition, some countries in the population did not have the same ruling government during the covid-19 pandemic as they did when the collection of political trust data took place. “Trust in Parliament” is therefore an adequate indicator for political trust in a more *general* sense.

3.4.2 Political Trust: Qualitative Analysis

In order to measure political trust more precisely in the qualitative part of this paper, I will utilize a multidimensional operationalisation of the term. Based upon Norris’ nominal definition of political trust as trust for the regime’s institutions and approval of incumbent officeholders, several different objects for trust can be found here. Namely, government, parliament, the legal system, political parties, and political office holders (Norris 2017, p. 24). By utilizing the indicators “Trust in Parliament”, “Trust in Legal System”, “Trust in Police”, “Trust in Political Parties” and “Trust in Politicians”, this paper will almost have a comprehensive measure for political trust that mirrors Norris’ definition. These five indicators are also covered by the ESS 2018 and are borrowed for this paper from the QoG Standard Dataset. The respondents were asked to score on a scale from 0 to 10, how much they personally trust the respective objects. Again, 0 would indicate that they have no personal trust in the objects, whereas 10 would indicate that they have full personal trust in the objects (Teorell et al. 2022).

Moreover, politicians have been very vital actors during the covid-19 pandemic as they have informed the public with most of the important information concerning different rules and restrictions. This has been noticeable in different ways in both Sweden and Norway. With this in mind, I find that “Trust in Politicians” is a relevant measure on political officeholders for this paper. Furthermore, the Police has had different presence in Sweden and Norway regarding the task of ensuring citizens comply with covid-19 rules and restrictions. Despite this, I still think “Trust in Police” can impact an individual’s political trust level in general and is therefore a relevant measure to include.

Since the ESS 2018 dataset does not include a measurement for trust in government, this will be complemented by the indicator “Trust in Government”, borrowed from data compiled by the Organisation for Economic Co-operation and Development (OECD). This indicator reflects the share of respondents, presented in percentage over time, who have confidence in their national government (OECD 2022). The respondents were asked to answer the question “In this country, do you have confidence in... national government?”, and were given three answer options: “yes”, “no” and “don’t know” (OECD 2022). The data used for this paper covers the years 2017-2020.

3.4.3 Excess Mortality

As previously mentioned, the dependent variable for this paper is excess mortality. Instead of simply looking at the recorded deaths by the covid-19 virus, using excess mortality has been argued to be a more relevant measure to use when trying to measure the overall impact of the pandemic. Excess mortality can in this sense also be argued to be an adequate measure when examining outcome of compliance and policy effectiveness, as shown in the study by Louis-Zaki et al. (2022). The goal for the restrictions and regulations during the covid-19 pandemic can be said to have been to curb the spread of the virus, and consequently keep the death rates low. I would therefore argue that excess mortality is a relevant measure to use when trying to look at the impact of the covid-19 pandemic, and citizens compliance to the posed restrictions and regulations in their respective countries.

3.5 Delimitations

How to measure effectiveness of policies, guidelines and restrictions during the covid-19 pandemic can be discussed. The causal relationship that I assume in this paper is that political trust impacts compliance, which in turn impacts excess mortality. However, what kind of measures a country had implemented during the pandemic for the citizens to comply with is also of importance to discuss. Even though compliance in a country is high, it could still result in higher excess mortality, then the measures the citizens are complying with could be considered to be “ineffective”. On the other end, high compliance with “ineffective” measures can result in not higher or lower excess mortality. Then the effectiveness of these measures should be examined through another variable. This discussion can impact the validity of this paper, as the assumption is that compliance has a causal relationship with excess mortality. However, with the point of departure in Louis-Zaki et al. (2022) operationalisation of excess mortality, I am delimiting this paper to only use excess mortality to measure compliance and the overall impact of the pandemic. For the scope of this paper, I thus will not discuss in detail how different policies, guidelines and restriction can come and impact the outcome of compliance.

4 Results

In this part of the paper the result from the quantitative analysis will be presented in section 4.1, which was the correlation between political trust to national governments measured as “Trust in Parliament”, and the cumulative excess deaths in 25 countries in Europe. Then, I will turn to the qualitative part of this paper and in section 4.2 the two countries for the comparative case study, Sweden and Norway, will be presented.

4.1 Political Trust and Excess Mortality

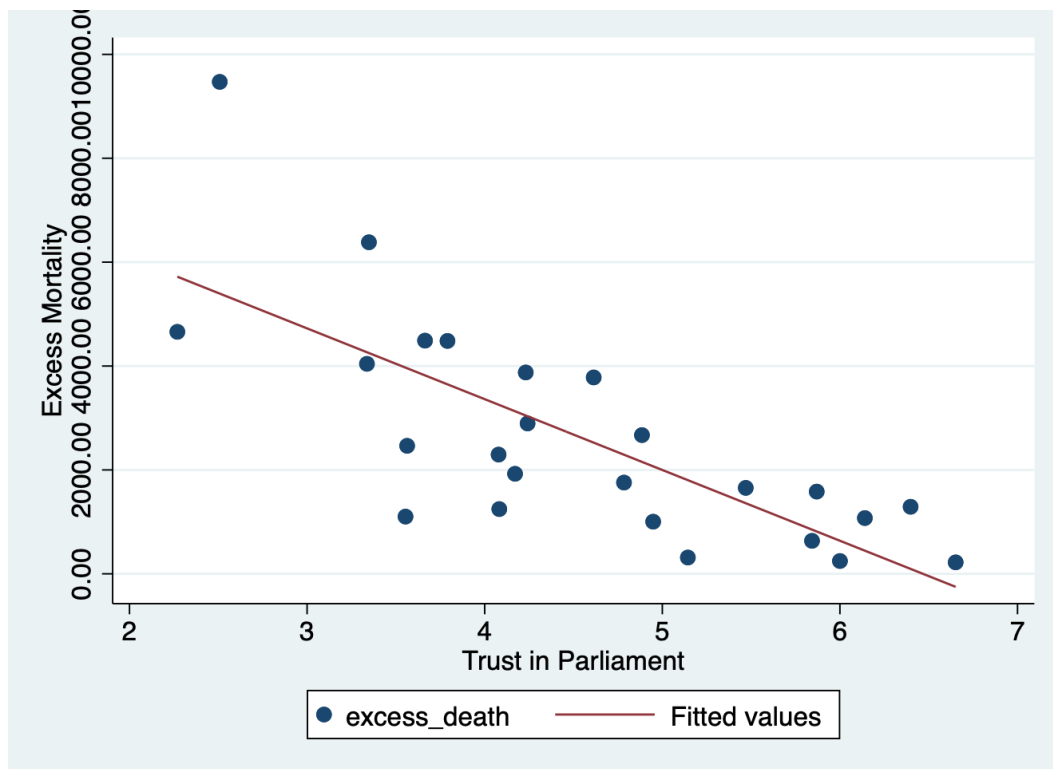


Figure 3: Linear regression analysis. “Trust in Parliament” indicates the measurement for the level of political trust citizens have to their national parliament. The regression analysis was compiled in the program STATA. Data sources: (Teorell et al. 2022; Our World In Data 2022b).

The result from the simple regression with political trust and excess mortality indicates that when “Trust in Parliament” increases with one unit, “Excess Mortality” decreases with about 1363 deaths (see Appendix 1). The relationship is

statistically significant, as the p-value = 0.000, and the adjusted coefficient of determination, the adjusted R-squared, is = 0.5403.

The linear regression analysis provides the paper with a stronger indicator of a correlation between political trust and excess mortality, since by looking at a larger sample, I have been able to determine a relationship and prove its strength (Teorell–Svensson 2007, p. 241-244). This in turn strengthens the hypothesis of the paper: in the sample of countries in Europe, a negative correlation can be observed between political trust and excess mortality during the covid-19 pandemic (see Figure 3). Although the linear regression on the onset seem to confirm the hypothesis, the relationship can also have a reversed effect. As Louis-Zaki et al. (2022) mentions in their study, the relationship between high trust, compliance and mortality rates can have a reversed effect. Countries with high levels of political trust might produce the effect of citizens underestimating the risk of a health crisis and thus making health protocols less effective (Louis-Zaki et al., 2022). Evidently as seen in Figure 3, this might be the case for some countries that have high levels of political trust but record a significantly larger number of excess mortalities, in comparison to their counterparts on the political trust scale.

Moreover, simply indicating that there is a correlation does not necessarily mean that there is causality between the two variables. When controlling for other causal factors, GDP per capita and populations density, the correlations is shown to be weaker (see Appendix 2). This is turn could mean that the correlation either is spurious or indirect (Teorell–Svensson 2007, s. 193). To determine which one of these it is, is not a straightforward task. One plausible explanation to the weaker correlation could be the fact that population density can impact the rate of how fast or slow the covid-19 virus can spread. Faster and wider spread of the virus will create more cases, which in the end can result in more death cases. In an area with high population density, it might then be favorable to implement more stringent containment measures. The effectiveness of these measures then comes down to how the citizens comply with them, but also how well formulated the measures are. Again, the dilemma of having good compliance but “ineffective” measurements to comply with. In addition, GDP per capita impacts this as well since a country with higher GDP per capita will generally be better prepared to tackle a public health crisis compared to a country with low GDP per capita.

Furthermore, it is difficult to discuss this relationship mainly based of a quantitative analysis, which is why a qualitative analysis is motivated to further develop our understanding of this complex correlation. From the onset we can conclude that economy and population density seem to be underlying factors that in turn impact both the levels of political trust and excess mortality, but what can be said about the mechanisms behind this correlation?

As previously mentioned, a deeper dive into the subject is motivated after presenting the results of the regression analysis, which is why this study will combine the quantitative analysis with a qualitative one. The general correlation found here will be complemented by a comparative case study on Sweden and Norway. Both countries score high on trust according to the indicator “Trust in Parliament”: Sweden represents 6,1 out of 10 and Norway represents 6,7 out of 10. In this case, despite their similar recorded levels of trust in parliament, Sweden had

a higher excess mortality rate compared to Norway up until the end of February of 2022. Can the relationship between trust and excess mortality in these countries be explained by the reverse effect of trust, where high trust can impact compliance in a negative direction and result in higher excess mortality rates? How does the political trust toward other actors and institutions in the two respective countries look like? This will be further examined in the case analysis.

4.2 Case study: Sweden and Norway

To gain a deeper understanding of the correlation between political trust and excess mortality in Sweden and Norway, knowledge about the specific conditions of these two countries is central and needed. Qualitative method in form of case studies is said to provide good conditions for finding the chronological order and locate causal factors (Teorell–Svensson 2007, p. 242;247). Utilizing the most-similar-systems design, this paper has chosen two cases based off differences in the *dependent variable* and will examine if there are differences in the *independent variable*. This can strengthen the criterium of contrafactual difference (Teorell–Svensson 2007, p. 240). Comparing different indicators and materials in more depth can also reduce the risk of sources of error. This can be summarized as good validity. The case study will consist of three parts: a background about the two countries, an overview of the situation during the covid-19 pandemic and lastly a presentation of the multidimensional operationalisations of political trust.

4.2.1 Background

The neighboring countries, Sweden, and Norway, share many similarities between them. The demographic profiles of the countries are much alike, despite Sweden having almost double the population compared to Norway (10.4 million vs. 5.4 million) (NE 2022a+b). Sweden and Norway are considered to be industrialized democracies, and the population is sparsely spread out throughout the two countries. As aforementioned, the two countries have very high levels of political trust and social capital, which primes for a good basis for compliance of government guidelines in general (Esaiasson et. al., 2020).

Furthermore, Sweden and Norway are both monarchs but in practice it is the respective governments that rule the country, and the legislative power resides within the parliament (NE 2022a+b). Both countries have three levels of government: national, regional, and local. Local and regional authorities, as well as other government institutions have relatively high autonomy from the government and have their own areas of responsibilities to cover. The two Nordic countries are strong welfare states and the population have access to good quality universal health care (Esping-Andersen 1990). The hospitals in Sweden are the respective regional governments responsibility, whereas in Norway that responsibility falls on the state health authorities (Askim–Bergström 2021). Pre-pandemic, both Sweden and

Norway were considered to be well prepared to handle a global health crisis – Sweden was ranked on spot 7 and Norway on spot 16 in the 2019 Global Health Security Index on their level of preparedness (Cameron et al. 2019).

Moreover, the national executive government agencies play a vital role in the implementation and drafting of policies in the two countries, but to a slightly higher extent in Sweden compared to Norway (Askim–Bergström 2021). In Sweden, the around 350 national executive government agencies have high autonomy from ministerial interference, and the government is usually only able to impact the agencies through legislations (Askim–Bergström 2021). In contrast, Norway and its around 150 national executive government agencies do not have the same amount of autonomy as the Swedish ones do. Instead, ministerial governance is strong which means that the political actors within the government have high responsibility for their area of expertise (Askim–Bergström 2021).

4.2.2 The covid-19 Pandemic Situation in Sweden and Norway

The covid-19 pandemic hit the Nordic countries roughly around the same time at the beginning of 2020. Sweden registered its first cases of covid-19 at the end of January 2020, whilst Norway did the same almost a month after (Askim–Bergström 2021). Later, the first death from the covid-19 virus was recorded in Sweden in the beginning of March, and shortly thereafter Norway also confirmed its first case (Holmström 2021, p. 72).

Official restrictions and recommendations

One famous outlier among the Nordic countries that did not enforce a national lockdown was Sweden. As mentioned throughout this paper, Sweden and Norway entered the pandemic with high levels of both political and inter-personal trust, which would indicate a good basis for voluntary compliance to government guidelines (Esaiasson et al. 2020). The two countries have also had a history of having successful voluntary-based infection controls, such as vaccinations, and it is stipulated in their respective communicable disease legislations that “volunteer preventive measures should be applied first, “whenever possible” (Helsingen et al. 2020, p. 7). Both countries relied on a more voluntary attitude to the preventive measure by its citizens, but Sweden to a much larger extent.

Initially, Sweden’s approach to try and curb the virus was like Norway’s: by adapting a containment strategy (Laage-Thomsen–Frandsen 2022). However, when the cases started increasing rapidly during the first wave, Sweden did not adapt and change their strategy to a suppression strategy like Norway did. Instead, Sweden opted for a mitigation strategy, which ultimately meant keeping society somewhat still open by having schools, restaurants, bars etc. open (Laage-Thomsen–Frandsen 2022). Overall, Sweden did not adopt very stringent measures for limiting the spread of the covid-19 virus during the pandemic, other than providing the citizens

with recommendations and advice. “Keep your distance” and “Wash your hands” became commonly used phrases for the Public Health Agency and government officials (Larsson 2020). By having a more “relaxed” approach, it can be argued that the Swedish government had trust and did put a lot of responsibility on the citizens to comply and “keep their distance”. A prerequisite for this approach is rooted in the mindset of the Swedish infection control that wants to maintain the individualistic freedom of the citizens to be able to choose how they want to protect themselves, based upon their ethical considerations (Askim–Bergström 2021).

Norway on the other hand also started out with a containment strategy, but as the number of cases rose during the first wave of the pandemic, the country shifted to a suppression strategy. This meant that Norway in mid-March of 2020 enforced a national lockdown for two weeks and closed schools, restaurants, bars etc. (Laage-Thomsen–Frandsen 2022). During this time, Norway had stringent quarantine rules and introduced fines for non-compliance (Laage-Thomsen–Frandsen 2022).

Constitutional Limitations

Although the political system in Sweden and Norway are similar in many aspects, one big difference that is important to consider is how the Swedish Constitutions fundamental laws (Grundlagarna) uphold a few restraints for the governments work – specifically for the case of public health crises. Sweden did not have the same legal opportunities to intervene, compared to Norway (Holmström 2021, p. 74). The Constitution’s fundamental laws does not stipulate anything about intervening during a state of emergency if it is in relation to a public health crisis, as the intervening only can be declared during a state of war (Rice 2022). Thus, there was no constitutional right to suspend, for example, the freedom of movement, as a measure to curb the spread of the covid-19 virus. Despite this, the Swedish government very hastily did manage to change in ordinary law – the Communicable Disease Act 2004 (Smittskyddslagen) – and through this and other laws was able to intervene in the situation to a broader extent (Holmström 2021, p. 74). However, the Communicable Disease Act 2004 does, for example, stipulate that quarantine can be introduced if the situation calls for it, and Sweden did not utilize this measure.

Another important difference is how the power within the government is distributed in Sweden compared to Norway. The Swedish system is characterized by decentralized power sharing, which gives a lot of autonomous power to the political authorities and independent bodies (Rice 2022). The Public Health Agency is an example of such a body, and during the covid-19 pandemic the Swedish government relied heavily on recommendations from this institution. The government is however free to decide to reject that advice, although it does not happen often (Rice 2022).

In comparison, the Norwegian government does not decentralize its power to the same extent as Sweden, and consequently the independent institutions and political authorities do not have autonomous power to the same degree (Askim–Bergström 2021).

National assessment of the covid-19 pandemic

The national governments in both countries issued commissions to examine and write a report about the situation throughout the covid-19 pandemic in the respective countries. Sweden's covid-19 commission came out with their latest report in February 2022, and Norway published theirs in April 2022. The reports are structured in a similar way and in this section the main findings from the reports will be highlighted, and the differences shall be discussed.

One of the findings that is heavily emphasized in the Swedish covid-19 commissions report is that more stringent infection control measures should have been put in place during the first wave of the pandemic in March of 2020 (Coronakommissionen 2022, p. 602). As previously mentioned, Sweden did not have the same legal preconditions to make these kinds of decisions then, compared to Norway, but the commissions then highlight the fact that this can be seen as a weakness of the Swedish crisis management (Coronakommissionen 2022, p. 611). The covid-19 commission in Norway on the other hand, mainly summarizes the governments crisis management to have been adequate throughout their whole inspection, from April 2020 up until October 2021 (Koronakommisjonen 2022, p. 443).

Furthermore, the Swedish covid-19 commission highlight the fact that since Sweden never really had any coercive infection control measures, most of the general recommendations that were published by the government and health authorities shifted the responsibility to every individual (Coronakommissionen 2022, p. 612). It became a personal matter and responsibility to follow the guidelines that were posed by the authorities. An appreciated aspect from this was that the Swedish population's freedom of movement was not at all as restricted as Norway's, among other countries. Although in Norway, the covid-19 commission reported back that the general public indicated that they were satisfied with the measures that had been taken throughout the pandemic (Koronakommisjonen 2022, p. 448). In contrast, when Sweden later during the second wave of the pandemic started advising people to wear face coverings in certain situations, the compliance was not that high (Coronakommissionen 2022, p. 610). Had the Swedish government issued more stringent restrictions and recommendations during the first wave of the pandemic, the compliance levels throughout the pandemic might have been different. However, this is only an assumption based on the result of Norway's containment strategy and from this we cannot draw any safe conclusions on what could have been.

In relation to this, one of the main differences between Sweden and Norway that can be highlighted in their respective covid-19 commission reports is how *communication* is discussed. For Sweden, one of the main conclusions that the commission draws are that the political communication from the government should have been stronger and clearer (Coronakommissionen 2022, p. 619). Since many of the guidelines have been characterized as being voluntary-based, advice and recommendations should have been formulated, and above all, communicated as clear rules of conduct that everyone was expected to follow

(Coronakommissionen 2022, p. 612). Unclear advice provided the significant space for the Swedish population to self-interpret the information that was brought forward. Moreover, the commission also considers that the Swedish government should have taken a more distinct lead in terms of overall communication to the public (Coronakommissionen 2022, p. 651). Emphasis is put on how important sincere and consistent communication is during a crisis like the covid-19 pandemic, and how it ultimately can maintain trust to the institutions as well as resilience and endurance for the situation at hand (Coronakommissionen 2022, p. 667). Furthermore, how well politicians and political institutions handle a crisis also impact people's views on how well the social institutions function in the country, which inevitably impacts the prerequisites for the management of the next crisis.

In contrast, the Norwegian covid-19 commission puts big emphasis on how *good* the communication has been from the government to the public, during the pandemic. The high levels of political trust to the institutions is mentioned as a prerequisite for the high compliance levels to the infection measures put in control (Koronakommisjonen 2022, p. 445). In addition, the commission also argue that the clear communication has helped to further build and maintain trust throughout the pandemic (Koronakommisjonen 2022, p. 444). Although the commission mainly concludes that the political communication has been adequate during the pandemic, the investigation shows that it has not successfully reached all groups within the Norwegian population (Koronakommisjonen 2022, p. 454). Immigrant groups are among those who did not take part in the information to the same extent as most of the Norwegian population did and are also the one group that is overrepresented among those infected and underrepresented among those vaccinated (Koronakommisjonen 2022, p. 454).

Summary

After the review above of the background about Sweden and Norway, in general and during the covid-19 pandemic, it is time to relate back to the theoretical framework of this paper. The theoretical framework brought forward that previous literature has shown that political communication, government performance, and external political efficacy as well as income, corruption, education, and inequality can come and impact the level of political trust in a country. Sweden and Norway share large chunks of history together and show very similar traits regarding geographic location, size, level of education, economic growth, socio-economic conditions as well as political system. During the covid-19 pandemic there seems to have been significant differences in how the political institutions chose to communicate with the citizens, which in turn affected the performance of the institutions and the people's perception of them. The political communication and government performance is closely tied to political trust. Are these factors accountable for the difference in excess mortality, in Sweden and Norway?

4.2.3 Indicators of Political Trust in Sweden and Norway

Based off Norris' definition of the term political trust, this paper will utilize six indicators that build upon data from ESS 2018 and OECD. The latest data for five of these indicators are from 2018. This can come and complicate the findings for this paper, since the covid-19 pandemic was officially declared in March of 2020. However, the data borrowed from OECD which includes the indicator "Trust in Government" contains data from 2020. With these indicators all combined in the case study, I find that it together can give a good general picture of the levels of political trust in Sweden and Norway during the years pre-pandemic.

"Trust in Government"

Trust in government Total, Percentage, 2010 - 2020

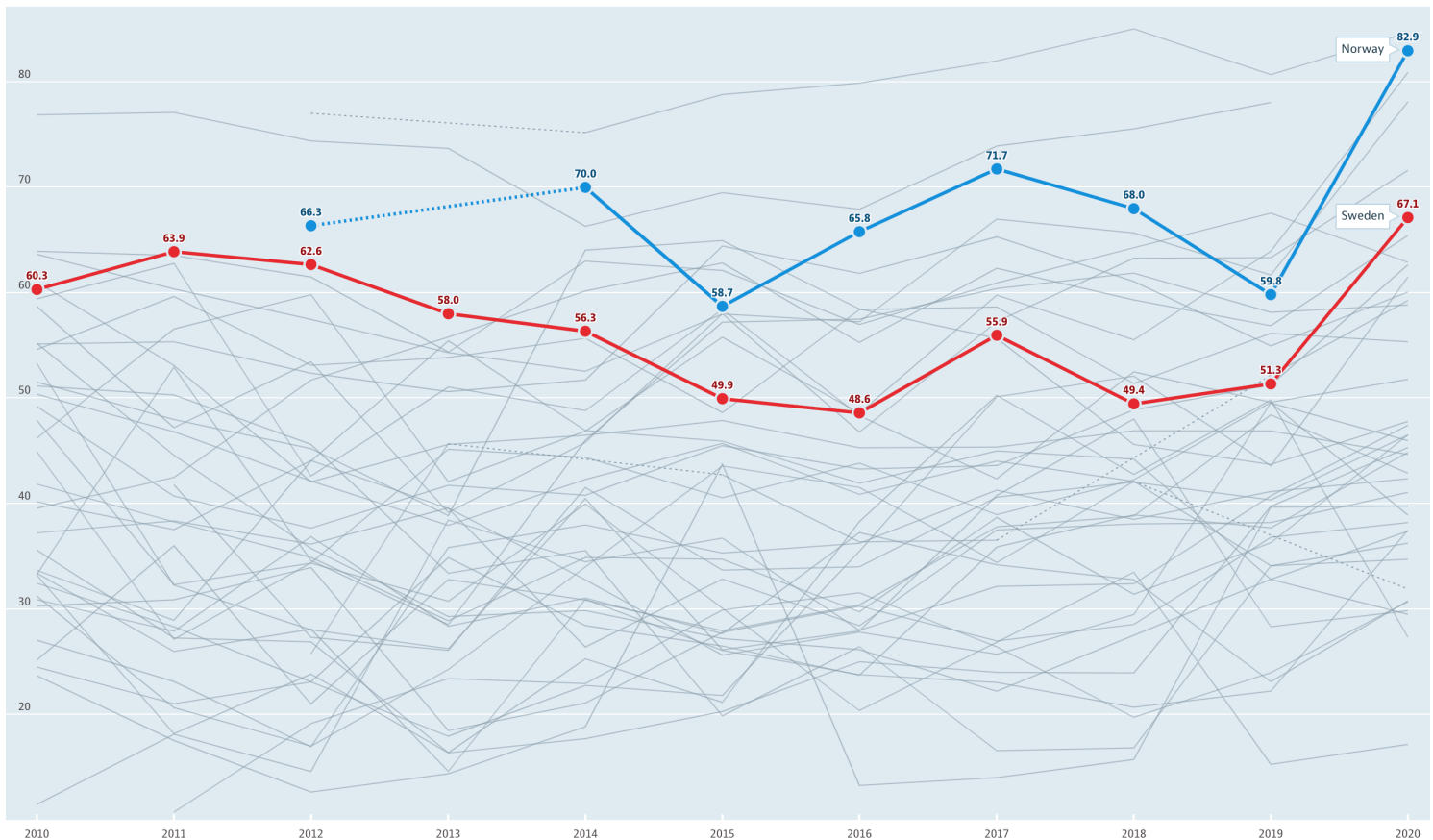


Figure 4: Trust in Government 2010-2020. Norway (red graph) and Sweden (blue graph). The indicator measures the share of respondents who have confidence in their national government. The respondents were given three answer options: "yes", "no" and "don't know", and the result is presented in percentage over time. Source: OECD 2022.

The data from OECD shows that Sweden and Norway have had relatively high levels of trust in their respective governments through the last decennium. Norway has consistently reported higher levels of trust in their government compared to

Sweden. In 2019, both countries can be seen to have dropped in the level of trust, where Norway reported that 59,8% of the population had trust in their national government, whereas in Sweden the number was at 51,3%. This drastically went up the year of the start of the covid-19 pandemic, where Norway in 2020 reported that 87,9% of the population had trust in their national government, and in Sweden the number was at 67,1%.

“Trust in Legal System”, “Trust in Parliament”, “Trust in Political Parties”, “Trust in Police” and “Trust in Politicians”

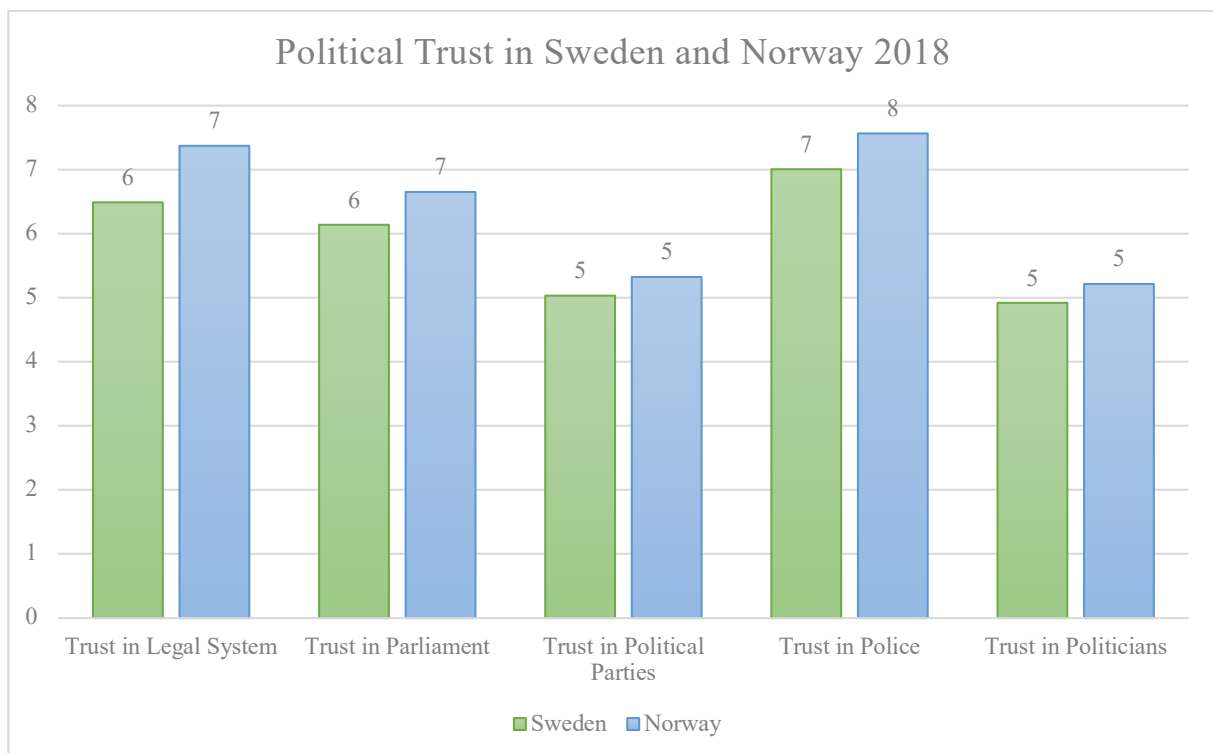


Figure 5: The five indicators of political trust taken from ESS 2018, for Sweden and Norway during 2018. The respondents were asked to score on a scale from 0 to 10 how much they personally trust the mentioned institution or actors. Source: Teorell et al. 2022.

Looking at the development in the indicator “Trust in Government” (see Figure 4) from the years 2018 to 2020, the difference between Sweden and Norway seems to be constant. The year before the pandemic the reported levels of trust in the government even shows a big increase from 2019 to 2020 in both countries. However, there is not data that can confirm that this is the case for the five indicators taken from the ESS 2018 dataset. The indicators for political trust in Sweden and Norway in 2018 indicate a similar difference between the amount of trust in the different institutions and actors. Norway has in every indicator represented a slightly higher level of political trust than Sweden. However, for “Trust in Political Parties” and “Trust in Politicians”, the difference is almost non-existent.

In addition, other complementing datasets can help fill in the gap that the ESS 2018 dataset leaves for the five indicators on political trust between the years of 2018 to 2020. The Swedish SOM-institute presented in their latest report that political trust has slightly increased for all five indicators in Sweden, from 2018 to 2020 (Martinsson-Andersson 2022). Although this paper does not include data for 2021 on political trust, one interesting thing to note is that trust in the government has decreased in Sweden from 2020 to 2021 (Martinsson-Andersson 2022). Although comprehensive data on political trust to political institutions and actors do not exist to the same extent in Norway compared to Sweden, the Institute for Social Research in Norway published a report for the year 2019 which indicated that the trust levels were all still very high (Institute for Social Research 2019). Therefore, an assumption that the difference in political trust between Sweden and Norway still exists for all the indicators on political trust up until 2020 is made.

5 Analysis and Discussion

Researching a current and ongoing empirical phenomenon has its difficulties. The covid-19 pandemic is mostly declared to be over all around the world, however, the remnants of it still impact many societies. Research and data about the pandemic are being updated frequently, which results in some limitations with finding material. Majority of the data that this paper utilizes for the political trust indicators are collected pre-pandemic, which limits the time scope for this paper. Despite this, trends in the political trust levels indicate that it would not look significantly different in Sweden and Norway now, as it did before the pandemic. By using different types of material as well as methods, this paper can identify political trust as a possible cause for the differing levels in excess mortality up until the 27th of February 2022.

The five indicators on political trust based of Pippa Norris' definition of the phenomenon, and presented in Figure 5, show that both Sweden and Norway initially entered the pandemic with very high levels of political trust for all actors across the political sphere. This prerequisite was a good base for governments to receive compliance from its citizens. Evidently, in Norway this was very much the case. Throughout the pandemic, Norway managed to use more stringent measures for infection control, compared to Sweden, and the empirical evidence indicate that compliance from the population was not a big issue. In the theoretical framework, the study by Esaiasson et al. (2020) was discussed and their idea of how confidence in the government's intentions and capabilities will promote the will of the population to comply with the rules introduced to curb the spread and limit the negative effects of the covid-19 virus was presented. From the OECD survey that measured "Trust in Government", Sweden, and Norway both entered the pandemic with high levels of trust in the national government (51,3% vs. 59,8%) which shows that the levels of political trust were almost similar at the start of the pandemic for the two countries. With the report from the Norwegian covid-19 commission, it can be concluded that the Norwegian government's response to the covid-19 pandemic received big support from the population and this thus strengthens the idea of how having trust in the government and political institutions at the start of a crisis, is vital for citizen compliance.

In contrast, Sweden did not introduce any stringent measures to curb the spread of the covid-19 virus. This makes it more difficult to tell what extent political trust impacted compliance, since the population in Sweden did not have any stringent regulations to comply with. However, the looser approach to restrictions and regulations from Sweden can possibly be explained by the reverse role of trust – the trust political institutions put on the population. As discussed in the theoretical framework, Ayres and Braithwaite (1992) present the idea of how trust is a two-way street. If governments do not have trust in its citizens, then that can result in

low levels of trust *from* its citizens. In reverse, governments with high trust in its citizens should also result in high levels of trust from its citizens. In the Swedish covid-19 commission report, it was discussed how the advice that was given by the political institutions and authorities were mostly guided and based off the fact that these actors have high trust in the Swedish population – which primed for the lighter approach to combat the covid-19 virus that Sweden took. Although it was appreciated by most of the Swedish population, how, for example, their freedom of movement was not infringed, it possibly led to poorer compliance when the government and the public health agency later in the second wave of the pandemic started introducing slightly more stringent measures, for example wearing facial coverings during certain times of the day. Is this a result of how the Swedish government was blinded by the trust in the population? Or is Sweden's outcome of the covid-19 pandemic a result of the Swedish population blindly trusting the government? Evidently, Sweden produced a higher toll of excess mortality compared to Norway, and the other Nordic countries. The Swedish covid-19 commission's report criticizes the Swedish government for not being reactive and making legislative changes faster. Being characterized by decentralized power sharing has its downsides, and it has clearly been shown throughout the pandemic. The Public Health Agency in Sweden impacted the Swedish strategy to tackle the pandemic to a large extent. In this paper, there has not been a clear indicator for trust in autonomous political authorities. If there was reliable data regarding trust in, for example, public health agencies as an indicator of authorities, then the results of this paper might have been slightly different.

Moreover, the numbers from the OECD survey of trust in the national government show an increase in both countries after the first year of the pandemic (see Figure 4). What is interesting to note here is that the difference between the two countries significantly increased from the previous year, with a little over 10 percentage points, making the gap between Sweden and Norway even bigger. This could potentially be an indicator of how Norway was able to maintain but mostly build trust during the first wave of the pandemic to a much larger extent than Sweden did. Government performance is an important factor that impacts political trust, as discussed by Park and Kim (2014), and the fact that Sweden did not have the same growth in political trust as Norway did during the first wave of the pandemic might indicate that the government's performance, among other things, had an impact on how the Swedish population perceives the political institutions and actors.

How is it then that two countries with such similar design show these differences in excess mortality during the covid-19 pandemic? One important factor that has been found in the result of this study is the way *political communication* has been utilized in the two different countries. As discussed in the theoretical framework, Bovens and Willie (2011) highlight the fact that during an international crisis, political communication is vital for building and maintaining trust. This together with already high levels of political trust would reasonably constitute a good base for crisis management and response. In Norway this has been highlighted in the report from their covid-19 commission. The commission reports back that majority of the Norwegian population knew what to do and how to do it, regarding

the guidelines posed by the government, and much of the success of the Norwegian strategy is attributed to their political communication. The Swedish covid-19 commission instead put emphasis on how the Swedish strategy lacked clear advice for the population. The report puts forward that since much of the advice that was given was voluntary based, it would have been more beneficial to have clear rules of conduct that everyone was expected to follow. Instead, unclear advice provided the significant space for the Swedish population to self-interpret the information that was brought forward. This is a result of the decentralized power, and the Swedish government as well as parliament not taking the load of responsibility that they maybe should have done during the pandemic. Evidently, this has resulted in a loss, or stagnation, of trust, as seen in the survey by the SOM-institute. The level of trust in the parliament has decreased for 2021, and trust for the government is about the same level as the previous year (Martinsson-Anderson 2022, p. 8). This only proves and emphasizes the importance of clear political communication during a crisis, and how poor government performance, as well as external political efficacy, can result in loss of trust.

Furthermore, an important aspect that needs to be discussed is the result of the quantitative part in section 4.1, which indicated that the general correlation between political trust and excess mortality becomes spurious when checked with control variables. To identify causality is not an easy task and based on the results of the simple regression analysis, I can conclude that although it initially seems like there is a correlation between levels of political trust and amount of excess mortality, the causes might not be singled out to be *only* political trust. However, as discussed in the qualitative analysis, I have still been able to indicate that there is, to some extent, a causal relationship between political trust, compliance, and excess mortality during the covid-19 pandemic, whether it is spurious or direct.

6 Conclusion

In conclusion, through a multidimensional operationalisation of political trust, this paper has investigated the role of political trust on compliance and excess mortality during the covid-19 pandemic. Overall, in countries in Europe, a negative correlation is identified between trust in the national government and excess mortality. This strengthens the hypothesis of how lower trust levels should result in higher levels of excess mortality. In addition, the importance of examining context-specific situation in individual countries is highlighted. The theory is true on a general level, but the correlation might look different in individual cases.

Sweden and Norway both entered the pandemic with similar levels of political trust across all indicators, however they exited with a larger difference. I have in this paper identified differences in political communication and government performance that might have impacted how the trust levels have developed during the pandemic. The identified factors have led to bigger difference in political trust in the two countries. As for Norway, the high political trust level combined with good political communication and government performance, has resulted in a lower number of excess mortalities. In Sweden on the other hand, the initial high level of political trust resulted in the government taking a less stringent strategy, and unsatisfactory political communication as well as government performance resulted in a higher number of excess mortalities. Although the Swedish government and parliament had constitutional limitations for their actions, evidently there were still other measures that could have been taken with the help of other ordinary laws to help curb the spread of the virus. However, this correlation needs to be further investigated and tested with other possible explanations. Utilizing more indicators and examining a longer period would provide an even deeper understanding of the mechanisms that contribute to political trust, and the effects it has during a crisis.

If the Swedish government's performance during the covid-19 pandemic influenced the loss of trust that can be seen in some surveys, how will that affect the meaning of political trust in the future for Sweden? Further studies on how political trust has been influenced during the covid-19 pandemic would therefore be interesting to see.

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8 Appendix

Appendix 1.

Political Trust and Excess Mortality Regression Model

Coefficient	P-value	R-square	Adjusted R-square	Std. Error of the Estimate
-1362.824	0.000	0.5595	0.5403	252.1643

Appendix 2.

Political Trust and Excess Mortality controlled with Population Density and GDP per Capita Regression Model

Coefficient	P-value	R-square	Adjusted R-square	Std. Error of the Estimate
-781.3007	0.149	0.5912	0.54328	521.8207