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A media visibility analysis of public leadership in Scandinavian responses to pandemics

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ABSTRACT

This paper analyses public leadership in Scandinavia during the latest two pandemics, the swine flu pandemic in 2009 and the coronavirus pandemic in 2020, by compiling and contrasting national proxies of media visibility among pandemic response actors. Concretely, the paper taps into key media databases to develop indicators of how often national leaders and leading health experts are mentioned in Danish, Norwegian, and Swedish media reports about the 2009 and 2020 pandemics.

The study reveals a high degree of continuity of public leadership in Sweden during the two pandemics. In contrast, Norway and in particular Denmark both moved from a predominately expert-driven media presence in 2009 to a much stronger top-down ministerial leadership presence during the 2020 coronavirus pandemic. In addition, Sweden also displays the most balanced media representation of health experts and cabinet ministers during both pandemics. The paper concludes by discussing the pros and cons of the outlined differences in public leadership and the possible practical implications with regards public debate and trust.

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Pandemic responses; public leadership; Scandinavia; COVID-19; swine flu; media visibility analysis

1. Introduction

Otherwise very similar Scandinavian countries, Denmark, Norway, and Sweden have had markedly different responses to the SARS-CoV-2 (henceforth “coronavirus”) pandemic. This has gained international attention, both academically (cf. Gordon, Grafton, and Steinshamn 2020; Rubin et al. 2021; Yarmol-Matusiak, Cipriano, and Stranges 2021) and in the media (cf. Ludvigsson 2020; Steinglass 2020). The less restrictive Swedish social distancing responses to the pandemic, in particular, have been contrasted to the more extensive lock-down responses of Denmark and Norway (and indeed most of Europe).

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In light of the higher coronavirus fatalities in Sweden compared to neighboring countries, parts of the international media have characterized the Swedish response as a dangerous and reckless experiment (Bjorklund and Ewing 2020; Bjorklund 2020; Münchai 2020; Goodman 2020; Sayers 2020). The policymaking processes underlying these different pandemic responses in Scandinavia have also been subjected to some academic scrutiny (see Rubin and de Vries (2020) for Denmark; Pierre (2020) and Petridou (2020) for Sweden and Christensen & Laegreid (2020) for Norway). Again, Sweden's decision-making process appears to stand out. Whereas the national health agency had strong influence on the pandemic response in Sweden, the Danish and Norwegian responses appear to be driven more strongly from the PM's office (Petridou 2020; Rubin et al. 2021). However, the comparative perspective of these studies remains underdeveloped. Hitherto, no study has compared and contrasted public leadership of pandemic responses across the three Scandinavian countries during the latest two pandemics: the H1N1 (henceforth "swine flu") pandemic in 2009 and the coronavirus pandemic in 2020.

From a gross roster of more than fifty key actors involved in pandemic responses across the three countries, we produce replicable and quantifiable indicators of public leadership based on visibility in national newspaper articles. These indicators are comparable across different countries, agencies and periods. Importantly, the paper makes no normative judgements about policies implemented, focusing instead on measuring and outlining differences in public leadership during the two pandemics. We find that in terms of public leadership, Sweden actually appears the most consistent among the Scandinavian countries across the two pandemics, which stands somewhat in opposition to the international media's narrative of an experimental and reckless response.

This paper proceeds as follows. First, existing scholarships on the public leadership of pandemics is laid out. Second, the media sources are introduced and the methods for data collection outlined. Third, comparative analyses across the three Scandinavian countries of the extent to which the Prime Minister (PM) or the leading national expert appeared in media during the 2020 and the 2009 pandemics, respectively. Fourth, analysis of more detailed indicators of media dominance across the three Scandinavian countries, looking at cross-country patterns between different ministers and experts. The paper ends by discussing the implication of this media analysis and pointing to future research.

2. Public leadership of pandemics

Public leadership in this paper refers to actors who assume the role of explaining and defending pandemic policies and strategies in the public arena or are otherwise prominently linked to the pandemic response by third parties, independently of whether these actors actually take the formal or informal decisions. Therefore, this paper proxies public leadership by media visibility for key actors across the three Scandinavian countries, most notably health experts and cabinet ministers, during these two 21st century pandemics. The study thus contributes to the academic literature of expert-led leadership during health emergencies (cf. Baekkeskov 2016a, 2016b; Baekkeskov and Rubin 2014; Baekkeskov and Öberg 2017; Christensen and Hesstvedt 2019;

Glenn, Chaumont, and Dintrans 2020). Christensen and Hesstvedt 2019 study of Norwegian commissions in the period 1972–2016 found an increasing reliance over time on scientific knowledge and expert engagement in the commissions. This tendency is further supported by studies that analyzed Scandinavian expert engagement during the 2009 swine-flu pandemic response (Baekkeskov 2016a, 2016b; Baekkeskov and Rubin 2014). Baekkeskov and Rubin (2014), for example, analyzed very different countries during the 2009 pandemic, and documented a tendency for experts to dominate the public debate at the expense of politicians. They hypothesized that as a general rule, politicians would be hands-off during pandemic responses, in part because of the strength and authority of the medical profession in matters of health. Focusing on the 2020 pandemic, Glenn, Chaumont, and Dintrans (2020) analyzed public leadership across three countries, Chile, France and the United States, with a focus on health expert involvement in the management of the pandemic. The authors highlighted the need to achieve the right balance between political responsiveness and administrative responsibility in public leadership of the coronavirus pandemic, as tension between political and administrative messengers could undermine trust and support of government policies and institutions. Baekkeskov and Öberg (2017) found that heavy expert involvement in Danish and Swedish swine flu pandemic responses inhibited public deliberations. Despite enacting very different pandemic policies across countries, the debate in both countries could be characterized by expert consensus and limited public deliberation over viable policy alternatives. The authors concluded that strong expert engagement during pandemics might cause “deliberative freezing” in public discourse surrounding responses.

In this paper, we will explore whether some of these outlined theoretical expectations, hands-off political leaders, expert-driven public leadership, frozen public deliberation and implications for the public’s trust in pandemic responses, are supported by our comparative media analysis findings of Scandinavian public leadership during the two pandemics.

3. Data collection

A core component of this study is to compile and analyze proxies of public leadership of the pandemic response. To this end, we develop and analyze indicators of how often national leaders and leading health experts are mentioned in Danish, Norwegian, and Swedish newspaper reports about the 2009 and 2020 pandemics. Media visibility provides a strong indicator of whom the public associates with the pandemic response and therefore apparent leadership, independently of the formal policy responsibilities. There is, for example, a high degree of alignment between our media analysis and previous in-depth studies of the 2009 pandemic: the same experts that were found to be leading the pandemic response in these studies (cf. Baekkeskov 2016a, 2016b) were also found to dominate the media reporting in this study. Data on media visibility is derived from mentions in newspaper reports. These reports were retrieved from comprehensive collections of Scandinavian regional and national newspapers, magazines, and wires (1215 Danish, 946 Swedish, and 395 Norwegian; Infomedia Database 2021; Retriever Database 2021). The sample of media entries was restricted to reports

mentioning the two pandemics by using the Boolean search terms “H1N1 OR swine flu” (for 2009) and “COVID-19 OR corona*” (for 2020), respectively, for Denmark, Norway, and Sweden. To count the number of media report mentions, identified media texts were searched for names of leading health and elected officials. A gross list of more than fifty potential actors was compiled by researchers with familiarity of the different national policymaking processes during the two pandemics (Olivier Rubin and Erik Baekkeskov for Denmark, PerOla Öberg for Sweden and Reidar Staupe-Delgado for Norway). Subsequently, the sample was restricted to only contain the most prominently mentioned health and elected officials. These data allow us to produce indicators that are comparable across different countries and periods. We refrain from comparing absolute numbers because the available databases include different numbers of media outlets across the cases. The scope of the comparisons (with both temporal and geographical dimensions) together with the extensive data source (more than one million newspaper reports pertained to the pandemics) necessitate parsimonious and objective quantitative measures. These measurements can be used to display differences of degree across countries and identify longitudinal changes within countries. While many studies have characterized the 2009 swine flu response in Scandinavia as expert-led, for example, these measures can illuminate differences of magnitude in public leadership. Concretely, the Danish PM was completely absent from the public during the 2009 pandemic whereas Sweden’s was relatively more visible in the media. Another finding that the indicators helped elucidate was Sweden’s high degree of consistency in public leadership across the two pandemics despite the outbreaks’ obvious differences in terms of scale and impact. We will return to this finding in the discussion. The online [supplementary material](#) contains the gross list of actors as well as the detailed Boolean search terms in original language related to the subsequent analyses.

4. Media visibility of national leaders and leading health experts during the 2020 coronavirus response

The coronavirus hit Scandinavia relatively similarly and with equal force. In early March 2020, all three countries experienced exponentially increasing daily infection cases, culminating in hundreds. Each country implemented an initial lockdown phase with social distancing initiatives of various intensities in March and April; a reopening phase over the summer, where the initiatives were scaled down as infections receded; and then new social distancing initiatives in the last quarter of 2020. The Danish government was quick to take control of the policymaking process, implementing measures that went beyond those recommended by the health agency, centralizing power in ministries rather than health agencies and epidemic commissions, and ordering the health authorities to work within the paradigm of precaution rather than proportionality (Rubin and de Vries 2020). The Norwegian government also implemented more radical initiatives than those recommended by the national health agency, such as closing schools and banning the use of vacation homes (Christensen and Laegreid 2020). In contrast, observers agree that the Swedish government generally followed health expert advice. Politicians explicitly stated that expert agencies should handle health issues, and that expert recommendations should be the basis for decisions taken by

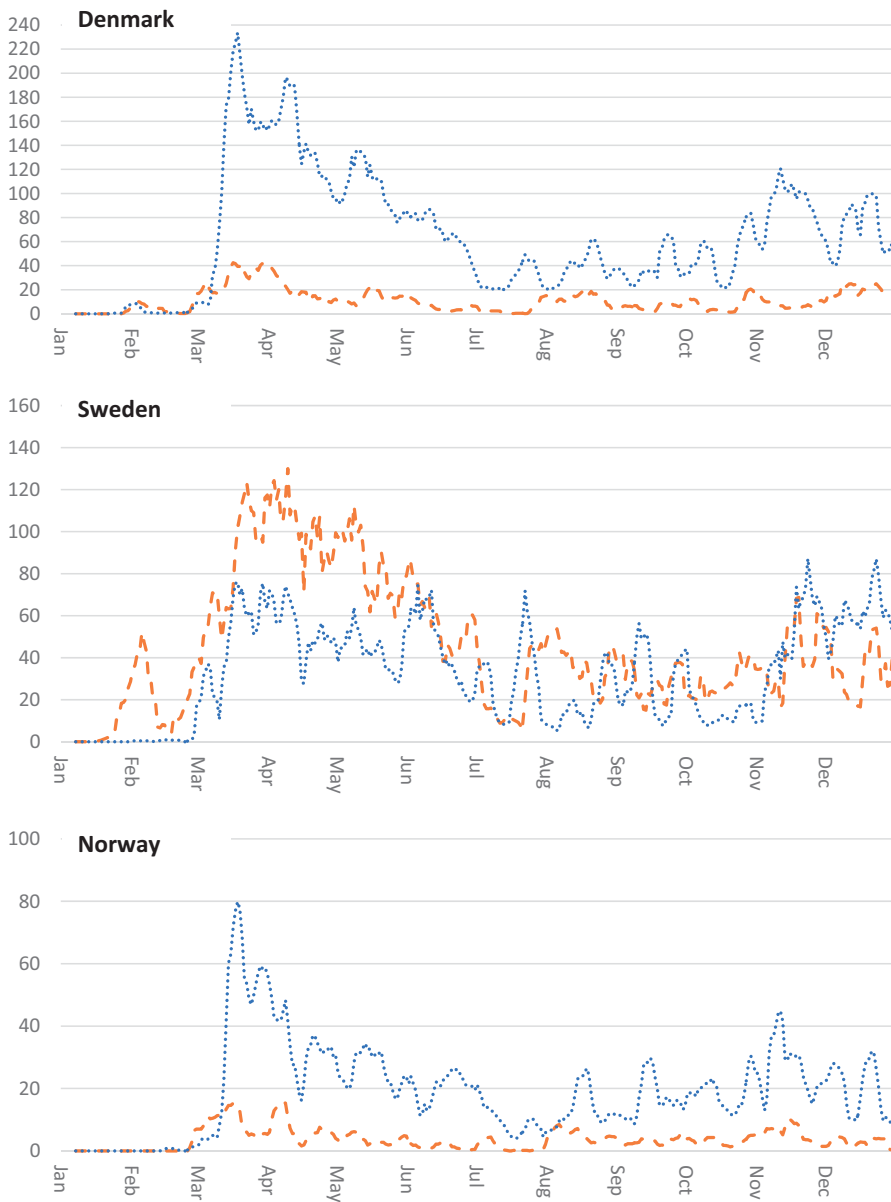


Figure 1. Lead expert and PM visibility in coronavirus media reports for Denmark, Sweden, and Norway, 2020. *Legend:* Striped graph (orange): media reports mentioning the most prominent national health expert; dotted graph (blue): media reports mentioning the PM. Seven days moving averages of daily data on mentions in national media reports. January 1–December 31, 2020.

government (Petridou, 2020). In the daily press briefings, health experts were the main speakers compared to cabinet ministers (Pierre 2020, 5).

Figure 1 compares media exposures of Scandinavia's PMs and the most prominent government health experts. These two actors alone account for around half of all mentions in our database. In Denmark and Norway, the most exposed health experts were agency heads: the director of the Danish Health Agency and the department director at

the Norwegian Institute of Public Health, respectively. In Sweden, by contrast, the most exposed health expert was the state epidemiologist at the Public Health Agency of Sweden, who was mentioned close to four times as often as the director of the health agency.

In Denmark, the PM clearly dominated the media landscape relative to the director of the national health agency. The PM's presence in the media exploded in March when she announced extensive lock-down initiatives over several press meetings. Although media exposure for both actors declined over the summer, the PM sustained three times the daily mentions of the health agency director. During the late 2020 second wave and new response initiatives, the media gap widened again. Norway displayed the same basic pattern. The PM was clearly the most visible in the media as she announced the initial national social distancing initiatives. The PMs' prominence was sustained over the summer (though media visibility for both actors declined). The PM and the health agency director were both somewhat less present in media during the second coronavirus wave (perhaps due to Norway's relatively milder outbreak and less restrictive social distancing initiatives; Norwegian government 2020).

The longitudinal analysis of public visibility in Sweden, by contrast, shows media giving most prominence to the state epidemiologist during much of 2020. He appears to have been more publicly visible a few weeks earlier than anyone in Denmark and Norway, yet Sweden's strongest surge in media coverage for both the PM and the state epidemiologist occurred one week later than surges in Denmark and Norway. Notably, however, gaps between Sweden's media mentions of the Prime Minister and the leading national expert remained markedly smaller than Denmark's or Norway's. The PM eventually became more prominent than the state epidemiologist as Sweden implemented social distancing initiatives more similar in scope to Denmark's and Norway's against the outbreak's second wave. This intertemporal shift suggests that despite Sweden's unique quasi-autonomous health agencies (see discussion section), PMs can take increased public ownership of the pandemic response and implement policies that exceed health expert advice (Lönegård 2020).

In conclusion, it is clear that there were marked differences during 2020 in the media visibility of key actors involved in pandemic response between the Scandinavian countries. A comparison with the previous pandemic in 2009 can help illuminate whether these differences represent continuity or shifts in public leadership.

5. Media visibility of national leaders and leading health experts during the 2009 swine flu response

In 2009, Scandinavia was first hit by the novel swine flu virus in early May and a major wave of infections from October. The major policy response was vaccinations, which kicked off in November. Sweden and Norway offered vaccinations to all citizens whereas Denmark only offering vaccinations to high-risk groups (Cuesta et al. 2015). Comparative case studies of pandemic policymaking in Scandinavia show that the processes were expert-led, raising questions about how scientists advising policy in similar contexts could arrive at markedly different and opposing solutions (Baekkeskov

2016a). This difference was also reflected in discourses carried in national media (Baekkeskov and Öberg 2017).

Our analysis suggests that the reporting on the 2009 swine flu pandemic was less intensive than during the 2020 coronavirus pandemic. Between 20 and 25 percent of all Scandinavian media reports in 2020 (including sports, culture, the weather and so forth) referred to the coronavirus. For the swine flu pandemic, the comparable number for 2009 is around one percent. This difference could reflect the fact that, compared to the much more lethal and complex coronavirus outbreak, the swine flu turned out to be milder than initially feared, and could be curbed by existing pharmaceutical interventions that were less disruptive for the economy than lock-down measures.

Figure 2 compares media exposures of Scandinavia's PMs and most prominent government health experts in 2009 pandemic reporting.

In all three countries, the most prominent national health expert was more visible in the media than the PM. This finding corroborates existing studies that have characterized the 2009 policymaking processes as expert-led (Baekkeskov and Rubin 2014; Baekkeskov 2016a, 2016b). The twin peaks in Sweden and Norway appear to reflect the pandemic dynamics that included initial outbreaks in May and mass vaccination campaigns in late autumn. The single peak in Denmark reflects that its vaccination campaign targeted small groups only and, hence, elicited less public interest. The media analysis also reveals that PM's visibility differed significantly between countries. The Danish PM was completely absent in the media coverage of the outbreak, leaving the lead epidemiological expert to make statements and answer questions about the pandemic. In Norway, the leading health expert was also more exposed in media than the PM, in particular when mass vaccinations kicked off in November. In Sweden, the leading health expert was also the most mentioned in media. Notably, however, this visibility gap was again much narrower than in Denmark and Norway.

6. Ratios on public leadership of the pandemic responses across Denmark, Norway and Sweden

The above analyses of public leadership during the two pandemics reveal large inter-temporal and between-country differences. This section contributes with three additional indicators of public leadership of the pandemic responses that are disaggregated and focus on more key actors. This includes three ratios of media mentions of key officials: (i) Health experts/Ministers; (ii) Health Minister/PM; and (iii) Lead disease expert/Health agency director.

6.1. Experts/ministers-ratio

The experts-to-ministers-ratio is calculated by relating the number of pandemic articles mentioning the two most prominent health experts with the two most prominent ministers, namely the PM and the Minister of Health. Thus, the indicator captures variation between key cabinet ministers on one side and government health experts on the other. An experts-to-ministers-ratio of 1.0 indicates parity in public visibility between leading government experts and responsible cabinet members. Values above 1.0 suggest

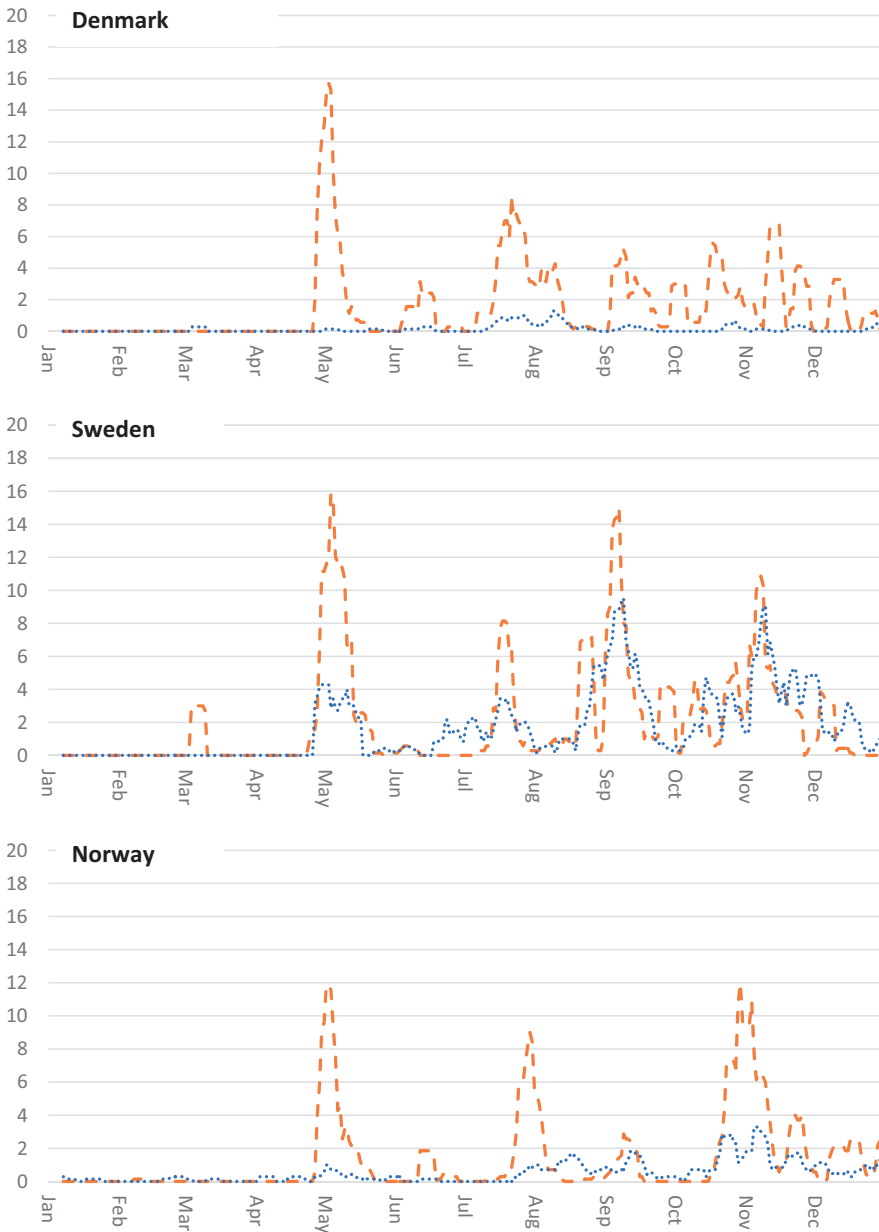


Figure 2. Lead expert and PM visibility in H1N1 “swine flu” media reports for Denmark, Sweden and Norway, 2009. *Legend:* Striped graph (orange): media reports mentioning the most prominent national health expert; dotted graph (blue): media reports mentioning the PM. Seven days moving averages of daily data on mentions in national media reports. January 1–December 31, 2009.

that health experts dominate in media while values below 1.0 suggests that ministers dominate the media discourse about the pandemic.

Table 1 reveals substantial differences across the six pandemic cases, between countries and periods. First, the table supports that 2009 pandemic responses can be characterized as expert-led in all three countries. However, the ratios are markedly different.

Table 1. Experts/Ministers-ratios.

	2009 H1N1	2020 COVID
Denmark	2.8	0.2
Sweden	1.6	1.1
Norway	1.4	0.2

Legend: Media reports mentioning the two leading national experts in relation to the PM and Minister of Health.

Table 2. MH/PM-ratio.

	2009	2020
Denmark	4.5	0.3
Sweden	0.3	0.6
Norway	2.2	0.8

Legend: Media reports mentioning the Minister of Health in relation to the Prime Minister.

Expert prominence differed between 1.4 in Norway and double that in Denmark (2.8). Between periods, [Table 1](#) provides evidence that experts' prominence in Swedish pandemic reporting has been fairly consistent (1.6 in 2009 and 1.1 in 2020). In sharp contrast, experts-to-ministers-ratios for Norway and Denmark shifted significantly (from 1.4 to 0.2 and from 2.8 to 0.2 respectively). This suggests continuity in Sweden while key officials' public visibility in Norway and Denmark changed course substantially between the two pandemics.

6.2. Health minister/PM-ratio

The Health Minister/PM-ratio measures the number of pandemic articles referring to the Minister of Health vis-à-vis the number of articles mentioning the PM. The indicator provides a proxy for the extent to which pandemic communication by government primarily relies on health ministerial sectoral expertise or more top-down control from the PM's office.

[Table 2](#) reveals that in all three countries, PMs were more present than Health Ministers in 2020 media reports on the coronavirus. Again, however, the Danish ratio appears more extreme than its neighbors', with four times more articles mentioning the PM than the Minister of Health. Ministers of Health were more prominent in the media than PMs during the 2009 pandemic in Denmark and Norway. In Sweden, however, PMs were more prominent during both pandemics. Between periods, the previously described pattern of continuity and shifts is repeated with Sweden displaying the most consistency (0.3 in 2009 compared to 0.6 in 2020).

6.2.1. Expert/director-ratio

The expert-to-director-ratio expresses whether health agency directors (Director) were more or less prominently exposed than leading officials specializing in public health and infectious diseases (Expert). In all three countries, health agency directors are appointed by the government while lead disease specialists are employed by the agencies.

[Table 3](#) reveals that during 2009, the directors were much less prominent in media on the swine flu than their lead experts across the three Scandinavian countries. In 2020 by contrast, two media articles on the coronavirus mentioned the Danish director

Table 3. Expert/Director-ratio.

	2009	2020
Denmark	2.9	0.6
Sweden	3.8	3.6
Norway	3.4	0.3

Legend: Media reports mentioning the national epidemiological expert in relation to the health agency director.

(a medical specialist in Gynecology and Obstetrics) for every one mentioning the lead expert (a professor in infectious disease epidemiology). The pattern is similar in Norway where the health agency director is mentioned three times as frequently as the agency's epidemiological expert. Contrast this to Sweden in 2020, where the state epidemiological expert figures in almost four times more media articles than the Swedish health agency director. Again, Sweden displays the most continuity across periods.

7. Discussion and conclusion

The comparative analysis of public leadership (proxied by media visibility) across the three Scandinavian countries and two pandemics has produced some key findings that merit additional attention below.

7.1. Sweden displayed consistency in public leadership across the two pandemics

One finding, often overlooked in the public debate, is the fact that Sweden has displayed much consistency in public leadership across the two pandemics despite their obvious differences in scope. Sweden displayed a high degree of continuity of expert-driven public leadership while Norway and in particular Denmark both moved from a predominately expert-driven media presence in 2009 to a much stronger top-down, ministerially dominated process during the 2020 coronavirus pandemic. Sweden also displayed a public leadership style where both types of actors, politicians and experts, were more equally represented in the media compared to Denmark and Norway. With regards public leadership, therefore, experimentation appears more prominent in Denmark and Norway where clear shifts are evident in public leadership visibility.

7.2. Political leaders in Denmark and Norway embraced public leadership during the coronavirus pandemic

Contrary to the theoretical expectations drawn from the 2009 swine flu pandemic of hands-off political leaders (cf. Baekkeskov & Rubin, 2014), key ministers in Denmark and Norway appeared to have been very hands-on in their public leadership. The political theory of “lightning rods” describes situations where politicians let policy advisors and other government experts take ownership of particular policy initiatives as a way to avoid responsibility and blame (Ellis 1994). In the case of the 2020 pandemic, however, Danish and Norwegian politicians did not appear hide “behind the backs of experts” (Lodge and Boin 2020). It would be too simplistic to attribute this public visibility of political leaders to the severity of the coronavirus pandemic vis-à-vis the swine

flu pandemic. Such explanation fails to account for the diversity of public leadership across the three Scandinavian countries during the coronavirus. Rather, institutional differences between the Scandinavian countries constitute a more likely explanation, as will be discussed below.

7.3. The degree of expert and political involvement in public leadership was shaped by existing institutional structures

The observed differences in public leadership appear not to be rooted in political party ideology. During the 2009 swine flu pandemic, Denmark and Sweden had center-right governments while Norway had a center-left government. Yet elected leaders in Denmark and Norway had much lower media profiles than their Swedish colleagues. During the 2020 pandemic, Denmark and Sweden were governed by center-left leaning governments while Norway had a center-right government. Yet various types of officials' public visibilities differed significantly between the three countries, and again Denmark and Norway were more similar (with elected leaders taking high profiles this time). Nor can differences in public leadership be ascribed any one actor. The ratios (Tables 1–3) that include a broader range of actors exhibit great consistency of findings, suggesting that leadership style cannot be attributed the distinct behavior of any one actor. Thus, rather than highlighting individual actors or political ideologies as key explanatory factors behind the different public leadership configurations, it appears prudent to emphasize factors rooted in the distinct existing institutional arrangements across Scandinavia.

The more expert-driven public leadership is consistent with Sweden's administrative system, which guarantees that the central agencies enjoy a high degree of quasi-decisional autonomy (Öberg and Wockelberg 2016; Christiansen, Niklasson, and Öhberg 2016; Petridou, 2020). It is unconstitutional for politicians to interfere in specific cases where the agency exercises authority vis-à-vis citizens. In contrast, Denmark and Norway have central agencies under ministerial authority.

A clear expression of expert-guided policy processes is the crucial position that Sweden's health agencies took in coronavirus press briefings. The key health agencies jointly organized daily press briefings where ministers were not present. The agencies explained and defended the Swedish strategy, responding at length to questions from Swedish and international journalists. Political leaders organized fewer, and separate, press meetings to present specific decisions with responsible ministers present. Thus, the state epidemiologist at the Public Health Agency of Sweden quickly became the public face of pandemic strategy.

In contrast, the faces of coronavirus pandemic leadership in Denmark and Norway were the elected leaders. In Denmark, political leaders exercised control over information flows from the health authorities and interfered in their independent assessments. Internal correspondence reveals that the health agency was instructed to withhold key statistics (Findalen and Weichardt 2020), and that it was requested to work on more gloomy pandemic scenarios than it had deemed realistic (Jensen, Birk & Lund, 2020). The PM led most of the press meetings. At times, she would be flanked by health experts. But at other times, health experts were noticeably absent (Rubin and de Vries

2020). Similarly, Norway's PM and other ministers played central roles in communicating with citizens and the media through daily media briefings (Christensen and Laegreid 2020). Initially, the Norwegian health agency had authority to hold press briefings. But from March 11 2020, the government decided that all communication would be coordinated from the PMs office, which implied a much more visible and active role for the PM (Kvinnslund 2021).

7.4. Negligible impact of proportional versus precautionary strategy

Whether experts or politicians dominate in media coverage might be associated with the extent to which governments approach pandemic responses as generally proportional or precautionary. In Denmark, swine flu risks were relatively limited, and responses were quite focused, suggesting proportionality. In contrast, coronavirus risks were perhaps greater, but the initial 2020 lockdown shows that response policies were certainly socially wide-ranging ahead of any clarity about these risks. Indeed, the government endorsed precautionary strategy. Hence, these Danish cases support that publicly apparent leadership may impact whether overall response strategy is proportionality or precaution. But the Scandinavian comparisons show that such an association is not general. During the swine flu pandemic in 2009, the Norwegian and Swedish expert-led policymaking process resulted in responses where everyone was offered vaccination (with uptake of 60 percent in Sweden and 45 percent in Norway; Mereckiene et al. 2010), suggesting precautionary motives (Cuesta et al. 2015; however, cf Baekkeskov 2016a, 2016b). During the 2020 pandemic, the quite similar public leadership configuration in Sweden resulted in arguably proportional responses, with relatively limited societal lockdowns. As shown, Swedish media focused to similar degrees on national experts and elected leaders in the two events. In Norway, precaution was apparently repeated in 2020, yet media focus flipped (as shown).

7.5. Practical implications for public debate

As previously mentioned, research from the swine flu pandemic suggests that high levels of health expert involvement in media coverage can “freeze” public and policymaker deliberation about policy alternatives (Baekkeskov and Öberg 2017). Indeed, the Swedish expert-driven response to the coronavirus appears to have spurred a technocratic public debate. Public critiques of Swedish responses in the initial phase of the pandemic were mainly articulated by other health experts, most notably large groups of senior health scientists (Elgh et al. 2020; Carlsson et al. 2020). These public critiques were very concrete and proposed stricter social distancing measures than the government had enacted. In Denmark, by contrast, public critique was mainly offered by newspaper editors and opposition leaders, based on principled discussions of dangers of limiting freedoms and relinquishing powers to the executive branch (Serup 2020; Rubin 2020). This critique, where health experts were noticeably absent, problematized the pandemic strategy without actually suggesting alternative viable public health policies. More systematic research is needed to shed light on the deliberative consequences of these different public leadership configurations.

7.6. Practical implications for trust and support

Public leadership plays an essential role in building trust and legitimacy of actors involved and implemented policies (Siegrist and Zingg 2014). As Boin, Lodge, and Luesink (2020, 199) have noted, the coronavirus pandemic made rock stars out of obscure scientists and thrust them into political scenes. In Sweden, key health professionals were positioned in media as experts *and* as public leaders.

Evidence on whether this dual image had practical implications for public support and trust in the government's handling of the coronavirus pandemic is ambiguous. Methodologically, disentangling effects of media public leadership from actual policies implemented is difficult when comparing trust or approval levels between these countries. Yet some polls suggest that government support for coronavirus pandemic policies was higher in Denmark and Norway, where political leaders were more visible in the media (Smith 2020). However, differences stand out most between Denmark and Sweden where Swedes appeared less supportive of their national pandemic response than their Danish neighbors (Keldsen 2020; Hope Dashboard 2021; Djoef 2020). In addition, approval ratings for Sweden's leading health experts and PM waned substantially during the last quarter of 2020 (Reuters, 2020; Henley 2020). A longitudinal poll from March 2020 onwards documents that 80–60 percent of the Danish citizens consistently agreed that the pandemic policies were necessary and approved of the government's handling of the pandemic, while 55–35 percent of the Swedish citizens expressed agreement on the same questions (Hope Dashboard 2021). Another poll conducted in March/April 2020 showed that compared to their Swedish counterparts, Danish citizens were 24 percent more satisfied with the government's handling of the pandemic and 11 percent more satisfied with the national health agency (Djoef 2020). The findings are less clear when comparing Norway and Sweden. Some polls do appear to suggest higher trust and approval ratings in Norway (Smith 2020). A longitudinal poll actually puts the Norwegian approval ratings of the government's handling of the pandemic throughout 2020 on par with Danish approval ratings, hovering around 80–60 percent (Kvinnslund 2021, 186). But other polls suggest somewhat similar approval ratings between Norway and Sweden (Keldsen 2020) or they find that the Swedish citizens actually exhibited higher trust in authorities than citizens in Norway in the initial phases of the pandemic (Helsingen et al., 2020). Additional research, therefore, is needed to elucidate more robustly the impact of different public leadership configurations on citizens' trust and support.

In conclusion, leaders' public visibility comparisons within Scandinavia between the 2009 swine flu and 2020 coronavirus show marked contrasts and surprising constituencies in who media portray as response policymakers. This shows the importance of further investigations of not merely pros and cons of different coronavirus *policies* but also the different public leadership *structures and processes*. In this paper, we have devised media-based indicators of public leadership that can easily be replicated in other studies and be used for large-n cross-country comparisons or as inputs in more context-specific studies of public leadership. An improved understanding of public leadership is key for effective crisis management. Such understanding might more fundamentally prepare the countries for the next crises that are unlikely to be similar to the present one.

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