The influence of the expert authority on citizens' responses during public health crisis. A survey experiment of the UK and Germany.

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Abstract

Global pandemics are a severe form of crisis. In this situation, governments have to respond to save lives and to guarantee the right to health of their citizens. Citizens all over the world need to cooperate by responding in a way that minimizes global and local loss of life. During large global pandemics like COVID-19, not only governments but various institutions tasked with providing expertise increasingly try to communicate directly with citizens to shape their behaviour to slow down the spread of these pandemics. Research in public policy and international relations has long discussed the expert authority public institutions enjoy. However, we do not know whether this expert authority influences citizens approval of various policy measures, which citizens listen to these authorities and how an emergency shapes citizens adherence to authority. Furthermore, we do not know how international organizations expert authority compares to the expert authority of national organizations. Research in international relations suggests that emergencies boost authority of IOs. However, we lack systematic evidence on whether emergencies actually increase IO authority. In this project, we ask: How does expert authority influence citizens' responses during emergencies? In answering this question, we make three contributions. First, we contribute to the literature on expert authority by extending the conceptualisation of expert authority to the responses of authority addressees who can use expert authorities as source heuristics. Second, we derive testable implications from the literature on the role of expert authority in general as well as in emergencies. Finally, we test these implications through the use of a paired survey experiment in Germany and the UK during the COVID-19 outbreak in May 2020.

Introduction

The COVID-19 pandemic is bringing unprecedented challenges to citizens, governments and international organizations alike. To stop the spread of the pandemic, citizens must comply with social distancing measures and adhere to recommended hygiene standards. Governments all over the world have introduced measures to close borders and shops, cancel public events and limit social contact. To facilitate the acceptance of these measures, a variety of actors are advising citizens on how they should behave to minimise the spread of the virus. Only a couple of weeks ago, commentators decried the death of traditional experts by pointing to the decreasing trust of citizens into their opinions and analysis. This process is reversing at a rapid pace, catapulting medical experts and health policy experts into the spotlight of public attention. The statements of government health institutions make headline news, health researchers are guests on primetime tv shows daily, and the World Health Organization's (WHO) every move is closely watched and reported upon. The latter development is of particular interest for researchers focusing on International Organizations (IOs) on the one hand and multilateral responses on the other. While pandemics do not stop at the border, many countries have hasted to implement national and local responses. This necessity comes at the prize of high opportunity costs, and potential mismatch of measures and time schedules. While domestic policymakers in OECD countries seem to privilege domestic experts, IOs are there to advise them and their citizens as well. Many scholars have pointed to the ability of IOs to shape national policymaking and perceptions of policy problems through their expert authority. Yet we know little about the magnitude of their expert authority compared to other relevant experts in the public scene and how emergencies impact their ability to get their message across. In this project, we compare four groups of actors: researchers, public health organizations, governments and international organizations. These actors are largely unified in their message on which measures citizens and governments should take to stop the spread of COVID-19: 1. Wash your hands; 2. Keep social distance; 3. Limit gatherings and travel. We do not know how effective these pronouncements are in influencing citizens perceptions and decisions. How does expert authority influence citizens' responses during emergencies?

Answering said question contributes to three strands of the literature. First, there is a long tradition of research in public policy on the role of experts in the policy process. These include

studies focusing on policy advisory systems and experts impact on the perceptions and positions of citizens and policymakers evaluations policymakers (Doberstein 2017; Lachapelle, Montpetit, and Gauvin 2014). These studies have established that credibility of sources matters. However, they do not consider IOs in their studies, and they do not focus specifically on emergencies in which expert-based communication is highly relevant. We compare national and international institutions that seek to shape citizens preferences and responses to the pandemic.

Second, there is a substantial body of literature on the expert authority of IOs. These authors generally agree that the expertise held by the IO bureaucracy can allow them to influence policymaking (Eckhard and Ege 2016; Ege, Bauer, and Wagner 2019; Knill and Bauer 2016). Most studies are qualitative in-depth case studies (Barnett and Finnemore 2004; Broome and Seabrooke 2015; Littoz-Monnet 2017b). Scholars have focused on a wide variety of IOs, ranging from UNESCO (Littoz-Monnet 2017a) to the International Monetary Fund (Barnett and Finnemore 2004). Furthermore, recent years have seen substantial advances in measuring expert authority of IOs quantitatively through content analysis (Zürn, Tokhi, and Binder 2019) or survey-based methods (Carraro 2019; Liese et al. 2020). While the literature has provided fascinating insights into the role of expert authority in a variety of cases, we do not know whether it has an actual causal impact on stakeholder's acceptance of policy measures. Experimental studies are, to our knowledge, missing. Furthermore, most studies focus on the expert authority of IOs and their bureaucracies vis-à-vis member states. While this is undoubtedly a highly relevant discussion, it does not help us much when trying to grasp whether IOs can shape the views of citizens.

Third, there is a small but growing literature on the influence of IOs on public opinion, which focuses on exactly that question. IOs increasingly communicate directly with the public (Ecker-Ehrhardt 2018), and scholars have started to assess the impact of these attempts. These studies focus on the impact of IOs on support for security measures (Bearce and Cook 2018; Grieco et al. 2011; Wallace 2019), refugee protection (Greenhill 2020), environmental issues (Greenhill 2020) and economic policy (Bearce and Cook 2018). These studies provide fascinating insights into the role of IOs in public opinion. However, they do not focus on the concept of IO authority and, consequently, do not allow us to evaluate common arguments

in the authority literature. This lack of a focus on authority is relevant because experimental studies use extensive manipulations that invite a variety of mechanisms rather than the sheer mention of an IO. We build on the pioneering findings of this emerging literature but focus solely on the expert authority of different public institutions. In addition, the literature has not focused on emergencies, which makes them not necessarily applicable to the case of COVID-19. We contribute by evaluating whether expert authority is present or even increases during emergencies. Finally, they exclusively survey the US public. So, we do not know how citizens from other countries react to IO cues.

We address these gaps through an experimental study of citizen evaluations of measures recommended to address the COVID-19 epidemic. Our study is unique in three ways: first, we establish a novel way to conceptualise expert authority as a source heuristic from the perspective of the authority addressees. Second, we compare the authority of different groups of experts in emergencies. Third, we compare their authority in a public health emergency versus a non-emergency health issue. We do so by conducting a 'mere mention' experiment of UK and German citizens' perceptions of three COVID-19 policy measures and compare those with measures related to overweight and obesity.

This study has both policy and academic relevance. Public health emergencies and especially the fight against pandemics require the cooperation of a large number of citizens around the globe. Our study has the potential to be informative for policymakers because it sheds light on how expert authorities in general and IOs, in particular, can facilitate that cooperation. Furthermore, it is relevant for academic debates on the expert authority of a variety of actors active in public debates. We establish a novel way to operationalize the concept of expert authority that is widely employed in the literature on international organizations in international relations (Barnett and Finnemore 2004; Zürn 2018), but also in other disciplines ranging from sociology to political philosophy (Riaz, Buchanan, and Ruebottom 2016; Viehoff 2016).

This concept note is structured as follows: we first establish our conceptualisation of expert authority. Then, we discuss our novel approach to operationalizing expert authority. Finally, we discuss how we aim to use an experimental survey design in order to evaluate the role of national and international experts in public health.

Theory

Expert authority, as discussed in the literature, has three qualities. It is a relational phenomenon, it is based on (largely) voluntary deference, and it is grounded in the ascribed expertise of the entity in authority. First, expert authority, like all kinds of authority, materialises in the relationship between two actors—a superior actor which holds authority over a subordinate actor. The subordinate actor acknowledges the privilege of authority through deference to the demands of the superior (Barnett and Finnemore 2004; Hooghe et al. 2017; Zürn, Binder, and Ecker-Ehrhardt 2012). Second, it is a distinct form of power that works more through voluntary subordination then coercion (Lake 2010; Zürn 2018; Zürn, Binder, and Ecker-Ehrhardt 2012). The voluntary nature of deference disqualifies instances of coercion, whereby the fear of sanctions leads to compliance with the demands of the superior (Hurd 1999; Lake 2007). Third, expert authority is the recognition of the competency of the superior to use her superior knowledge to assess, judge and recommend policy (Barnett and Finnemore 2004; Simmerl and Zürn 2016). Expert authority is present when the recognition of a claim is based on the judgement that a given claim must be recognized more due to the expertise of the source, then the merits of its content.

Expert authority is not the sheer possession of knowledge or expertise by the IO bureaucracy. There is no doubt that the likelihood for expert authority increases if IO bureaucracies have substantial expertise (Barnett and Finnemore 1999; Knill and Bauer 2016). However, for expert authority to be present, this does not need to be the case. It is the perception of the addressee that matters for the recognition of expert authority. Indeed, experts often engage in highly contested policy areas where their knowledge is questioned. For example, Hanrieder and Kreuder-Sonnen (2014) discuss the controversy around the classification of swine flu as a pandemic by the WHO, which was disputed by a variety of public health actors.

We argue that from the vantage point of the authority addressee, authority generally works as what we call a source heuristic. The concept of heuristics stems from seminal work from research on cognitive psychology (Tversky and Kahneman 1974). They are built on the insight

that human rationality is bounded by inescapable limitations in the power of the brain regarding the processing and memorizing of information (Simon 1957). Attention is limited, and gathering all possible information is costly. This implies that the theoretical ideal type of rational choice based on maximising utility of choice alternatives represents a nearly insurmountable challenge for human beings. Humans resort to shortcuts to ease inference and make decisions under these constraints. These shortcuts are commonly called heuristics. A source heuristic is a particular kind of heuristic in which the shortcut is the source of a claim. There is a longstanding interest in the ways in which source cues influence human perceptions in psychology (Bohner, Chaiken, and Hunyadi 1994; Chaiken 1980). Scholars have argued that humans use the reputation and trust of certain sources as a means to shorten the decision-making process. These insights resonate directly with the claims made by IO scholars on (expert) authority. Authority serves as a cognitive shortcut through which addressees decide based on the source, rather than the content. Or in other words, it functions as a source heuristic. Therefore, we hypothesise:

H1: Mentioning that an institution is the source of a claim, will increase the agreements of citizens with said claim

Research design

In order to operationalize the concept of expert authority as a source heuristic, we draw upon a paired survey experiment in two countries to be conducted in May 2020. Survey experiments have three advantages over alternative methodological choices to study our research question. First, we are able to identify causal effects more straightforward than in time-series or cross-sectional data which leads to greater internal validity. While commonly employed to great effect, commonly applied statistical methods of causal inference like instrumental variables, difference in difference, matching or regression discontinuity are inferior to true randomization in identifying causal effects. Second, surveys are generally seen as the gold standard in questions focusing directly on public opinion and citizens' evaluations. Finally, when employing randomization together with representative samples, they allow us to generalize to a larger population of interest (Dellmuth and Tallberg 2020).

We plan to implement the survey in two countries: Germany and the United Kingdom. Since there are limitations in our resources, we cannot survey a large number of countries. Therefore, we focus on two countries that vary in meaningful ways regarding the COVID-19 response. We do not aim to explain differences in the deference to expert authority of citizens from the two countries. Rather, we use these two countries to test the mechanism of expert authority in two countries that are diverse on certain theoretically relevant dimensions. One could argue that the UK and Germany are not that diverse since they are both democracies, high-income countries that are in Western Europe. However, we opt for countries with some degree of comparability that also differ in several relevant dimensions. First, while the COVID outbreak happened nearly at the same time in the two countries (Germany on 29th of January, the UK on 1st of February), the initial reactions were very dissimilar. Germany implemented distancing measures more quickly than in the UK. Second, Germany and the UK differ in the responsibility for the crisis response. In Germany, a federal country, the responsibility for many measures lies with the regional governments. In the more centralized UK, the UK government is responsible for most measures. Third, Germany started to relax measures in early May, while the UK is staying put. Fourth, the UK prime minister, Boris Johnson, himself had to be hospitalised while Germany lacked a well-publicised case inside the government. Finally, the United Kingdom went through a period of increased politicisation of the primacy of experts in public policy. The Brexit campaign was accompanied by the politicisation of policy expertise in the public realm. As Michael Gove, one of the leading figures of the Leave campaign, famously put it: “people in this country have had enough of experts” (Mance 2016). While Germany was faced with the rise of the AFD, it lacked such a public display of scepticism towards traditional expertise. Therefore, we think that the two cases are different on several dimensions that are of relevance to our study (response to COVID-19, politicisation of expertise, centralization). These multiple differences preclude us from drawing any inference from the comparison between the two countries. However, they allow us to assess whether the phenomenon we observe varies substantially between country contexts or can be generalised at least to some degree to other countries.

In order to implement our survey, we rely on online panels of the highly reputable global survey company YouGov. YouGov provides representative samples 2000 respondents for

both Germany and the UK through targeted quota sampling (by gender, age, education, region). There might be some concerns with YouGov's practice of providing respondents with small monetary incentives, which might introduce differences in factors related to motivation. However, we do not seek to identify the exact level of agreement citizens have with certain measures taken concerning COVID-19. Indeed, there are a host of companies and actors focusing on this question at the moment. Rather, we are interested in differences between respondents who are "treated" with the respective expert authorities versus those that are not in order to identify the causal effect of IO's expert authority and answer our theoretically guided research question. Since motivational factors should matter more for external than for internal validity, we are confident in the use of YouGov as a means to recruit survey participants (Dellmuth and Tallberg 2020). The choice of YouGov is in line with a number of recent studies using survey companies in IO research (Anderson, Bernauer, and Kachi 2018; Dellmuth and Tallberg 2020). We weight responses so that they correspond to the distribution of the observed traits (gender, age, education, region) in the overall population of each country.

Experimental manipulation

In line with our theoretical expectations regarding expert authority as a source heuristic we conduct a "mere mention" survey experiment (Gaines, Kuklinski, and Quirk 2007). We randomly assign respondents into four treatment groups and one control group. All five groups get a recommendation for a way to address COVID-19. The only difference is the "mere mention" of the source of the recommendation. The four treatment groups are treated with the mention of the four central national and international actors regarding public health in each country. These are the health ministry (Germany: Bundesgesundheitsministerium; UK: Department of Health and Social Care), the national health research agencies (Germany: Robert Koch Institut; UK: National Institute for Health Research), researchers from reputable medical universities (Germany: Charite Berlin; UK: Oxford University) and the World Health Organization (both countries). Each respondent gets a short text to introduce them to the recommendation. For example: "The World Health Organization recommends that citizens take personal measures during the corona crisis to strengthen the immune system and prevent weight gain,

such as exercising 30 minutes a day". After these short texts, respondents answer the following question: To what extent do you support (*MEASURE*)? Respondents indicate their support on a 1-6 scale ranging from "strongly support" to "strongly reject". We will change the question wording from the abstract "It is recommended" in the control group to "The *INSTITUTION* recommends" in the treatment groups.

We ask several questions in the survey. Three of the questions focus on COVID-19 measures for personal and public use and vary the intensity of recommended behavioural change. In order to account for potential ethical concerns with giving misinformation, we decided to focus only on recommendations that were actually given. Since the WHO is the only organisation that advises both countries, we decided to use its recommendations. We identified three kinds of recommendations. Two of our questions focus on personal measures and one on public policy. In addition, we introduce a manipulation check. To verify whether respondents actually read the question, we include an attention check. Since we rely on small iterations of the question, respondents must not miss the treatment. The most popular attention check in the literature is an instructed-response item. Therefore, we include a question on the average litres of pure alcohol that are consumed by the citizens of each country. We report the number in the question and give different answer options. Those who correctly identify the right amount will be considered to have passed the attention check. This kind of instructed response check is in line with a large body of experimental research in psychology (Kung, Kwok, and Brown 2018).

Our study has two parts which will be presented in two separate articles. First, we assess the relative causal effect of the recommendations of the four potential expert authorities. Second, we test how the emergency influences the role of expert authorities. In both of these articles, we assess the scope conditions of these arguments using a variety of sub-samples and different respondent perceptions and characteristics.

Part 1: the comparative impact of expert authorities during COVID-19

In the first part of the project, we evaluate the expert authority hypothesis (H1) for the four institutions we discussed above: The health ministry (Germany: Bundesgesundheitsministerium; UK: Department of Health and Social Care), the national health research agencies (Germany: Robert Koch Institut; UK: National Institute for Health Research), reputable researchers from medical universities (Germany: Charite Berlin; UK: Oxford University) and the World Health Organization.

We evaluate the scope conditions of our expert authority argument by differentiating among several different respondent groups. We test whether the causal effect disappears when looking at respondents that should be less inclined to defer (hard cases) or only with those respondents that should be more inclined (easy cases). We focus on differences in recommendations, differences in the characteristics of the evaluated institutions and differences in individuals' characteristics. First, we evaluate how differences in recommendations shape the causal effect of expert authority. We test whether expert authority only applies when looking at justifying government actions or whether citizens are also swayed by authorities when the recommendations target their behaviour directly. We do so by comparing two questions, one question focusses on personal measures, the other question is concentrates on public measures. Second, we assess whether differences in the individuals' views of the respective institutions shape the causal effect of expert authority on their perceptions. The literature highlights the importance of perceptions of neutrality and expertise in determining expert authority (Barnett and Finnemore 2004). Therefore, we explore whether the causal effect of expert authorities on citizens' perceptions holds for both respondents that perceive the institutions under study as having high neutrality and/or high expertise or whether the causal effect is also present at lower levels of neutrality and/or expertise perceptions. In addition, we evaluate the role of differences between exposure to the advice of the different institutions (high exposure vs. low exposure). Finally, we focus on three central individual characteristics. These are age, education and political affiliation. We concentrate on age to gauge whether individuals defer only to institutions when these individuals are in high risk groups for COVID-19 or whether authority also applies to individuals at lower levels of risk. We assess the extent to which variations by education change the causal effect because education levels

likely influence the extent to which one is socialized into following certain experts. Finally, we examine the role of political ideology. We test whether the causal effect is only present for governing parties' supporters or also opposition party supporters as well as differences between populist parties' supporters versus mainstream parties' supporters.

We test the discussed differences in four ways. First, we display average treatment effects (with 5% confidence intervals) graphically. Second, we run t-tests to evaluate whether the treatment and control group differ significantly in the mean of support towards the different COVID measures. However, some of the sub-samples (like some age groups or political affiliation) include not many respondents. Therefore, we run OLS regression in a second step. There, we include the three variables focusing of perceptions of the institutions (expertise, neutrality, exposure) as well as individual characteristics as control variables (age, political affiliation, education, region, country). In addition, we estimate OLS models and include interactions between the treatment and the respective perceptions and traits to gauge how the different perceptions and traits shape the expert authority of the respective institutions (expertise, neutrality, exposure, age, political affiliation, education, region, country). Finally, we run robustness checks, including and excluding those who failed the attention check.

Part 2: the influence of emergency on expert authority

The second project evaluates the expert authority mechanism in emergencies. In recent years, authors have become more interested in the expansion of IOs authority in emergencies (Hanrieder and Kreuder-Sonnen 2014; Kreuder-Sonnen 2019). They have argued that IOs can expand their political authority in emergencies and take over areas that were previously outside their domain, through so-called 'authority leaps' (Kreuder-Sonnen 2020). We argue that the same is true for expert authority. The public tends to demand decisive action in emergencies (Gross and Ní Aoláin 2006). At the same time, crises create considerable uncertainty. For most people crises happen at the intersection of Rumsfeld's famous "unknown unknowns" and "known unknowns": people are beginning to realise that they lack crucial expertise to make accurate decisions in the uncertainty evolving around them. Therefore, actors aim to recover certainty about the changing circumstances they are facing (Natorski 2016). The

threats for personal health and the health of people close to them will further increase stress and uncertainty. In order to make the new reality more fungible, people will resort to experts. Therefore, we hypothesise:

H2: Respondents will defer more to expert authority in emergencies

We will test the hypothesis in two ways. First, two questions focus on non-emergency health policy areas. We chose obesity as it is an important area in which many public health experts have long advised citizens and governments alike. The measures were chosen based on existing WHO recommendations and also on surveys on public support for government intervention on obesity (Sainsbury et al. 2018).

We test the emergency hypothesis (H2) in two ways. First, we compare the responses to the COVID-19 questions with those to obesity. That way, we can grasp whether a possible increase in the expert authority of the different sources is related to the emergency. Of course, the emergency may influence the salience of public health expert authorities across the board. However, we are interested in the relative increase of the COVID-19 question compared to the obesity questions to test our hypotheses rather than estimating the true level of support for sugar taxes. Therefore, we think our approach is valid.

H2a: *Respondents will defer more to expert authority when evaluating COVID-19 measures than when evaluating obesity measures*

Second, we compare different respondents by the degree to which they indicated their concern over COVID-19/obesity and have been exposed to the advice of the institutions. We do so, in order to evaluate two hypothesised mechanisms through which emergencies might influence the expert authority of institutions. The first mechanism focuses on the suspension of judgement to regain certainty. If respondents are more concerned, they are more in an emergency relative to those that are not as concerned.

H2b: *Respondents will defer more to expert authority when evaluating both COVID-19 and obesity measures, when they are more concerned about the respective public health issues*

In addition, we test the exposure mechanism. The argument is that respondents will suspend their judgement because the common mention and discussion of sources signals them that it is a norm to follow these experts during the time of emergency. Therefore, they defer because elites and the media signal to them that it is appropriate to do so. We hypothesise:

H3: The more respondents have been exposed to an institution, the more they will defer to its expert authority

Finally, we evaluate the emergency argument with respect to the perceptions of the institutions' neutrality and expertise. We hypothesise that the uncertainty induced by the emergency will change the way expert authority works. It makes respondent defer to even authority they find questionable to restore certainty during the emergency. Therefore, we hypothesise:

H4: Determinants of expert authority matter less during an emergency than during non-emergency situations

H4a: *Neutrality explains less of the deference of citizens to expert authority during emergencies than during non-emergency situations*

H4b: *Expertise explains less of the deference of citizens to expert authority during emergencies than during non-emergency situations*

In order to evaluate these arguments, we compare questions focusing on an emergency (COVID-19) with a non-emergency (obesity) policy area as well as disaggregate respondents by their perceptions. First, we compare the results of questions focusing on the personal and public measures in both obesity and COVID-19. We do so, using graphic display of average treatment effects (95% confidence intervals) and t-tests of differences in means for both questions separately (H2 and H2a). Second, we ask a question that recommends the same measure to be taken in the light of COVID-19 versus obesity (doing sports). We test whether there are differences between policy areas and institutions in the respective policy area, again

using t-tests (H2 and H2a) and graphical displays. We will do so, by evaluating the questions separately. In addition, we will discuss the combined treatment (institutions (4 different treatments and control) and emergency/non-emergency) again using t-tests und displaying the average treatment effects in a graph and we will run OLS regressions interacting the treatments with each other. Third, we will dive deeper into two mechanisms: the discussed concern mechanism and the exposure mechanism (H3). To do so, we will disaggregate the results by sub-groups and evaluate whether high concern individuals and individuals that are more exposed to the respective institutions defer more to the institutions than low concern and low exposure individuals (H2b and H3). We will compare these groups using graphical display of average treatment effects, t-tests as well as OLS regression with interactions between these factors and the treatment. Fourth, we will compare the association of neutrality and expertise with the deference to expert authority in the emergency versus the non-emergency situation. To do so, we run OLS regressions which include the interactions between the treatment and neutrality/expertise and compare the results of the different questions (emergency/non-emergency) with each other. Finally, we test the robustness of the findings of the regression analyses to including individual-level characteristics (age, education, political affiliation, region, country) as well as perceptions (neutrality, expertise, exposure).

To summarise, drawing on a paired survey experiment conducted in Germany and the UK, we aim to test whether citizens: 1. Use expert authority as a source heuristic, 2. Rely more on expert authorities in an emergency, 3. Explore some of the scope conditions of deference. By doing so, our study will be the first to evaluate the causal effect of IOs expert authority on citizens perceptions, compare this causal effect with other domestic sources of expertise and evaluate whether expert authority increases during emergencies.

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