

# **The corona virus crisis – crisis communication, meaning-making and reputation management**

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## Abstract

This article addresses the Norwegian government's meaning-making, crisis communication and reputation management during the Corona pandemic crises. It argues that reputation management can be seen as a combination of governance capacity and legitimacy reflected in a well performing crisis communication and meaning-making. Under the slogan «working together» the government emphasized the need for a supportive and cohesive culture in order to to balance efforts at increasing governance capacity as well as governance legitimacy, through shaping a common understanding and broad consensus on what the crisis was about and what needed to be done to deal with it. A main lesson learned from the Norwegian case is that the effectiveness of the government in controlling the pandemic was enhanced by successful meaning-making and communication with the public, and to the high level of citizens' trust in government.

## INTRODUCTION

The coronavirus 2 (SARS-CoV-2CV),<sup>i</sup> which causes the disease COVID-19, is having a devastating impact worldwide. As of May 20, 2020, 4.927.229 people had contracted the virus and 324.035 had died from it. The UN General Secretary even labeled it a «threat to humanity». The dominant definition of the crisis among executive politicians around the world is that CoV is extremely dangerous and should be fought using any means. This has led to draconian measures, literally closing down whole countries, regions and municipalities. The experts advising the political executives on fighting the virus often point out that politicians are having

to make decisions under conditions of great uncertainty without really knowing much about what effects different measures such as closing schools or businesses will have, yet most countries have done this. The counter-arguments have been rather few, but they are gradually increasing with the slow opening of and deregulations in some countries, with some people saying that «the cure is worse than the disease.» Related to these arguments, some researchers and epidemiologists have maintained that CoV is not much more dangerous than ordinary seasonal flu and that putting such weight on health concerns in the crisis comes at too great a cost to society, both socially and economically<sup>ii</sup>.

Crisis management has two main dimensions – governance capacity and governance legitimacy (Kapucu 2008; Christensen, Lægreid and Rykkja 2016), which separately and dynamically influence how political and administrative actors mitigate, define, handle and learn from crises (Boin et al. 2017). Governance capacity denotes which structures and resources are accessible to deal with a crisis, but also how they are used in practice. Lodge and Wegrich (2014) divide governance capacity into four types: analytical, coordination, regulation and delivery capacity. Governance legitimacy is about how the environment of a governmental system – i.e. citizens and the media – experience and evaluate government efforts during a crisis. This can take the form of what Easton (1965) labels «diffuse support,» meaning trust in institutions and political-administrative actors over time, but also of «specific support,» alluding to trust in specific actors or measures in specific situations. If a crisis is handled well a high level of trust and legitimacy will often result, while scoring low on legitimacy can undermine governance capacity. In a crisis situation legitimacy is often connected to accountability, not primarily internal political, administrative or professional accountability, but what Schillemans (2008) calls horizontal or societal accountability, where political leaders try to justify or argue for the measures taken, which is an important democratic feature.

Our study focuses on what Boin et al. (2017) label «meaning-making,» denoting how actors use certain arguments and symbols to support their crisis management measures, which is a central part of governance legitimacy. Meaning-making depends on governance capacity, i.e. what the government is able to do given the capacity it has, but also on cultural norms and symbols, which may influence this capacity. Meaning-making relates to what is called the «access-structure» and definition aspect in organization theory, meaning how problems and solutions are defined (March and Olsen, 1976). In modern terms it is connected to what is called «reputation management» in the public sector (Carpenter 2010; Wæraas and Maor 2015). In this context we will use Carpenter's (2010) types of reputational symbols – performative, professional, moral and technical.

Our empirical focus is the main arguments presented by central and local government leaders in Norway in the spring of 2020 to justify the draconian measures introduced to restrict contact between citizens and seal Norway off from the rest of the world, which involved closing businesses and public institutions, such as schools and universities, preventing movement of people within and across regions, etc. Some of these arguments and measures are common to many countries, while others are related to country-specific structures and cultures.

Our main research questions are accordingly:

- How do central and local politicians define the corona virus crisis and how do they justify the measures taken? Do they agree or disagree among themselves?
- How do leading virologists and epidemiologists define the crisis and what is their advice on the measures? Do they support the arguments of the political executive?
- How can we understand the crisis definitions and justifications of the central actors as a dynamic relationship between governance capacity and governance legitimacy related to various reputational symbols?

We first present our theoretical approach. Second, we outline the Norwegian context and make some brief remarks about our methodology. We then describe the strategic central authorities' meaning-making and crisis communication by focusing on health issues, the education system, business closures and relations with local government, followed by legitimacy and trust relations. Finally, we analyze the findings based on our theoretical approach and draw some conclusions.

## THEORETICAL BASIS

Both governance capacity and legitimacy are needed for a well-functioning crisis management system. Often, there is a difficult trade-off between capacity and legitimacy, but this is also a dynamic relationship. Capacity is important, but it is also crucial that the measures to handle a crisis are accepted by citizens and that they follow the advice and instructions from the government (Boin and Bynander 2015; Lægreid and Rykkja 2019). Thus, crisis management is also a question of perceptions. It is often most successful when it is able to combine the quality of democratic representativeness and state capacity. In this article we will mainly address the issue of governance legitimacy and trust.

For the response to a crisis to be effective and legitimate the government must be prepared to execute a set of tasks (Boin, Brown and Richardson 2019; Boin et al. 2017). It must act, it must make sense of the unfolding situation, it must make decisions and collaborate across horizontal and vertical boundaries, and it must formulate and communicate a convincing and enabling understanding of what has happened and what should be done to minimize the consequences of the crisis. In this article we focus on the tasks of meaning-making and crisis communication by primarily addressing the symbolic dimension of strategic crisis management ('t Hart 1993). This entails explaining what has happened, communicating what should be done and offering guidance to those affected, those involved in the response and society at large. It is about framing the crisis to understand and handle it (Boin et al. 2017; Johnson-Cartee 2005).

The media often play a major role in disseminating the authorities' meaning-making and communication with citizens.

A government's reputation can be understood as a set of beliefs about its capacity, intentions, history and mission that is embedded in a network of multiple audiences (Carpenter 2010). It is a collective perception of the government's past actions and achievements and its current ability to deliver valuable results to multiple stakeholders. Reputation management can be seen as the government's overall strategy for intervening in reputation creation and maintenance processes through external communication and meaning-making (Wittington and Yakis-Douglas 2012; Christensen and Læg Reid 2015). It involves deliberate actions taken by the executive designed to influence citizens' beliefs, attitudes and expectations about the government. A meaning-making and communication strategy can take many forms, including managing media relations.

Reputation management is especially crucial during a crisis that might produce negative reactions among stakeholders and citizens. Governments with a good reputation are normally better equipped to carry out successful crisis management. Thus the purpose of reputation management is normally external – i.e., to enhance the image and public legitimacy of the government (Wæraas and Maor 2015). Challenges involved in reputation management are related to consistency, reliability and contextual features. A core lesson from meaning-making in a crisis situation is the importance of formulating a shared and sensible message in the wake of the crisis, to work together to make a credible picture of what is going on and plan how to handle it and to communicate this understanding to the general public (Boin, Brown and Richardson 2019). The executive must be able to formulate a persuasive and common message on how to handle the crisis in a political setting, have high credibility and be able to communicate that message to citizens (Boin et al. 2017; Coombs 2007).

The focus in this article is on reputation management in unsettled situations in the context of the corona pandemic in Norway. The corona crisis is an urgent threat to basic structures and fundamental values, a very complex transboundary and creeping mega crisis (Boin et al. 2020). Major decisions have to be taken under extreme time pressure and deep uncertainty regarding the cause of the crisis (how could this happen), how the crisis will develop (what will happen next, what will the effects be), and what are the possible means and measures (how can we mitigate or resolve the crisis) (Ansell et al. 2010). A main purpose of meaning-making for the executive in a crisis is to get others to accept its understanding of the situation and reduce public and political uncertainty by providing an authoritative account of what is going on, why it is happening and what needs to be done (Boin et al. 2017). It must frame the unfolding crisis in convincing terms that enhance its efforts to manage it by strengthening confidence in its response.

A government reputation is a multi-dimensional concept. Carpenter (2010) distinguishes between four dimensions of government reputation that might shape citizens' reactions and behavior (see also Carpenter and Krause 2011):

- *Performative reputation* - Is the government able to do the job in a way that is interpreted as competent and effective by citizens?
- *Moral reputation* - Is the government compassionate, honest and flexible? Does it protect the interests of its constituencies and citizens?
- *Procedural reputation* - Does the government follow normally accepted rules, processes and procedures?
- *Technical reputation* – Does the government have the skills and capacity required to deal with complex environments?

In this article we will examine the government's reputation management in the corona crisis by addressing these dimensions.

Reputation management is a tricky task because there are a lot of trade-offs among different values and measures, making the government vulnerable to criticism. One concern in reputation management is the «politics» problem (Wæraas and Byrkjeflot 2012). The experts and professional authorities might be very constrained by political frames and guidelines because their actions potentially have serious political consequences, or else a crisis may give experts and professional bodies more autonomy to decide how to act and more scope for reputation management. In facing a crisis there is a need both for centralization (strong leadership, hierarchical control and command) and for decentralization (flexibility, improvisation, diversity and local autonomy) (Kettl 2003).

A transboundary mega crisis, such as the corona pandemic, also highlights the emotional aspects of reputation management (Wæraas and Byrkjeflot 2012). Reputation management needs to take into account strong reactions from affected stakeholders, the political-administrative apparatus, the general public and the media. A balance needs to be struck between showing strength and control, and being open and responsive to different views from local government, professional bodies, opposition parties, and employees' and employers' organizations.

## CONTEXT

Norway has a strong public sector, a well-developed welfare state, and open and transparent government. It is also a high trust society. Citizens' trust in government is high, and mutual trust relations between government authorities are higher than in many other countries (OECD, 2017). It also has a strong economy owing to oil and gas revenues and a big pension fund to ensure responsible and long-term management of these resources. And population density is lower than in most European countries, with only 5.37 million people living in a vast territory.

The Ministry of Health and Care Services (MH) is the central crisis management ministry to handle an epidemic/pandemic in Norway, and the main expert bodies are its subordinate agencies: the Norwegian Directorate of Health (NDH) and the Norwegian Institute of Public Health (NIPH). When the epidemic started, MH was the lead ministry but as the crisis expanded to other policy areas, the Ministry of Justice and Public Security (MJ) was assigned as the lead ministry. The prime minister and the cabinet are also central actors, in collaboration with parliament, since the current government is a minority coalition government.

The quality of Norwegian healthcare is high compared to many other European countries. Almost all hospitals in Norway are public and organized into regional health enterprises with a rather large degree of autonomy. Nevertheless, MH owns the health enterprises and has overall responsibility for them.

On April 6, the minister of health claimed that the corona epidemic was under control in Norway, three weeks after the government had introduced draconian measures. He said that by that time the secondary spread or R factor was 0.7 – i.e., on average one infected person was infecting 0.7 other persons – while that number was about 2.5 when the epidemic broke out five or six weeks earlier (NIPH 2020). The argument was that the government's measures to fight the spread of the infection had worked. In spite of this good news, he warned against loosening the various measures too fast to avoid a resurgence.

The initial cases of COVID-19 (C-19) in Norway arose among Norwegians returning from skiing vacations in Northern Italy and Austria. The first infected person was registered on February 26. The geographical spread of the disease in Norway was very uneven, reflecting social status, vacation habits and population density. Oslo, the capital, has had the highest number of cases per capita, 3.70 per 1000 inhabitants, on May 20, while the lowest incidence was in the region of Nordland where it was 0.49. The number of infected and hospitalized

patients increased rapidly until March 28, but after that remained stable for a while and then decreased substantially.

As of May 20, 8267 people were infected during the pandemic, of whom 93% are now healthy. 234 deaths had been registered with an average age of 82 years. A total of 223,045 people had been tested for coronavirus, a very high percentage of the population compared with other countries, and about 5 percent of them tested positive. There were very few new cases, 51 people were being treated in hospital, 18 of them in intensive care, of whom 11 were on respirators; the latter figure was only one tenth of that at the peak of the epidemic.

>>>>> Insert Table 1 here <<<<<<

Table 1 tries to put Norway into a comparative picture concerning infected people and deaths pr. 100.000 inhabitants.<sup>iii</sup> Concerning both infected and deaths, Norway is scoring way below the highest scoring countries such as the US, Spain, Belgium, the UK and Italy. Among the Nordic countries, Sweden with its very different strategy, is scoring much higher than Norway, lower than Denmark, but more on the same and low level as Finland, with Iceland much higher on infected but lower on deaths.

Until March 12, the government had hesitated and taken a wait-and-see approach to the epidemic, with the director of NDH in particular seeking to calm the public. But that day draconian regulations were implemented, which on March 24 were extended to April 13. Subsequently, four rounds of economic compensation packages were announced and a decision on a law that gives the government extraordinary decision privileges in times of crisis, where the government's initial proposal was considerably watered down by parliament.

The most important regulatory C-19-related central measures to combat the virus during the first month of the outbreak were (NOGOV 2020):

- Advice on washing hands, keeping social distancing and limiting gatherings to not more than five persons. In addition, quarantining those infected, securing hospital capacity and, increasing the authority to track contagion.
- Avoiding not strictly necessary journeys and public transport. All Norwegians returning from abroad were required to go into quarantine for fourteen days.
- Stricter border controls. The Norwegian border was closed to foreign nationals.
- Mandatory closure of all kindergartens, schools, colleges and universities. Closure of all training facilities and competitions in sports clubs and cultural events.
- Mandatory closure of all hairdressers, gyms, hotels, etc., while grocery stores, pharmacies and shopping malls were allowed to stay open.
- People with second homes in another municipality were not allowed to stay overnight in their properties, due to fear of overwhelming local health capacities.
- Some local governments also introduced rules regulating access to certain geographical areas.
- On April 8, the government decided to lift the COVID-19 restrictions gradually and cautiously. The kindergartens reopened from April 20, primary school for grades 1–4 from April 27 and all schools from May 11. The ban on using holiday properties was lifted from April 20. Businesses involving one-to-one contact were allowed to resume operations.
- May 7, the government decided that the goal was to reopen most closed-downed activities by June 15. Larger gathering were limited to 20 people for private gathering

and 50 for public, sports facilities could open, and the quarantine period was reduced to 10 days.

- From June 1, bars and amusement parks can reopen and from June 15 public arrangements of up to 200 people is allowed, and fitness centers, water parks, swimming pools and the top league in soccer may be reopen, depending on certain criteria.
- But, the general infection control measures such as rules of social distancing are maintained, international travel is discouraged, people who have been abroad have to go into quarantine, there are entry bans for foreigners, colleges and universities are slowly reopening and have to practice distance learning, and working from home preferred and local collective transport discouraged.

These restrictions were the strongest in Norway after World War II but it was not a complete lockdown. The restrictions gave priority to health over economy, to standardized national regulations over local flexibility, they were more top-down than bottom up, and it was a combination of mandatory regulations and more soft advice. The restrictions were gradually lifted according to learning and experience. It was not much public debates about the restrictions, but in the period of opening up a more lively public debate has erupted, both on the restrictions in a retrospective light, but also about whether deregulation is going too slowly.

291,000 people, or 10.4 percent of the labor force were registered as fully unemployed by March 24. By comparison, two weeks earlier the unemployment rate had been 2.3 percent and by May 19 it was 7.5 percent. To mitigate the

negative economic effects of these strong restrictions, the Norwegian government introduced measures in several steps:

- March 13: immediate measures to support jobs, help businesses to avoid unnecessary layoffs and to prevent bankruptcies in viable companies.
- March 16: NOK 100 billion worth of guarantees and loans in crisis support for businesses followed by compensation schemes for workers in the culture, voluntary and sports sectors.
- March 27: additional financial measures to help otherwise sustainable businesses that had been severely affected by measures to contain the pandemic.
- April 3: additional measures directed at businesses that had been particularly hard hit during the pandemic, including cash support for enterprises.

The fiscal measures so far add up to NOK 241 billion taken from the petroleum fund, corresponding to an increase in expenditures in the government budget of 17 percent compared to the last year.

The law on exceptions process, aimed at giving the government extraordinary powers in the crisis situation, was relatively controversial. The government initially proposed introducing it for half a year, but after discussion in parliament, it was limited to a month, covered fewer powers, and it was decided that parts of the law could be suspended if one-third of the representatives in parliament were against it.

Even though the opposition made major changes to the government's proposal, the debate was marked by symbols of collaboration, trust and solidarity in a crisis situation. Many of the MPs participating in the debate about the law pointed to a deterministic principle (TINA- There Is No Alternative), meaning that in the face of the crisis, society and the political-

administrative system were in an extraordinary situation that demanded necessary and unusual measures to help citizens and businesses. Simplified and quicker public decision-making in urgent matters was seen by many as a major justification for the law, while only a few mentioned the increased powers of the government and the courts.

## METHOD

We focus on how political and professional leaders communicated with the public during the crisis regarding how they defined the situation and justified the new regulations. Our main data source is the daily government briefings to the media, normally given by two to three ministers and a leading official from each of the NDH and the NIPH.<sup>iv</sup> Occasionally, the PM joined these briefings to deliver especially important political messages. At the briefings politicians and experts also answered questions from journalists from the main media outlets. We also used interviews with political leaders published in the media and other media articles, including opinion pieces. The media is the main source for the more limited analysis of the arguments of local political leaders related to closing the borders of local municipalities.

## MEANING MAKING AND CRISIS COMMUNICATION – APPEALING TO SOLIDARITY – UNITED WE STAND

### Overall Definitions and Justifications.

During the whole COVID-19 process, the prime minister and the involved ministers have played an important role in communicating with citizens and the media through their daily media briefings together with NHD and NIPH, and there has been extensive media coverage of what might be called a horizontal or societal accountability effort (Schillemans 2008). So, what are the main definitions and justifications the political executives used in their daily media

briefings? How do they reflect the two major dimensions: governance capacity and governance legitimacy (Christensen, Lægreid and Rykkja 2016)? And do their arguments typically use performance, professional or moral symbols (Carpenter 2010)?

Initially, the executives decided on a paternalistic strategy, defining the situation as dramatic and the worst since WWII. Their argument was that if drastic measures were taken now, the situation would be better later. They alluded to the virus as threatening our way of life, completely overwhelming our health system, and spreading widely with untraceable cases. This came close to scaremongering, which was furthered intensified by the media. An example of the latter was the fact that the public broadcasting weeks after weeks had daily coverage of 8-10 hours. A second argument was that, given the extraordinary situation, strong measures and regulations needed to be introduced. This is a typically deterministic or TINA principle – the argument was that there was no alternative to draconian measures, which initially was accepted by most actors involved and more generally in the public.

Third, the leaders appealed to people to follow the new regulations, show solidarity, put in extraordinary efforts to help, care for and support their fellow citizens, especially vulnerable groups (i.e., old and/or sick people). Fourth, following from this, the argument was that «life and health» were the top priority so the «precautionary principle» should prevail. Even though an expert from FIPH admitted that this was a rather ambiguous principle to follow, it seems to have been accepted. The executive leadership did not make much effort to explain why this should be so, i.e. why the balance should not be more towards economic and social concerns. In an interview, the PM was asked how she had decided what to do in this crisis, and she said the basis for her decision was thirty years of political experience and her «gut» feeling. Normally, such a statement would have been criticized, but this was a time to support leaders and give them room for manoeuvre.

One can say that the fear factor primarily belongs under the legitimacy heading, because instilling fear, even a rather vague feeling of fear, is likely to result in support from citizens, as is often the case in times of crisis (cf. Kettl 2003); this has also been shown in some preliminary surveys in Norway. This, in turn, can have a positive impact on governance capacity. The downside of this line of argument is that it may lead actors to do «too much» – «a race to the bottom,» for instance that local political leaders in Norway, imposed legally controversial restrictions on travelers' entering their region or municipality. Another example is restricting business activity more than necessary or introducing too stringent social distancing regulations, especially within families or relating to nursing homes. So the crisis may foster irrational, self-interested behavior or else «paralyze» people.

Arguments in favor of draconian measures are primarily about government capacity and technical reputation, because they allude to effects that put a strain on the government's resources – i.e., the health system – and are therefore given priority over activities and performance in public and private institutions. But they are also moral symbols in the sense that people are asked to make sacrifices for the collective, which make people feel good. The argument is that if they show solidarity now and adhere to the regulations, they will help to save the country and support both those fighting the virus and those suffering from it, in particular vulnerable groups. Working together in this crisis, limiting the spread of the virus thus allude to collective moral symbols.

#### Health Measures.

The most important justification the executive gave for the draconian measures taken was protecting peoples' health and the health care system. While they explained in some detail why certain specific control and quarantine measures were necessary, they were rather vague about whether an overall precautionary strategy based on health criteria was the best one. Supported

by epidemiological experts, they also stressed that many people could be affected, many were vulnerable and the Norwegian health service might have capacity problems. As it turned out, this was not the case, as there was still capacity in hospitals when the number of new cases started to decrease, so one can say the arguments of political leaders and experts mutually reinforced a scaremongering effect.

The main message communicated by the minister of health, who participated in the media briefings most frequently and received the majority of questions from journalists, was that if citizens followed these rules now, the epidemic could be stopped and life could return to normal more easily. The least controversial elements of this message were the hygiene recommendations: washing hands thoroughly and often, coughing into one's elbow and keeping one's distance. He subsequently cited the results of surveys showing public compliance with these recommendations. Other not particularly controversial parts of the message were the quarantine rules, i.e., isolating people who had tested positive with the virus or showed symptoms, or requiring those returning from abroad to stay in quarantine for two weeks. Other non-controversial health-related measures he talked about were why schools and universities should be closed, why hairdressers gyms and larger cultural venues should be closed, but not grocery stores, shopping malls, cafes, etc. Some of these latter measures were much more debated in the opening up phase.

In many of the briefings the minister of health talked about and fielded questions regarding his conviction that using an overall precautionary strategy based on health criteria was the best one, both vis-à-vis the strategies of other countries, such as Sweden, and the expert advice on which his strategy was based. He was repeatedly rather vague on this point, talking in more symbolic terms of standing together and stopping the virus spreading. These questions were also posed to the NDH and NIPH representatives, but their answers were likewise rather vague, along the lines that they were gathering experience and that this was really a major

experiment with unknown effects. This attitude was addressed by some health experts and others in the media. Their stance was that the government's strategy ought to be more evidence-based since there had been several major pandemics and epidemics to learn from, like SARS and swine flu, as well as the experience of countries that were ahead of Europe in the CoV process, such as China, South Korea and Singapore.

A distinction was established between a tough and somewhat more liberal strategy, often labelled as gradualist. The first was represented by most countries around the world; the second by countries like Sweden, Iceland, Finland, the Netherlands, and the US and the UK initially, even though some of the latter ones have since shifted to a tougher strategy. This distinction is also observable internally in Norway. Early on the minister asserted that Norway should «stop» the virus, while the health authorities, especially the NIPH, the main expert body, talked more in terms of containing and delaying the process so as not to overload healthcare capacity. The media reported early on that NIPH was against closing schools and opposed overly drastic measures in closing businesses. Later on, in the reopening phase, this apparent split resurfaced, leading health experts to say that the two strategies were actually roughly the same but had been used in different phases of the process, which was controversial. NDH and NIPH also issued a statement saying that they agreed with the government's main strategy. This indicates symbolic agreement but internal disagreement, since in some published internal reports NIPH said otherwise.

A recurring topic in the press briefings was which segments of the population were especially threatened by the virus and how many people this involved. Early on, NIPH cited predictions saying that 40% of the population could contract the virus, with corresponding challenges for the health system; this was seen by some as scaremongering. Later on, several large figures circulated. The latest was when FIPH said that 1.6 million (of 5 million) were at risk of getting the disease, using a very wide definition. This figure included all citizens over

the age of sixty-five and all citizens with pre-existing conditions, including the oldest and most vulnerable. A journalist from the public broadcaster asked why this figure was not higher, given that many Norwegians are overweight and around 60-70% are said to have hypertension. No clear answer was given, however. What is interesting regarding this question is that, unlike other advice from NIPH, no-one ever said at the press briefings that these figures were probably far too high, although this was asserted by some health experts in the media. In other words, political and health leaders did not try in the briefings to calm the fears that these figures aroused among the public and that were fanned by the media. In the aftermath, the figures turned out to be enormous exaggerations.

Early on in the process, some proactive mayors from local municipalities, mostly those with large ski resorts and many second homes, demanded that the government introduce measures to stop the owners visiting their second homes. Their argument was that potentially infected second-home owners could overwhelm local healthcare capacity. The central government quickly expressed sympathy for this view, but hesitated to take measures. Initially, the minister appealed at the press briefings to the owners of the second homes to stay at their main place of residence, but many people ignored this appeal given that it was the middle of the main skiing season. The government eventually introduced a regulation stipulating that if the second-home owners were from another municipality they could visit their cottage, but not stay overnight. This led to a fierce public debate with locals saying second-home owners from the city were selfish and should stay away, while opponents of the ban asserted that it was illegal, unreasonable and had no real justification on health grounds. Even though this debate probably did not harm the minister much politically, the fact that it was among the first control measures to be removed when deregulation started pointed to its weak foundations. Another indication of this was the fact that after the removal of the ban, many visited their cottages in the mountains, but there were no reports on local disease eruptions and capacity problems.

Looking at these health-related features, one can draw a distinction between questions of capacity on which the government was able to score high on legitimacy, and more problematic issues. The first category includes the more general advice on hygiene measures, social distancing, the closure of various businesses and the ban on large cultural gatherings. Here leaders used a wide variety of performance, expertise and moral symbols to legitimize these measures. The so-called «cottage law» concerning second homes comes into the second category where many of the same arguments did not have the same effects, at least not on the roughly 460,000 Norwegian families owning a cottage. One reason for this was that it was an emotionally loaded issue with many people advancing arguments like «the cottage is where I really relax and spend more and more time, and in this situation I will feel safer»; «preventing us from going there is a violation of the right to freedom of movement»; or «how could I possibly spread the virus if I go directly to the cottage and don't have contact with anyone there», etc.

Somewhere between these two categories are issues requiring expertise. On the one hand, the public and the media tended to respect health experts, making many tough measures easier to implement. On the other hand, questions about the basis for expert advice and how it was interpreted were problematic for the government to handle, more so in the deregulation phase. Reports in the media about uncertainty concerning which of the health-based measures to choose or pointing to disagreements between NIPH, NHS and the political leadership, tended to challenge public support.

#### The Education System.

It was decided early on in the process that all kindergartens, schools and colleges/universities should be closed. Initially, these measures were announced by the PM and other lead ministers at the media briefings, while the new minister of education and research played a rather secondary role, showing that this was very much a sensitive political question. There are two

main reasons for this: first, it involved the question of whether to keep the private or the public sector going during the crisis; second, the social consequences of keeping vulnerable children out of school needed to be taken into account; the latter issue was addressed more frequently by the leaders. The media reported early on that NIPH had initially not recommended closing schools, because of the negative societal impact, and later on it urged the government to reconsider its decision. In late March the government put together an expert group to look at the question. Politically this open rift among the main public actors and indications that the government was not listening to the main experts caused some difficulty for the government.

The government used performance-related health considerations rather than professional symbols to justify the education-related measures, but the tension between the two was challenging for the government. How society treats children, in particular the most vulnerable ones, is one of the most important moral questions. Thus, obtaining legitimacy for closing schools and kindergartens was difficult for the government and became increasingly so the longer it lasted. On the other hand, the decision to reopen kindergartens and some grades of school also met with resistance: a Facebook group opposing this decision gathered around 30,000 people, some of whom were quoted in the national media as saying they did not think it was safe to send their children back to school. But the executive politicians, central experts, the National Association of Pediatricians and the Ombudsman<sup>v</sup> for children all said the scientific evidence showed that it was safe to reopen and when the schools reopened the vast majority of children went back to school.

### Closure of Businesses

Many of the press briefings dealt with compensation packages for struggling businesses. The main message was that the government really cared about their plight, so the various sectors, associations and businesses basically responded positively. These packages therefore earned

the government solid political gains even if bipartisan agreements in the Parliament increased the size of the packages and there were problem of implementing some measures.

Maybe somewhat surprisingly, it was generally accepted early on that closing down many types of businesses in order to effect social distancing and contain the spread of infection had been the right thing to do, even though in reality this was a potentially controversial measure with a debatable scientific basis. Large businesses were hit by the loss of markets and the internal problems of conducting meetings and continuing production. For directly affected small businesses, such as hairdressers, gyms, cultural venues, sports associations, etc., the measures were especially tough while other businesses such as airlines and the tourist industry suffered more indirectly, for example through travel restrictions in and out of Norway. Almost no public organizations laid people off but they were indirectly affected by the closure of kindergartens and schools and other regulations, because employees had to work from home (and in some cases take care of their children while doing so). The impact was, however, much less severe than that on private businesses.

Accordingly, many of the press briefings were devoted to compensation packages for businesses. Since the political leadership needed to collaborate and negotiate with the other parties in parliament, its message needed to resonate with them, in particular with the opposition parties, which tried to highlight their favorite political issues in the packages. Collaboration with the main employer and employee organizations was also important given that lay-offs and unemployment figures quickly rose to the highest level since the 1930's. This meant political leaders had to address the question of how the central welfare administration was dealing with this enormous influx of new clients. It responded by reassuring parliament and the public that the welfare administration had been able to increase its capacity to deal with all the new claims for benefits, for example, by starting early with pre-payments.

The political leadership seems to have succeeded rather well in connecting governance capacity and legitimacy using the argument that Norway had enough resources to deal with the crisis. The argument went something like: «Trust us because Norway has enough money so we should be able to help you through the crisis». This argument, which combined performance-oriented and moral symbols, served to calm most affected groups.

Summing up, the meaning-making and use of symbols from the political leadership reached its peak early on, on the press briefing on March 12., 2020, when the draconic measures were presented. The main talking points were presented then and only elaborated in the press briefings the next months, meaning there was a lot of consistency in the main symbols and arguments. On that day, the Prime Minister had some of the following arguments:<sup>vi</sup>

«The draconic measures we are establishing today to stop the virus are the strongest since World War II and we know they are very intrusive, but they are necessary.. The Norwegian people has experienced tough times before, but together we will make it. If we have strong measures now, we can relax later.. I appeal to all of you to show solidarity with the weak groups among us and to collaborate.. When we follow all the regulatory measures and protect ourselves, we're at the same time protecting others.. You may feel fear now, but should also be reassured because Norway has one of the best health systems in the world, and the government will support it in these hard times.. Businesses and the labor market will be hard hit by the measures, but will benefit from them later on..» (our translation)

### Regional and Local Authorities Handling of CoV.

In the last week of March a conflict emerged regarding the tension between central and regional/local regulations, which was somewhat surprising given the strength of the central government in Norway. It was reported in the media that 134 municipalities, most of them in northern Norway and most of them with few CoV cases, had introduced local restrictions on people entering their municipalities or regions. The motivations for these restrictions, often presented by proactive mayors and local public doctors, seemed to be twofold: on the one hand, concern to protect the health of local residents and on the other, a fear that allowing people in

from outside would increase the spread of CoV and overburden local health service capacity. One problem with these regulations was that people from neighboring municipalities working in a given municipality were required to go into quarantine for fourteen days, which of course made their lives difficult and created a lot of conflict potential.

At first the central political leaders downplayed this issue, saying that they recommended not introducing such local restrictions. Later on, when such regulations became more widespread, their language became tougher, albeit without any visible effect. Central employers' and employees' organizations then pressured the government to introduce national regulations governing this issue. After negotiations with these actors and the national organization of local authorities, a compromise was decided on: national guidelines would be issued on entering regions and municipalities that stressed that local business and public bodies had to be allowed to function well. A central part of these guidelines was to recommend allowing free movement of certain groups across geographical borders, which was tantamount to contradicting the local rules. These new rules, which were not made mandatory, seem only to have a partial effect and some municipalities still stuck to their local rules for a while. Subsequently, the minister asserted that in most local actors were complying and that things were going well, but this seems to be something of an exaggeration.

There was a lot of debate over this question. First, some local authorities played the periphery card, claiming that the central government was negatively affecting the health of their inhabitants. This kind of talk appealed to local voters and was problematic for the governing parties, which generally score rather low in the periphery, especially in the north. A rather typical view was furthered early on by a local public GP in a small municipality up north in Norway:

«We have seen that the virus is spreading from country to country, but we're now in a situation with spreading internally in Norway. We are not talking about spreading from Italy, but from Oslo and other central areas.. We have to debate restrictions on domestic travel. We are a vulnerable region, characterized by small local communities

and long distance travel. A level of infection that can be handled in more central parts of the country could be very serious for us.. If we are getting an uncontrolled spread of the virus in our local community, the health system will collapse and we need outside help. .. We have small hospital units, few specialized doctors, and it doesn't take much increased spreading of the virus before our capacity reaches its limit and the death rate increases..»<sup>vii</sup>

Second, the tone of the central employers' organizations became increasingly aggressive on this question, saying that the attitudes and restrictions of the municipalities were damaging regional and local businesses that were in any case struggling under CoV. This was also problematic for the government, headed by the Conservative Party which is traditionally the party of business. In between was the opposition Labor Party, which was concerned about workers in the affected industries, making it a potential ally of the employers.

This question was also debated in legal terms. A leading law professor said early on that it was against the Constitution to discriminate against citizens inside the national territory. Other law professors disagreed and said that in a time of emergency, regional and local regulation on containing the spread of infection had a strong legal basis. One county governor supported this, but was criticized, while most other county governors tried to get local restrictions revoked and this was what finally happened.

Analyzing this question, it is obvious that local authorities' main arguments concerning local restrictions were based on a governance capacity definition, which garnered a lot of legitimacy and support locally, but definitely not from the main external actors, such as the central government, employers' and employees' central organizations, etc. Playing the periphery card cast the issue in emotional and moral terms, which were at odds with the more instrumental or performative arguments used by central government. When the legal experts disagree, it becomes more difficult to use expert symbols.

### Summing up Meaning-making

Summing up, the meaning-making process played out in a context of high mutual trust between political leaders and the relevant central expert agencies. Overall, the crisis communication were characterized by rather clear, timely and repeated messages and advice for action informed by expert knowledge and delivered by credible political and administrative executives and experts. During the critical first 3-4 weeks, the political, administrative and professional authorities managed to communicate a joint and coordinated message to the general public, while at the same time there was a rather clear division of labor between political executives and professional experts, who also disagreed on some questions of regulation and deregulation. Rather than only being characterized by top-down instruction, the communication strategy was more about explaining the need for different measures and appealing to solidarity and support from the general public.

The meaning-making process also followed the Norwegian collaborative style of government, which entails involving affected stakeholders in society and the political opposition in parliament. The political leaders followed a pragmatic approach, adjusting their advice, measures and regulations in line with new knowledge about the development of the pandemic. They also managed to balance the need to temporarily withhold information with the need for transparency but in the gradual reopening phase it is a growing debate on lack of openness in the decision making process. The political leaders used supportive and repetitive moral symbols, often seemingly from an agreed-upon script and seems to have succeeded rather well in connecting governance capacity and legitimacy.

#### LEGITIMACY – HIGH AND INCREASING TRUST IN GOVERNMENT

Regarding democratic legitimacy, the political debate on the crisis management was not characterized by polarization, politization, confrontation and distrust. There were some debates about how to balance political decisions and expert advices; the process related to the exception

law; about the balance between national standardized measures and leeway for local adaption and flexibility; on transparency; on the capacity at the nursing homes to fight the pandemic; and on the tempo of lifting the regulations.

Overall, citizens' trust in the Norwegian government increased significantly from an already high level during the corona crisis. Trust in government, the health authorities, parliament, and national and local politicians increased, as did trust in the PM (Medborgerpanelet 2020). Compared to January 2010, a survey conducted by the end of March showed that citizens' satisfaction with the government had increased from 23% to 49%, with Norwegian politicians from 24% to 43% and with the parliament from 41% to 63%. The citizens' satisfaction with democracy had increased from 57% to 72%, a very high rating internationally<sup>viii</sup>. The increase in trust in all these institutions reflects the communication strategy in which political, administrative and professional executives publically took a common stand and appealed to solidarity and «united we stand». In contrast to authoritarian regimes where the focus is on a strong leader, the Norwegian approach was based more on working together across political parties, across the political and administrative divide, across central and local government and across the public and private sectors. This strategy is very different from the confrontational strategy in some other countries such as the U.S. in which political polarization coincided with a general distrust in government in general and especially in federal government and central agencies embedded in a society divided by partisan cleavages and a long pattern of state disparagement (Carpenter 2019).

The government's communication strategy of appealing for solidarity, collective action and voluntary work, combined with penalties for those not sticking to the regulations, seems to have succeeded in enhancing citizens' trust in government. To some extent, the authorities also managed to influence levels of anxiety, stress and fear among the public, even though there were clear elements of scaremongering that were often echoed in the media.

On the other hand, interpersonal trust among citizens seems to have decreased somewhat, probably owing to the focus on infections and isolation and the strict social distancing regulations. This may also reflect differences in the views of the more and less vulnerable segments of the population. Confidence in the Norwegian economy has also decreased, reflecting the large increase in unemployment.

## ANALYSIS

Based on a focus on governance capacity, it would be rational for the government to balance control and firmness, showing its instrumental abilities (Christensen, Lægreid and Røvik 2020), with openness and responsiveness to feedback from stakeholders, reflecting its negotiational abilities (cf. March and Olsen 1983). The political leaders managed to address this balancing act by combining advice and mandatory measures and sticking to nationally standardized measures, but also to some extent by taking into account feedback from local government and gradually lifting the strictest and most unpopular regulations once the measures seemed to have been shown to have contributed to getting the pandemic under control. Thus we see a combination of hierarchical control and an accommodative attitude.

Second, at the beginning of the crisis the political executive was not particularly active. Initially, they did not pay strong attention to the crisis and had a more relaxed attitude. This is somewhat unexpected from a governance capacity point of view, since this was a crisis announced both by international bodies such as WHO and national risk analysts. This changed on March 12 when the government launched draconian measures to contain the pandemic, which may be seen as compensating for its initially slow response. It became necessary for the government to give the impression that it was in control and to calm people down, i.e. a clear capacity message. The political leadership was more successful in reputation management in the second phase and main phase of the crisis than in the first phase.

Third, during this process, there was some disagreement about how to handle the crisis, mainly between the executive political leadership on the one hand, and central experts and local authorities, on the other. The political executive mostly followed the advice of administrative and professional bodies, but in some cases it decided to introduce stronger regulatory and weaker deregulatory measures. It was also not very accommodating to feedback from local government, which wanted more autonomy, flexibility and local variations, or to the protests towards the rather controversial ban on using second homes. Nevertheless, it was reluctant for political reasons to play hard-ball.

Overall, the strategic executive leadership managed to maintain a united «stand-firm» style in its external communication and meaning-making in which performative and technical reputation symbols dominated (cf. Carpenter 2010). Overall, the citizens seemed to think the government was doing its job effectively, and the government was in general seen as having the necessary skills and capacity to deal with a complex crisis in a composite environment (Christensen, Lægreid and Rykkja 2016).

On the basis of governance legitimacy, the expectation would be a tight coupling between reputation management and citizens' trust in government, meaning that the use of appropriate symbols would probably strengthen public support for the government (Wæraas and Maor 2015; 't Hart 1993). Use of symbols like solidarity, community, standing together and appealing to trust in government illustrate this approach in the meaning-making of the Norwegian political leaders in the coronavirus process. The executive tried to communicate an image of strength and to calm the public, showing strong cultural features.

Its reputation management also seemed to be characterized by path dependency (Krasner 1988), appealing to the traditional tri-partite model of collaboration between political-administrative bodies and employers' and employees' organizations. This part of the meaning-

making and communication strategy was facilitated by the government's very strong economic basis, promising a lot of financial support to almost any group that needed it.

The most difficult part of meaning-making for the political leadership was the conflict at the local level, where it faced a lot of angry local leaders and second-home owners who were playing on different teams. It proved especially hard to motivate local leaders using moral symbols, because they saw themselves as defending local citizens against a «central evil».

The moral and procedural dimensions of reputation were important in the process (Carpenter and Krause 2011). Overall, the government was honest in its crisis communication. To some degree it was also compassionate and flexible, but this was constrained by the need to be firm and the wish to have nationally standardized measures. But as the crisis developed and the government obtained more feedback about how different measures were working, it was able to adjust its course and soften some of the measures. Overall, it was able to protect the interests of its constituencies and citizens (Boin et al. 2017). The government also followed normally accepted and appropriate rules, processes and regulations regarding involvement and collaboration within the constraints of urgency, uncertainty and the need for strong regulations. The only deviation from this was the conflict around the law of exceptions decided in parliament.

## CONCLUSION

Summing up, reputation management can be seen as a combination of governance capacity and legitimacy (Christensen, Lægreid and Rykkja 2016). This is reflected in a complex and dynamic logic of action in crisis communication and meaning-making. Governance capacity may be constrained by cultural traditions, path dependencies and symbols, but capacity-based reputation management can also influence informal norms and values (Boin et al. 2017). Under the slogan «working together» the government emphasized the need for a supportive and

cohesive culture as a part of a reputation management effort, where the purpose was to balance internal and external efforts at increasing governance capacity as well as governance legitimacy, through shaping a common understanding and broad consensus on what the crisis was about and what needed to be done to deal with it (Wæraas and Maor 2015).

Credible leaders are an important asset in any crisis. In threatening and highly uncertain situations people look to leaders they can trust (Wittington and Yalis-Douglas 2012). In the Norwegian case the overall trust level was high before the crisis (cf. Easton 1965), and there was no trust deficit during the crucial weeks of the crisis, which was both a reflection of and a great advantage for effective crisis communication, meaning-making and reputation management.

The main lesson learned from the Norwegian case is that the effectiveness of the government in controlling the pandemic was due to the suppression strategy, a collaborative decision-making style, successful meaning-making and communication with the public, and to the high level of citizens' trust in government (cf. Boin and Bynander 2015; Christensen and Læg Reid 2020). The challenge ahead is to follow up on the long-term effect of the suppression strategy both for the economy and for continuing to contain the spread of the virus.

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## NOTES

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<sup>i</sup> In this article we use the term CoV throughout.

<sup>ii</sup> See for example interview with professor Eiliv Lund, *Dag og Tid*, April 3 2020. <https://www.dagogtid.no/>

<sup>iii</sup> Two methodological factors must be mention'ed. First, different countries test with different intensity and goal groups, and the criteria for counting deaths are different, making comparisons challenging. Second, the different expert bodies, media and websites keeping statistics have somewhat different results for each country, partly because of the first factor, so there is not any world certified statistical account.

<sup>iv</sup> The media briefings started March 12., were given every weekday for the first eight weeks of the process, but later three days a week

<sup>v</sup> Established in 1981, The Ombudsman for Children in Norway is charged with promoting the interests of children in both the public and private spheres, and with paying close attention to changes in the conditions of childhood development.

<sup>vi</sup> <https://www.regjeringen.no/no/aktuelt/pressekonferanse-om-nye-tiltak-for-a-bekjempe-korona-viruset/id2693286/>

<sup>vii</sup> <https://www.nrk.no/nordland/nordnorske-kommuner-setter-soringer-i-karantene--lege-vil-ha-innreiseforbud-til-nord-norge-1.14948373>

<sup>viii</sup> Information given by Professor Elisabeth Ivarsflaten at Webinar, April 3 2020. <https://www.uib.no/aktuelt/135017/stolar-meir-pa-erna-og-mindre-pa-naboen>