

Covid-19 and Europeans' Attitudes Towards EU Intervention

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The ongoing Coronavirus epidemic (COVID–19) represents an extraordinary shock to national and supra-national governments. States are mobilizing unprecedented resources to limit the spread of COVID-19 (health effects) and to prevent an economic downturn (economic effects). On the other hand, citizens are simultaneously facing the risk of getting sick, of being restricted in terms of mobility or autonomy, and of bearing dramatic economic costs. People's mobility needs to be limited in order to curb the spread of the virus (externality problem) and an unanticipated stop to economic activities, both productive and commercial, will impose severe costs on national economies and employment markets and a strain on welfare systems. These costs will be likely differently distributed across European nations, regions, sectors and individuals.

Effective and timely responses to the crisis require strong state-capacity across all levels of government. Many have advocated for common reactions and harmonised interventions and policies at local as well as European level. Redistribution and stabilization across European states would enable expansionary fiscal policies even in stressed economies, allowing to smooth consumption over time, to prevent losses of production capacity and ultimately to sustain demand at European level. From a non-economic standpoint, many argue that a concerted response aligns with the spirit of cooperation and solidarity characteristic of the European Union. On the other hand, many have also voiced their skepticism and advocated instead for an increased role of the national governments in responding to the crisis with interventions tailored to the specificities of the national socio-economic fabric. Finally, support for and trust in local or European institutions can be driven by individuals' perceptions of how governments and citizens are dealing with and reacting to the COVID-19 crisis. These dynamics might differentially affect the legitimacy, perceived accountability and hence support for shared European governance across countries on opposite ends of the negotiation table.

For instance, we are observing a sharp divide at the EU level between countries in favor of stronger measures of debt mutualization (e.g. Italy and Spain) and countries opposing it (e.g. the Netherlands). What are people's attitudes regarding these policies? Does the covid epidemic spark demand for policy and government intervention at national or at the European level? Does

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it spur support for redistribution of the associated costs across EU member countries or for country specific and focused interventions on behalf of the national governments? Especially, how do attitudes change across the north-south divide and across lender and donor countries at European level?

In sum, this project aims at gaining an understanding of how the covid epidemic shock is shaping Europeans' attitudes and preferences for policy intervention at both national and European level. To do so, we run a survey experiment (more details below) in which we vary whether or not respondents are exposed to and forced to think about the epidemic and its socio-economic consequences before eliciting their preferences, opinions and attitudes towards European and national government intervention. In order to capture any heterogeneity in the effect of the exposure across state lines and in order to capture how the perception of the crisis and its impact on policy preferences changes over time, we plan to run the study repeatedly over an extended period of time in Italy, Germany, Spain and the Netherlands.

We further investigate how the economic consequences of the epidemic and the "invisible enemy" rhetoric commonly used in the media shift political preferences in addition to and beyond the health crisis.

Experimental conditions:

Our approach relies on a survey experiment, in which we use an "order of the questions" treatment (Alesina et al., 2018). Half of the respondents are randomly shown a COVID-19 health-oriented block of questions before a second block eliciting their attitudes (*COVIDFIRST* = 1 below), and vice versa. This allows us to investigate the consequences of activating the COVID-19 crisis in respondents' minds on their attitudes towards national/European institutions and policy related questions.

To investigate the additional impact of the economic component of the crisis and that of war imagery, we randomly select two subgroups of *COVIDFIRST* respondents to receive additional questions emphasizing the economic and conflict dimensions of the crisis (see the questionnaire attachment). The answers of such respondents can be contrasted with those of respondents who only receive the health-related questions.

The strategy here described is motivated by the fact that we feel the COVID crisis is primarily, in people's minds, a health crisis, and that its health dimension would be nevertheless activated by economy/rhetoric questions. It would therefore be difficult to disentangle the impact of the latter from the former in orthogonal treatments. In contrast, we maintain control over the activation of the health dimension by treating all respondents with the same set of health related questions and investigate any additional impact of the economic and conflict rhetoric dimension.

In order to maximize the salience of the health, economic and conflict dimensions we include an image in each relevant section of the questionnaire.

Statistical model

Most of our outcome variables of interest are 10-category likert type scales allowing respondents to place themselves between two extremes; for instance, full agreement or disagreement with a given statement.

We therefore primarily rely on OLS regressions for ease of interpretation of the results. We evaluate their appropriateness against ordered category nonlinear models (ordered probit or logit) the output of which will be reported in appendix.

We estimate the following model:

$$Y_q = \beta_0 + \beta_1(COVIDFIRST = 1) + \beta_2X + \beta_3W + \beta_4\kappa + \varepsilon,$$

where Y_q denotes the responses to question q in our survey, $COVIDFIRST$ denotes the 'covid-prime' treatment as explained above, X a vector of individual, W a vector of regional controls (including covid incidence, death rate etc; alternatively region fixed effects) and κ controls for country fixed effects. Standard errors are clustered at regional level.

We test $H_0: \beta_1 = 0$, the null hypothesis of no different impact of activating crisis awareness on individuals' responses.

We will further estimate

$$Y_\kappa = \beta_0 + \beta_1(COVIDFIRST = 1) + \beta_2X + \beta_3W + \beta_4\kappa + \varepsilon,$$

where Y_κ denotes a summary index of the outcome variables addressing topic κ extracted by factor or principal component analysis.

The outcome questions grouped by topic are listed below.

Outcome measures

Y_q denotes the main outcome variable of interest, with q denoting one of the following:

- **Attitudes towards the European Union**

Q1: For educational purposes, we are considering to inform students about the importance of the European Union using real texts. We selected a speech given in front of the European Parliament, which promotes European integration. It would help us if you could take 5 minutes of your time to read this speech and give us your opinion. Please notice that whether you agree to read the text or not will not affect your payment.

(binary agreement response).

Question 1 is our behavioural measure of support for the European Union. It asks the respondent to incur into a cost (time and effort) in an action explicitly framed as pro-european in its intent.² In case of agreement, respondents are told that they will read and review the text only at the very end of the survey.

Q2: On a scale from 1 to 10, how much do you trust the European Union (1= not at all, 10= a lot).

Q3: On a scale from 1 to 10, would you say that [Country] has benefited from being a member of the European Union? (1= not at all, 10= a lot)

Q4: If there was a referendum next Sunday with the following question: "Should [Country] remain a member of the European Union or leave the European Union", how would you vote? (multinomial logit)

- Remain in the European Union
- Leave the European Union
- I don't know

Q5: On a scale from 1 to 10, do you think the EU is better placed to solve problems than national or regional governments are? (1= not at all; 10= best placed)

Q6: On a scale from 1 to 10, do you think the European Union is managing the COVID-19 epidemic well? (1= not at all, 10= absolutely)

Q7: On a scale from 1 to 10, do you think your national government is managing the COVID-19 epidemic well? (1= not at all, 10= absolutely)

Q8: People may feel different degrees of attachment to their town or village, to their country or to Europe. On a scale from 1 to 10, how attached do you feel to

- [Country] (1= not at all, 10= a lot)
- Your town/village (1= not at all, 10= a lot)
- Europe (1= not at all, 10= a lot)

Q9: Which of the following should mostly fund the economic consequences of the COVID-19 crisis?

- Your national government
- The European Union
- Your regional government

Q10: On a scale from 1 to 10, do you think there should be solidarity between EU member states to fund the COVID-19 costs? (1= there should not be; 10= there should be)

² See discussion on confounding effects below.

- **Role and size of government**

Q11: People have different views on what the responsibilities of the government should or should not be. On a scale from 1 to 10, do you think the government should

- raise taxes to subsidise the poor (1= not at all; 10= a lot)
- regulate markets (1= not at all; 10= a lot)
- raise taxes to ensure adequate unemployment insurance (1= not at all; 10= a lot)
- raise taxes to ensure adequate health care (1= not at all; 10= a lot)
- raise taxes to ensure a reasonable standard of living for the old (1= not at all; 10= a lot)

Q12: On a scale from 1 to 10, would you say that

- the overall fiscal burden in your country is too low (1) or too high (10)?
- your fiscal burden is too low (1) or too high (10)

Q13: People have different views about market globalization. On a scale from 1 to 10, do you favour completely globalised markets (1), complete national self-sufficiency (10).

- **Political preferences**

Q14: On a scale from 1 to 10, do you agree with the following statements? (1= fully disagree; 10= fully agree)

- Privacy rights should always be upheld/protected, even if they hinder efforts to combat crime.
- The people, and not politicians, should make our most important policy decisions.
- Politicians should have no influence over the content of public broadcasters.
- Having a strong leader is good for [Country] even if this leader breaks the rules to obtain results.
- A handful of powerful individuals influences political decisions even in democracies.

Q15: How much of your personal freedom would you be willing to give up to

- protect your own safety? (1= none; 10= a lot)
- protect the safety of your family? (1= none; 10= a lot)
- protect public safety? (1= none; 10= a lot)

Q16: Imagine the national elections were coming up next [Sunday]. Which party would you vote for?

[Follows a list of the major political parties]

- **Social values**

Q17: On a scale from 1 to 10, do you think current immigration in your country is too low (1) or too high (10)?

Q18: On a scale from 1 to 10, how much do you think the public healthcare system in your country should prioritise [nationality] over immigrants (1= not at all, 10= a lot)

Q19: On a scale from 1 to 10, do you think one can never be careful enough in dealing with people (1), or would you say that most people can be trusted (10)?

Q20: On a scale from 1 to 10, do you agree that

- everyone should be treated equally as global citizens, with fundamental rights (1= not at all; 10= fully agree)
- everyone should be loyal to the community they are part of, and respect its traditions (1= not at all; 10= fully agree)

Sample

We survey 2000 individuals per country, totaling 8000 observations. We restrict participation to adults below 70 years of age. Samples are representative by gender, age, and location of residence.³

Heterogeneity analysis

We will perform heterogeneity analyses along the income, education, political orientation and perceived job security as well as separate within-country analyses.

Confounding factors

We identify two primary potential confounds in our survey:

1. Fatigue

Fatigue might influence the propensity to choosing to review our text on European integration in the same direction in which we expect our interventions to operate. To see this, remember that we randomize whether the outcome variable questions come before or after the questions about the Covid-19 crisis. Therefore, part of the respondents will receive the question on whether they wish to read a lengthy text (explicitly fixed at 5 minutes of time) about the European integration relatively early in the survey, while part will receive it relatively late. As mentioned earlier, we expect those respondents who reply to the outcome questions after the Covid-19 questions to be negatively impacted in their attitudes towards the European Union. Such negative impact translates into a lower propensity to read and review the text provided. Greater fatigue, originating from having replied to a greater number of questions at the moment of the decision to read the text, is expected to have the same effect.

³ Minimal detectable effects are MDE=0.12 on standardized outcome measures at alpha=0.05 and power=0.8 in within-country analyses.

Fatigue would therefore cause us to *over-estimate* the impact of the COVIDFIRST condition, reason for which we treat it as a confound deserving high priority.

How we address this concern: first, we decouple the question in which respondents communicate their willingness or not to read the text from the moment in which, in case of a positive reply, they will actually read the text and deliver their opinion. The position of the first is randomly placed at the beginning or at the end of the outcome question block. Therefore the moment in which respondents face the choice between reading and not reading the text varies between early on, somewhat in the middle and towards the end of the survey and is made orthogonal to the experimental condition. Moreover, if they choose to read the text, respondents are told that they will read the text and provide their opinion at the very end of the questionnaire.

2. **Experimenter demand effects**

It is a commonly acknowledged risk that participants to surveys or experiments might infer the researchers' underlying objectives from the questions they are being asked and/or from the structure of the experimental framework (Zizzo, 2010). In this case, a respondent might form an idea that our ultimate objective is that of measuring pro-european sentiment in connection to the Covid-19 epidemic. Such suspect might arise from awareness of the socio-economic and political context at the time and from the nature of the questions being asked, even without being aware of the treatment design. Such demand might bias our respondents towards pro-European sentiment, thus reducing the likelihood of observing the effects of interest.

How we address this concern: we cannot address this concern directly, as we face the tradeoff between posing questions allowing us to address our research question and eliminating the risk of inducing experimenter demand effects. We however are able to evaluate the severity of any demand effects naturally present in our questionnaire and thus to form a judgement of how far our analyses and treatment effects are from a demand free environment. In a nutshell, we exploit the randomization of the position of the question in which respondents must choose whether to read and evaluate the text we chose which we use to address fatigue concerns. The explicit pro-european intent infused in the question about whether the respondent would like to read and review the proposed text on European integration leading to a clear and strengthened *demand* effect (de Quidt et al., 2018). Such demand effect will tend to further bias the respondents towards a pro-european stance in answers provided *after* having chosen whether or not to read and review our text beyond the natural demand induced by the questionnaire itself.

Therefore, the responses of individuals who were exposed to strengthened demand effects at the beginning of the outcome questions block allow us to establish an upper bound to any demand effect originating within the survey itself. We are then able to evaluate the proximity of the responses received from respondents who only chose whether to review our text at the end of the outcome block to such bound.

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