DOI: 10.1002/epa2.1174

ORIGINAL ARTICLE

EPA EUROPEAN POLICY ANALYSIS

Social acceptance of policy instrument design during times of crisis

Flavia Fossati[1] | **Philipp Trein**[2]

[1]IDHEAP, Université de Lausanne, Lausanne, Switzerland

[2]Institut d'études politiques, Université de Lausanne, Lausanne, Switzerland

Correspondence
Philipp Trein, Institut d'études politiques, Université de Lausanne, Géopolis 4126, Lausanne, Switzerland.
Email: josefphilipp.trein@unil.ch

Funding information
Schweizerischer Nationalfonds zur Förderung der Wissenschaftlichen Forschung, Grant/Award Numbers: 185963, 51NF40-182897

Abstract

Disasters create challenges for governments as they need to design effective and legitimate policy instruments to deal with the crisis. In this paper, we analyze social acceptance of regulations and financial investments in crisis governance, taking the example of the COVID-19 pandemic. By using data from two survey experiments in Switzerland, we show that respondents support rules that temporarily centralize decision-making power to the national level but object to regulations that would make contact tracing efforts mandatory. The data shows also that citizens support financial investments of tax money to prevent future crises. Those who are afraid of the health consequences of the crisis are especially favorable to stricter regulations and financial investment, whereas economic worries related to the crisis specifically and political ideology in general barely explain variance in support for crisis responses. In general, this research contributes to our understanding of how survey experiments can be used to analyze social acceptance of policy instrument design.

KEYWORDS
COVID-19, crisis policy, health policy, public health, survey experiment

1 | INTRODUCTION

Crises such as the COVID-19 pandemic require a swift and effective response by governments to reduce the consequences of the disaster and to prevent potential future crises. It is widely recognized that putting in place anticrisis policies is a challenge for decisionmakers (Ansell et al., 2021; Bandelow et al., 2021; Sager & Mavrot, 2020), as such measures may restrict economic and social liberties and require considerable investments of tax money. It is therefore important to know how to design these policies to be effective in addressing the problem, and acceptable to the population. This paper aims at understanding which type of anticrisis policies receive public support, and which measures instead are likely to cause political opposition. Empirically, the article focuses on the design of two policy instruments—regulations and financial investments—and applies them to a variety of diverse policy issues in the context of the COVID-19 crisis.

Previous research on crisis governance points out how governments should respond to disasters, for example in providing surge capacity, organizing and coordinating a response, and communicating with the public (Ansell & Boin, 2019; Ansell et al., 2010, 2021). Empirical research in policy analysis has examined how different countries have responded to the COVID-19 pandemic and have outlined different instruments of how governments responded to the crisis (Capano et al., 2020; Malandrino & Mavrot, 2022; Sager & Mavrot, 2020). This literature has focused on the design of policy responses to the crisis, for example, regarding the roles played by experts in the development of anticrisis policies (Cairney & Wellstead, 2021; Hadorn et al., 2022; Malandrino & Sager, 2021). Others have focused on the specific mixes of policy instruments, which governments applied in response to the pandemic (An & Tang, 2020; Maggetti & Trein, 2022; Rocco et al., 2020).

An important condition for the successful implementation of anticrisis policies is how individuals accept the steps taken by the government. Scholarship focusing on crisis governance and design of anticrisis policies suggests that citizens look to the government for protection during times of crisis. Therefore, public support for government is expected to increase in such turbulent times (Boin & Hart, 2003; Boin et al., 2016). In anticipating that politicians will take action to protect them, individuals will also refrain from extensive criticism of government policy, at least at the onset of a crisis (Baum, 2002), and will support measures dealing with crises, such as a pandemic (Paek et al., 2008; van der Weerd et al., 2011). Research on the COVID-19 pandemic has broadly confirmed this expectation. Some scholars have argued that citizens "rally around the flag" and support anticrisis policies (Bol et al., 2021), whereas others have pointed out that citizens rally around institutions rather than specific policies itself (Schraff, 2021). Nevertheless, as the crisis continued, opposition to the crisis policy also grew louder (Louwerse et al., 2021). Researchers have also shown that support for social policy interventions remained stable during the crisis (Ebbinghaus et al., 2022), but underlined that the polarization of society has increased during this period (Ares et al., 2021).

An important question for the public policy literature is how citizens view different policy instruments that governments employ to deal with the health crisis, and how individuals prefer these instruments to be designed. Whereas we already know a lot about the support for the governments during the pandemic, we know much less about which *designs* of individual policy instruments citizens support during times of crisis.

This article analyzes the social acceptance (Dermont et al., 2017) for regulation and financial investments regarding very different aspects of crisis governance in the context of the COVID-19 pandemic. It focuses on two instruments that embody the main categories of policy instruments governments have at their disposal: regulations and financial investments

(Bemelmans-Videc et al., 2011; Lascoumes & Le Gales, 2007). Specifically, the paper examines two regulatory measures: (1) the degree to which national governments should decide alone (without consulting the subnational governments) on the measures to implement against the pandemic; (2) the extent to which contact tracing through an electronical app should be made mandatory rather than remain voluntary. Furthermore, the article analyzes two financial investment instruments that were important at the onset of the crisis. The paper examines whether citizens support (3) quotas for domestic healthcare workers and are also willing to pay taxes for it, and if they are in support of (4) investments in protective material to prevent potential future crises.

To analyze social acceptance for these policies, the article uses two identical survey experiments fielded in April and November 2020, in Switzerland (each wave consisting of $N \approx 1500$ respondents). This corresponds to the periods just after the first and second peak of infections in this country. Switzerland is a particularly interesting case because it combines effective governance in health policy (Pietro et al., 2015) with a liberal democracy and a strongly decentralized federalism, where citizens might be opposed against increasing state intervention through new regulations and higher taxes (Kriesi & Trechsel, 2008).

Concerning the design of instruments for crisis governance, the results show limited social acceptance for cantonal (subnational) solutions in anticrisis policies—public health policy is normally a cantonal responsibility—compared to a temporary centralization to the national government or a shared responsibility for these policies. Respondents oppose regulations imposing a mandatory contact tracing app and favor voluntary instruments, which is in line with the strong liberal tradition in Switzerland. Regarding financial investments, individuals are in favor of investments into future crisis prevention and quota for domestic healthcare workers, even if these measures imply higher tax expenditures.

Concerning potential determinants of social acceptance of these policy instruments, the article focuses on the impact of fear related to the crisis and on political ideology. The findings indicate that fears of the health consequences of the crisis increase social acceptance of more regulations and financial investments (even with higher taxes) by the central government. The effects of economic fears about the crisis and political ideology are weaker. Only respondents who tend to support left parties voice stronger support for investments in preparedness and response capacity.

2 | THEORETICAL PRIORS

Complex crises such as the COVID-19 pandemic require central governments to put into place preparedness and response capacities (Ansell & Boin, 2019; Quah & Hin-Peng, 2004). In the case of COVID-19, this entails that governments create rules and regulations, distribute money, inform the population and coordinate responses to bring the pandemic under control and to prevent future crises (Capano et al., 2020). To put it into the terms of political science research, anticrisis policies are an instance of "bringing the state back in" (Jessop, 2001), in the sense that national governments rather than private actors lead the policy response against the crisis. To implement these policies effectively, governments need some level of public backing for these actions. At the onset of a crisis, such as the COVID-19 pandemic, support for governments is usually high because citizens want the government to deal with the problems and grant some sort of "advance praise" (Bol et al., 2021; De Vries et al., 2021; Schraff, 2021). Nevertheless, as the crisis continues, polarization and politicization against anticrisis policies are inevitable since different groups within the population may have different preferences and priorities (Ares

et al., 2021). This is especially the case for a mega-crisis, such as the COVID-19 pandemic, which scholars have characterized as follows: it is an accumulation of multiple crises that extends across regions within a country; it has not clear-cut beginning and end; and, it requires measures that have important side-effects on the affected target groups (Boin et al., 2021).

Against this background, it is important that governments respond by policy measures that are socially accepted. Therefore, this paper examines citizens' support for specific design options for different policy instruments (Capano et al., 2020; Howlett, 1991) dealing with the COVID-19 crisis. Previous research has shown, for example, that individuals who trust the government are more likely to support new taxes to finance policies that aim at fighting the COVID-19 pandemic (Lachapelle et al., 2021) and that voters support existing social policy programs (Ares et al., 2021; Ebbinghaus et al., 2022).

This paper advances our understanding of antipandemic policies by comparing different policy instruments and their design. This approach builds on two strands of literature. First, researchers have distinguished different instruments by which government intervene into economy and society (Bemelmans-Videc et al., 2011; Howlett, 1991, 2019; Lascoumes & Le Gales, 2007). Thereby, the two core instruments of state activity are regulations and financial investments (Lascoumes & Le Gales, 2007). We focus on these two elements as they were important in dealing with the pandemic, and, because their success depends on their legitimacy and social acceptance. Secondly, public policy scholars have focused on how policies are designed by governments (Howlett, 2014, 2019). Traditionally, policy design focuses on how governments put together effective policies. In this literature, scholars equate the absences of design (nondesign) with attributes that are typically part of the political process, such as bargaining, clientelism, or electoral opportunism (Howlett & Mukherjee, 2018, p. 6).

Against this background, it is important to know about how the population evaluates different policy instruments. Policies against crises such as the COVID-19 pandemic need to be legitimate in order to be effective as the population is more likely to abide by them and to refrain from punishing governing parties for these measures (Howlett, 2018). The design literature implies that government ought to calibrate their policies not only to achieve problem-solving effectiveness, that is, to reduce infections or prevent future pandemics, but also to achieve acceptance by the population (Montpetit, 2008). Therefore, this article focuses on the social acceptance of policy instruments in the context of the COVID-19 crisis. Previous scholarship has already examined the social acceptance of policy instruments, for example, regarding energy policy (Dermont et al., 2017; Ingold et al., 2019; van Os et al., 2014). For the purposes of this paper, we focus on the *attitudes* of citizens concerning a policy instrument, that is, whether they are in favor of it, but we do not examine their behavior such as compliance or noncompliance with the measure (Dermont et al., 2017, pp. 360–361).

The empirical analysis uses survey experiments that confront citizens to different designs of anticrisis policy instruments, comparing two regulatory- and two financial investment instruments. Regarding the regulatory measures, the article focuses on regulations that temporarily centralize the responsibility of crisis response at the level of the national government and on measures that make contact tracing by the government mandatory. Concerning financial investments, the article examines investments into personnel and materials to prevent potential future crises with a focus on whether respondents are willing to pay more taxes for such measures. Table 1 summarizes our approach.

The four policy issues we select represent a selection of diverse cases (Seawright & Gerring, 2008, p. 297) regarding crisis governance in Switzerland. By focusing on these different issues, the article analyzes social acceptance of two different policy instruments and their design

TABLE 1 Policy instruments analyzed in the paper.

Policy instrument	Vignette dimensions = policy issues related to COVID-19	Vignette characteristic = policy design options
Regulation	Centralization of crisis response	(1) *Federal level has the sole responsibility (reference).* (2) The cantons are allowed some leeway for regional measures. (3) Subnational level has the sole responsibility.
	Contact tracing	(1) *No tracking (reference).* (2) Mobile phone tracking is mandatory. (3) Mobile phone tracking is voluntary.
Investment	National quota for personnel	(1) *Status quo (reference).* (2) Quota for national personnel. (3) Quota for national personnel but higher tax burden.
	Investment in prevention	(1) *Status quo (reference).* (2) More material. (3) More material but higher tax burden.

options (vignette characteristics) as they are presented in Table 1. For example, the analysis can examine whether respondents support stricter regulations and financial investments even if they must pay higher taxes, within specific policy issues. This approach mitigates some of the downsides of survey analyzes, which often focus only on one specific calibration of a policy instrument (Foad et al., 2021). Nevertheless, it is important to underline that the analysis is not interested in the comparison of overall support for different policy issues, but specific design within of each of these instruments.

To analyze citizens' preferences regarding these different policy designs, the next section of the article develops a theoretical framework in three steps. First, it develops expectations regarding different design options for regulatory instruments, especially concerning which issues regarding stricter regulations are socially accepted. Second, the following section proposes expectations regarding financial investments' social acceptance if citizens learn that they must pay higher taxes. Third, the article formulates expectations about political factors that might be associated with specific instrument designs by focusing on two elements: (a) on how fear of the crisis' health-related and economic consequences (Rehm et al., 2012) (b) as well as political ideology (Häusermann et al., 2013; Margalit, 2013) affect popular support for these policies.

2.1 | Regulatory instruments

2.1.1 | Centralization of government

The first regulatory response to the pandemic in Switzerland concerns the (temporary) centralization of crisis management responsibility, that is, the question who should take the lead in crisis management. It is well known from the literature that public support for governments increases in times of crisis (Boin & Hart, 2003; Boin et al., 2016; Paek et al., 2008;

van der Weerd et al., 2011). An important element of crisis governance concerns the coordination of policies across different levels of government. Research on multilevel governance and federalism has pointed out subnational, local, and international actors play an increasingly important role in policymaking and share authority with the national government (Hooghe & Marks, 2003; Hooghe et al., 2016). In times of crisis, however, the momentum for action moves to the national government and there is a temporary centralization of powers from subnational to the central level of government, to allow for a coherent crisis response (Braun & Trein, 2013, 2014). Individuals approve that the central government, rather than subnational governments, take charge in facing the crisis because they prefer a coherent policy response (Amat et al., 2020). Consequently, we put forward the following expectation:

Expectation 1. *Individuals want the national government rather than subnational governments* (*cantons*) *to lead the response to the crisis.*

2.1.2 | Contact tracing

The second regulatory policy instrument deals with how governments should design contact tracing measures and how different design options could be perceived as a restriction of individual liberties. Governments around the world have implemented contact tracing applications for smartphones, which the aim of identifying and breaking chains of infections during the COVID-19 pandemic (Ahmed et al., 2020; Ferretti et al., 2020). Although supporters have praised the potential contribution of these applications to counteract the pandemic, the implementation of such apps has raised privacy concerns since individual data collected to trace contacts might be exploited for other purposes (Cho et al., 2020).

In particular, to successfully implement contact tracing apps requires that a substantial share of the population (Trang et al., 2020) downloads and uses the same app. Otherwise, it is unlikely that the application contributes to interrupting chains of infection. Thus, an important ethical and political question is whether governments should make the usage of the app mandatory or voluntary (Morley et al., 2020). In Europe, many citizens have been wary about the misuse of their personal data for a long time. Data from the 2015 Eurobarometer shows that a majority of respondents does not trust national public authorities, European institutions, financial authorities, businesses, and telecom companies to use personal data only for the intended purposes (EU, 2015; 21; Trein & Varone, 2023). In other words, citizens fear surveillance by organizations that collect personal data for service provision. Against this background, we expect:

Expectation 2. *Individuals prefer voluntary over mandatory use of tracking apps even if the use of tracking apps is pivotal in stopping infection chains.*

2.2 | Financial investments and taxation

2.2.1 | Investing in preparedness for potential future crises

The second group of policy instruments, in this paper, focuses on financial investments. Specifically, we analyze two specific measures. The first policy issue concerns the investment in

the prevention of future crises. One insight from previous research holds that voters are unlikely to favor policies that prevent disasters over measures that react to crises because voters are short-sighted and care above all about tangible and immediately relevant policy issues (Achen & Bartels, 2016; Healy & Malhotra, 2009). Furthermore, scholars have pointed out that it is difficult for voters to trust politicians who promise to invest in preventive policies if they cannot clearly experience the policy problem that the promised measures should prevent (Gailmard & Patty, 2019). Insights from the COVID-19 pandemic confirm this view and demonstrate that individuals who express a high level of trust in government are also ready to support higher taxes to deal with the pandemic (Lachapelle et al., 2021).

Nevertheless, when voters personally experience a crisis they tend to punish the government for inaction (Gasper & Reeves, 2011) and are more likely to support preventive policies that will help avoiding such crises in the future (Baccini & Leemann, 2021). In the context of the COVID-19 pandemic, the crisis has become a real experience for many individuals, either because they caught the disease themselves, or because they experience the health consequences in their immediate environment. By building on these general insights from political science and public policy research, we can develop a theoretical expectation regarding the policy issue of pandemic prevention and the role of financial investments therein. In line with the literature, it is plausible to assume that respondents support investments for the prevention of future crises, even if this comes along with higher taxes because they experience the pandemic and its consequences. Furthermore, like other European countries, Switzerland had a pandemic preparedness plan but there was a shortage of materials such as masks at the onset of the COVID-19 crisis (Hauri et al., 2020). Therefore, we formulate the following expectation:

Expectation 3. *Individuals support policies to make additional investments into preventing future pandemics over doing nothing, even if such policies imply paying higher taxes.*

2.2.2 | Quotas for healthcare workers

The second policy issue related to investments is about the (potential) lack of healthcare personnel. The COVID-19 pandemic has revealed or exacerbated an already ongoing shortage of medical supply and personnel, in many countries (Ranney et al., 2020). To some extent, this shortage was related to the difficulty to implement prevention plans (Droogers et al., 2019) as well as austerity policies after the global financial crisis (Forster & Kentikelenis, 2019; McKee et al., 2012). In addition, the production of medical equipment follows a global value chain, which has been disrupted during the economic shut-down to prevent the spread of the pandemic, in early 2020 (Gereffi, 2020). During the last decades, the global lack of medical personnel has attracted (im)migration towards countries that are politically stable and that provide favorable economic conditions (Aluttis et al., 2014). As a consequence, many countries—among them Switzerland—have developed a dependency on healthcare workers from abroad particularly in border regions (Mercay et al., 2016).

The interruption of global value chains and the reliance upon commuters to work in the Swiss health sector during the COVID-19 crisis is likely to create political support for a renationalization of health care provision. Scholars have pointed out that fears related to negative personal economic consequences of globalization will result in skepticism towards

globalization (Bearce & Jolliff Scott, 2019; Rommel & Walter, 2018). This political dynamic has already resulted in a "globalization backlash," which entails reforms that slow-down or even turn back economic globalization (Frieden, 2019; Walter, 2021). Like other European countries, Switzerland is highly dependent on healthcare personnel (Pietro et al., 2015), and there were fears about a serious lack of personnel at the beginning and throughout the COVID-19 pandemic. On November 28, 2021, voters accepted a popular initiative that required the federal government to invest more into better working conditions to make positions in the care sector more attractive.[1] Acceptance of such a popular initiative is rare and a sign that the topic is important for voters. Against this background, it is plausible to expect that the potential lack of personnel during the COVID-19 crisis create political support for policy proposals supporting to augment the number of domestic healthcare workers, even if this comes along with higher taxes. Therefore, we expect:

Expectation 4. *Individuals prefer a national quota for healthcare workers compared to maintaining the current system, even if this comes along with additional taxes.*

2.3 | The role of fear and political ideology

In addition to preferences regarding the design of different antipandemic policies, an important question concerns whether there are differences between individuals regarding their support for these measures. According to the literature, it is unlikely that all respondents have similar preferences about the design of anticrisis policies. In the following, we propose three expectations that explain why personal preferences regarding the design of the discussed policies may differ between individuals and over time.

2.3.1 | Fears of economic and health consequences of the crisis

Previous scholarship has shown that individual worries impact on individuals' perceptions of policy problems and political behaviour. Research on the global financial and economic crisis, as well as the Euro crisis, has demonstrated that individuals' perception of the crisis explains whether they support further European integration (Braun & Tausendpfund, 2014). Hacker et al. have pointed out that individual worries about the future, for example, regarding employment and health conditions, impact on individuals' policy preferences as well (Hacker et al., 2013; Rehm et al., 2012). The pandemic affects both the healthcare domain and has important negative economic consequences. Therefore, we expect that when facing higher risks in a particular domain, respondents will be supportive of policies promising to protect them from such risks (Ansell, 2019). This implies that those who are afraid of the health and economic consequences of the crisis should be more supportive of protective and preventive measures and procedures. Thus, we expect:

Expectation 5a. *The more individuals are afraid of the crisis' health consequences, the more they support centralization, mandatory contact tracing, quotas for healthcare personnel, and investment in protective materials.*

Expectation 5b. *The more individuals are afraid of the crisis' **economic consequences**, the more they support centralization, mandatory contact tracing, quotas for healthcare personnel, and investment in protective materials.*

2.3.2 | Left or right political orientation

Another potential explanation regarding the above-discussed policy position is rooted in political views and ideology, notably differences between the right and left of the political spectrum (Castles & Mair, 1984; Margalit, 2013). The established view of political research is that left parties tend to pursue policies supporting those who need protection by the state (Schmidt, 1996), for example, because they are unemployed, ill, or elderly. Contrariwise, (liberal) right parties support policies that promise a "lean" state with a less taxes but also more limited public services for vulnerable individuals (Giger & Nelson, 2011). During times of crises, those leaning to the left tend to demand more state interventions such as welfare policies compared to those leaning to the political right, although right wingers might also be temporarily in favor of state intervention if they experience a direct negative effect of the crisis (e.g., job loss) (Margalit, 2013, p. 92). Therefore, we formulate the following expectation:

Expectation 6. *The more individuals lean to the political left, the more they support centralization, mandatory contact tracing, quotas for healthcare personnel, and investment in protective materials.*

3 | DATA AND METHODS

3.1 | Case selection

To analyze the different expectations, the paper uses data from two waves on an original survey fielded in Switzerland in April and November 2020. As mentioned in the introduction, Switzerland is a pertinent case to assess individuals' preference regarding the policy responses to COVID-19, as the country combines an effective healthcare system, economic openness, a liberal democracy, direct democracy, and highly autonomous cantonal governments (Kriesi & Trechsel, 2008; Pietro et al., 2015; Vatter, 2018).

Regarding the different policy instruments this paper focuses on, they have all been important issues during the COVID-19 crisis, in Switzerland: first, Swiss authorities commissioned the development of a national smartphone application to trace COVID-19 infections (Servick, 2020). Second, the Swiss health care system relies on an important number of doctors and nurses who commute from France, Germany, and Italy, and on other immigrants (especially those from other EU-countries) holding similar quality degrees that can be easily recognized by the State Secretariat for Education Research and Innovation, working in this sector more generally. Accordingly, setting a quota for Swiss healthcare personnel would inevitably increase costs in terms of education and of wages. However, there were legitimate fears that hospital personnel could be retained in or called back to their country of origin to support their anticrisis policy rather than working in Switzerland (SRF, 2020). This was especially a problem in the border regions of Switzerland, such as Geneva and Ticino, however,

the lack of personnel became a national political issue through the above-discussed popular initiative. Third, the Swiss health system is decentralized, and the cantonal (regional) governments are responsible for health policy. In the case of a pandemic, the federal government can—and did—take over and lead anticrisis policies (Pietro et al., 2015), but this is very unusual for Swiss federalism (Vatter, 2018). Finally, at the onset of the crisis there were considerable shortages in materials (Sager & Mavrot, 2020), such as masks and disinfectants.

In sum, Switzerland combines the capacity to design effective anticrisis policies with the need to generate legitimacy in a context of diversity and fragmentation of governmental power. Thus, the country is a pathway case to analyze the above-discussed expectations (Gerring, 2007).

3.2 | Survey experiment and observational data

The data uses a conjoint experiment embedded in an online survey. The survey was fielded two times: between April 22 and May 4, 2020, and between 19 November and 14 December, which both times corresponds to the period just after the peak of the infections in Switzerland. Respondents were recruited via an online panel run by an international market research firm (Bilendi) that allowed us to obtain a sample of 1535 and 1498 participants, respectively who each rated two conjoint vignettes in each wave. Thereby, the respondents from the first wave were recontacted and fresh respondents were recruited to reach ~1500 respondents also in the second wave. To ensure the representativeness of both samples, we used quotas for age groups, gender, and educational attainment as well as a soft quota for region of residence. Due to a high panel mortality between the first and the second wave (~40%), which is very unlikely to be random, we estimate separate models for the two survey waves (Knotz et al., 2021).

Conjoint survey experiments are increasingly popular in political science research, in particular to estimate trade-offs between policy packages, which allows to test multiple expectations contemporaneously (Bechtel et al., 2014). Conjoint experiments are particularly useful because they permit estimating unbiased causal effects, and reducing social desirability bias which is a major problem for nonexperimental surveys (Auspurg & Hinz, 2015). Therefore, this method is suitable to analyze the social acceptability for policy instrument design during the COVID-19 pandemic.

3.3 | Experimental manipulation

The online questionnaire was structured as follows: first, it posed introductory screening questions regarding gender, age, and education. Second, respondents were confronted with the experimental manipulation, that is, two conjoint vignettes describing different policy packages about governments' crisis response to the pandemic. Finally, the survey entailed questions capturing complementary information on socio-demographic data, questions regarding respondents' political orientations, as well as data on whether they themselves, their family or their friends contracted the disease, and whether the respondents' labor market situation changed because of the crisis.

Regarding the experiments, the order in which different vignettes were presented to respondent, as well as the characteristics displayed within every single vignette were fully randomized. Respondents were asked to indicate on a scale from 0 to 10 (not at all—very

much) how strongly they support the policy packages proposed in the vignette. The policy packages contained four dimensions (see Table 1),[2] which operationalized the different anticrisis policies and their different designs. First, to assess respondents' preferences concerning the centralization of crisis management, the survey contained a question about which level of government authority should handle the crisis (cantonal or shared responsibility, ref.: *federal*). To operationalize preferences about contact tracing, the paper posed the question whether citizens preferred a mandatory over an obligatory tracking app (ref.: *no tracking app*). Attitudes towards healthcare quotas were operationalized by asking whether a quota for Swiss healthcare personnel should be introduced and a second option specified that such a quota would come along with additional taxes (ref.: *status quo*). To operationalize preferences concerning prevention of future crises, the survey posed a question concerning preferences about the investment in protective medical material to prevent potential future crises. Again, the question included a response option pointing out that such investment might imply higher taxes (ref.: *status quo*).

In using the results from these vignettes allows for testing Expectations 1–4 To analyze Expectations 5 and 6, the regression models interact the four vignette dimensions with three additional survey questions. Therefore, the analysis uses variables about the level of worry for (i) the individual health and (ii), the individual economic consequences of the pandemic on a 0–10 scale (little worries-many worries), and about (iii) the individual political positioning of respondents on 0–10 scale from left to right.

3.4 | Estimation and robustness

To analyze the results from the survey experiments, the article uses estimates from multilevel linear regression models with random intercepts if the models include only vignette characteristics. To estimate cross-level interactions with respondent characteristics, the analysis uses slope models. The paper uses multilevel models because the data has a nested structure, specifically, vignettes are nested in respondents (Rabe-Hesketh & Skrondal, 2008). Finally, as previously mentioned the analysis estimates the models for the two waves separately (Knotz et al., 2021). Robustness tests ensure data quality for both waves. The robustness checks indicated that the randomization of profile attributes across respondents was successful.[3] Moreover, the analysis tested for carry-over effects by estimating linear regression model with all covariates for all experimental characteristics and interacted those with the number of the rating task. The joint Wald test for all the interaction terms is nonsignificant[4] and thus unproblematic. Moreover, there are no significant order effects for the placement of the experiment within the survey[5] (Hainmueller et al., 2014).

4 | RESULTS

The presentation of the main findings begins with the results from the survey experiment, and the differences in the average support for the four policies (Figure 1).[6] Figure 1 clearly shows that respondents are skeptical of government decentralization, and thereby significantly oppose against cantons retaining the sole responsibility for crisis-related policymaking.

The findings also show a similar level of support for a sole federal responsibility or a shared responsibility between the federal and the cantonal levels for crisis management. These results

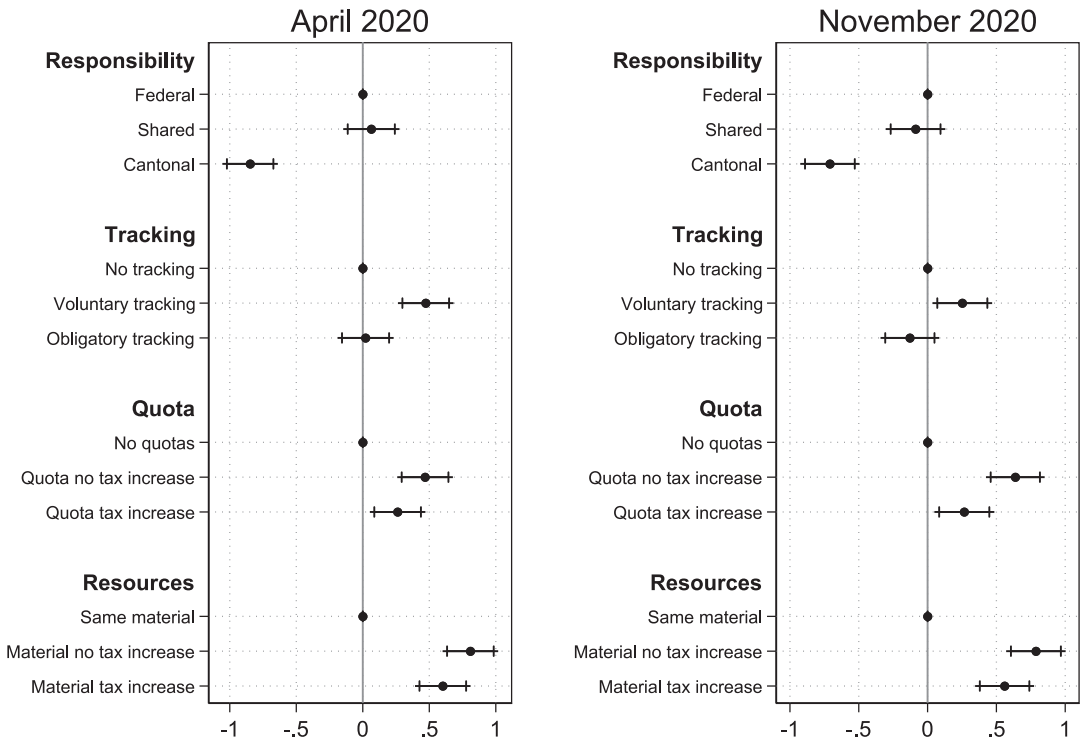

FIGURE 1 Main results from the Survey Experiments (both waves).

somewhat confirm the first expectation, which postulates that respondents prefer the national government to manage the crisis, compared either to a shared or only a cantonal responsibility (Expectation 1). Nevertheless, the findings indicate above all that the population does not want a cantonal response to the crisis, but they do not mind whether it is a national solution, or one that co-organized by the cantons and the national government.

Concerning the second regulatory instrument—the introduction of a contact tracing app—the findings demonstrate that respondents clearly reject a too close monitoring by the state (Expectation 2) and that compared to not providing a mobile tracing application, Swiss residents support merely a voluntary effort to use such a software in the first wave. Nevertheless, skepticism regarding the tracking application seems to have slightly increased in the second survey wave as a descriptive comparison of the two survey waves indicates (Figure 1). Potentially, this was the consequence of the politicization of the data protection issue more generally, in fact, also other contact-tracing measures, such as the one that restaurant owners had to implement, were prominently discussed in the public sphere (Sager & Mavrot, 2020).

Regarding the two issues that analyze support for financial investments, the findings are the following. Respondents strongly support efforts to introduce a quota for Swiss healthcare personnel in hospitals, even if such a "renationalization" would generate additional tax burden, and this effect is even somewhat stronger in the second wave (Expectation 3). Moreover, the data shows that, compared to the status quo, respondents also have strong preferences for additional investment into materials helping to prepare a response against such crises in the future even at the cost of paying more taxes (Expectation 4). These results support both

expectations (Expectation 3 & 4) and indicate that citizens are willing to support investment into pandemic preparedness and pay higher taxes for it once they are under the impression of a pandemic and the policies governments use to counteract it.

The next part of the paper turns to the interaction between the different design options for regulatory- and financial instruments and respondents' fears related to the health crisis. For reasons of space and readability of the Figures, the article shows only the survey wave in November 2020 because this is the focus of this Special Issue. Nevertheless, the findings are very similar for the first survey wave (April 2020).[7]

The findings regarding the impact of individuals' personal worries about the health consequences of the crisis (Figure 2, Expectation 5a)[8] show that respondents who are very worried about the crisis' health consequences were clearly and significantly opposed to the attribution of the sole governance responsibility to subnational levels, that is, the cantons. Furthermore, individuals who are not at all worried about health outcomes are significantly less in favor of an obligatory tracking app compared to those who are really worried the health crises.

Regarding the design of financial investment policy instruments, the results show that individuals who were very worried about the health consequences of the pandemic clearly favored an increased level of investment into protective materials. Nevertheless, this effect is especially strong if investments in preventative policies do not generate additional tax burdens, however, for very worried persons both solutions (with and without tax increase) are equally acceptable. Instead, the analysis finds no significant difference regarding preferences for Swiss healthcare personnel quotas compared to individuals who are less worried about the health consequences of the pandemic (Figure 2).

These results support Expectation 5a, which postulates that those who are afraid of the consequences of the crisis are more likely to back policies entailing stricter regulation and more financial investments. This finding entails that these respondents might support measures reinforcing the capacity of the central state such as investments into policies to prevent future pandemics. Moreover, the results remain stable over both survey waves. This aspect mplies that those worried about the health consequences remained supportive of a strong intervention by central government.

Figure 3[9] shows the findings for the interaction between the different design options and the respondents' worries regarding economic crisis that came along with the COVID-19 pandemic.[10] In this instance, the results differ from the expectations discussed in the theoretical section. Interestingly, there are only two significant interactions between the level of respondents' worries about the economic consequences of the crisis. These exceptions are a significantly stronger rejection of a cantonal monopoly on crisis-policy making and an increased support for material (independently of whether this comes with taxes or not). Apparently, respondents who are very worried about the economy deem that a strong intervention at federal level is needed to address the economic challenges effectively (Figure 3, Expectation 5b).

These findings show that the results related to the impact of economic worries corroborate Expectation 5b to a limited extent: overall, it is not the case that individuals, who are worried about the economic consequences of the pandemic, would support stronger state intervention in all policy issues analyzed in this paper. The results are similar for the first survey wave.

Expectation 6 postulates that individuals who lean towards the political left would be more supportive of centralization of governance, mandatory contact tracking apps, quotas for domestic personnel, as well as investment in prevention material. Interestingly, the results indicate that different ideological positions have a *limited* explanatory power regarding individual preferences of how the COVID-19 crisis should be managed compared to variables measuring fears about the crisis. The results shown in Figure 4[11] indicate that individuals

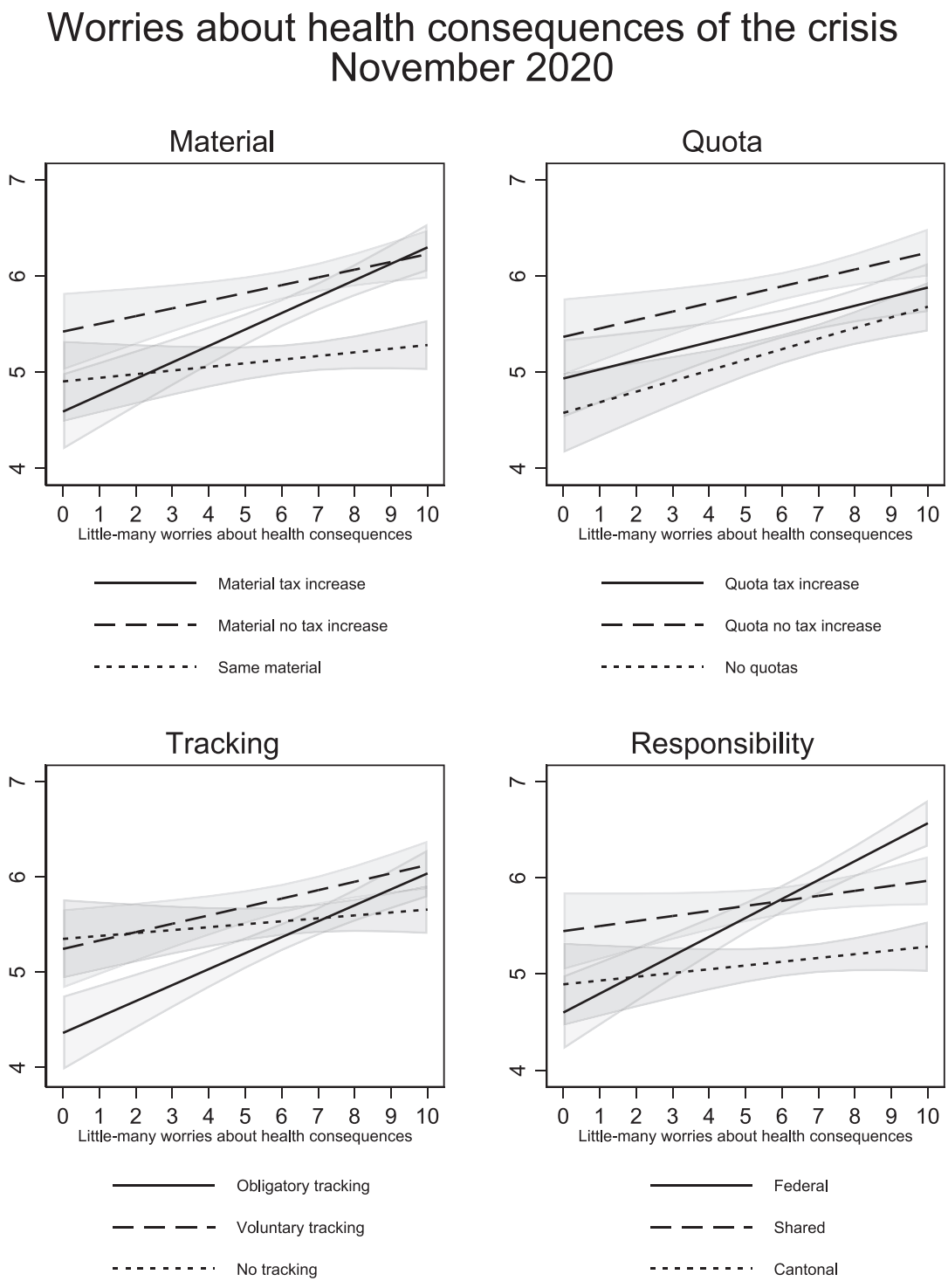

FIGURE 2 Policy preferences interacted with the individual level of worry regarding the health crisis.

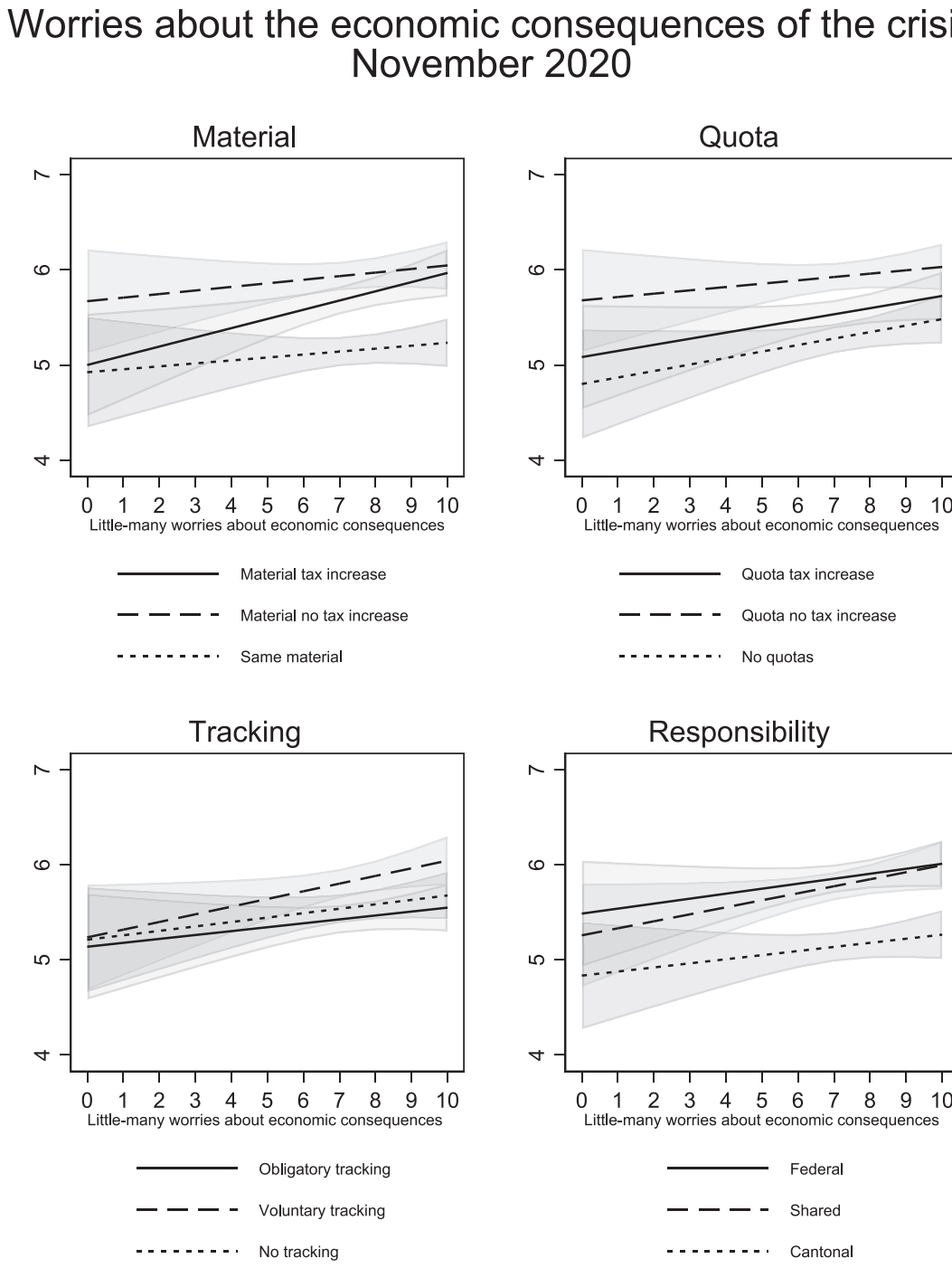

FIGURE 3 Respondents' preferences for different health policies interacted with their level of worry regarding the economic consequence of the crisis.

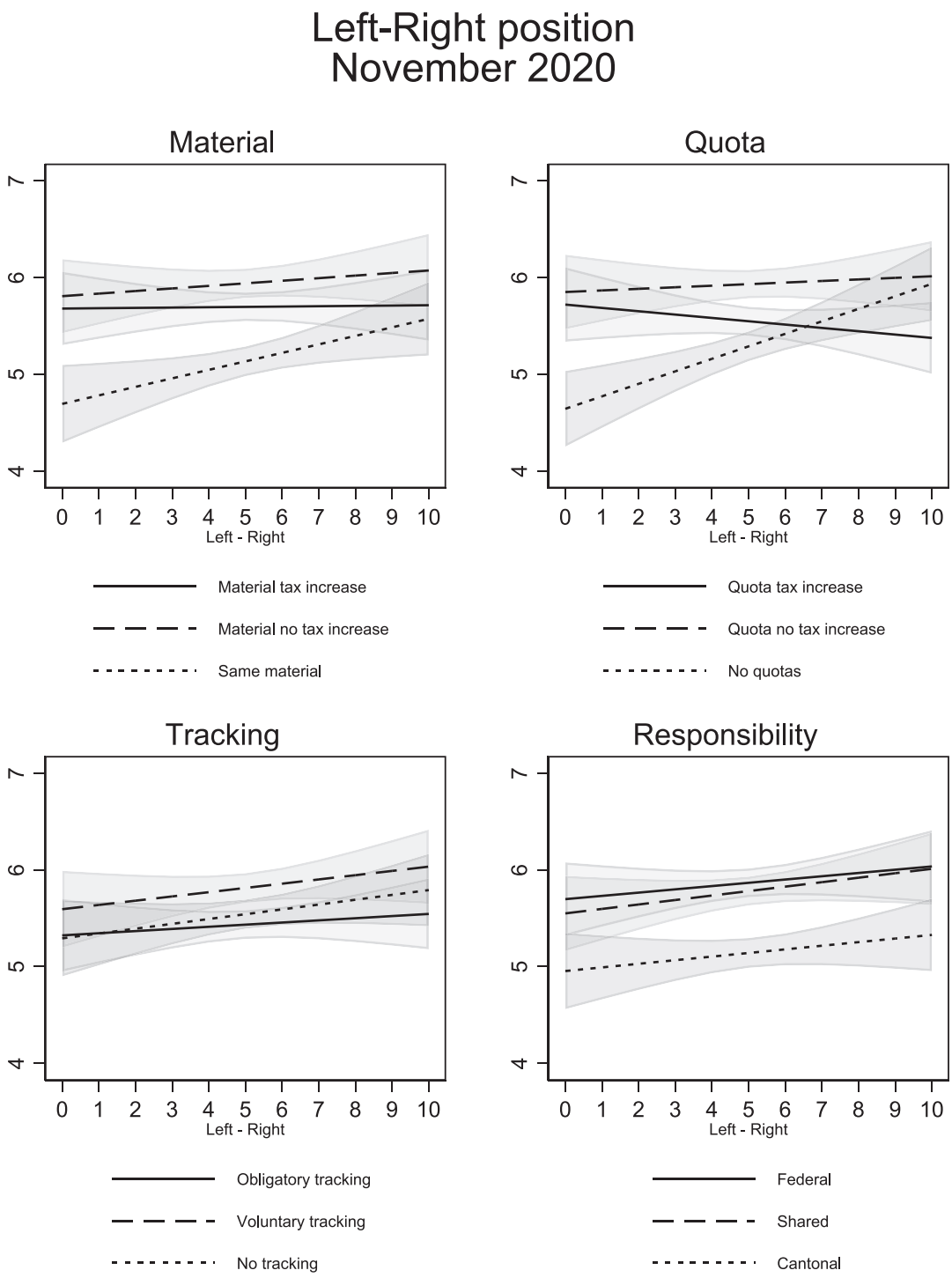

FIGURE 4 Respondents' preferences for different healthcare policies interacted with their political position (left-right).

placed on the left political spectrum are significantly less in favor of retaining the same amount of material (status quo) and not introducing a personnel quota (status quo). On the political right instead, there is no significant and systematic difference regarding preferences for the different designs of these measures. This result means that left-leaning respondents are significantly more supportive of increased investment into prevention efforts independently of whether this would increase taxes or not. During the first wave of the pandemic there was no significant left-right division regarding quotas for healthcare personnel. This finding implies that worries about the overload of the Swiss healthcare system, which were especially salient in the news stories during the second wave of the pandemic, did result in support for quotas for national healthcare workers amongst those at the left of the political continuum. Finally, the results indicate that in the middle of the political continuum respondents were significantly less likely to support cantonal decision-making.

5 | CONCLUSIONS

This article has analyzed the micro-foundations for policy instrument design in times of crisis, comparing design options for regulatory interventions as well as financial investments within four policy issues that are important to crisis governance in general. In a conjoint survey-experiment that was fielded during the first (April 2020) and the second (November 2020) waves of the COVID-19 pandemic, the article examines popular support for different design options regarding policy instruments related to crisis management. Specifically, the paper analyzes which level of government should take the lead in anticrisis policy (federal, shared, or cantonal), whether individuals preferred mandatory, voluntary or no contact tracing apps, if they were in favor of investments into materials to prevent the spread of the virus (with or without tax increases), and whether they were favorable to the introduction of national quotas for health care workers (with or without tax increases).

The results of our analysis indicate that on average respondents support a centralized anticrisis management lead by the federal government and not by the subnational governments. Moreover, respondents objected to policies that would make contact tracing apps mandatory compared to voluntary versions of such applications. Furthermore, individuals are favorable to measures that would increase investment by creating a system of quotas for national healthcare workers, even at the cost of increasing tax rates. Finally, respondents are also positive about investments into prevention of future pandemics, again independently of whether these measures would imply higher taxes or not. Overall, the results are stable over the two times the survey was fielded.

As expected theoretically, the paper finds that individuals who report that they are afraid of the health consequences of the crisis are more supportive of a strong role for the central government and of increasing investment in materials and quotas for healthcare workers—even at the cost of higher taxes. Individuals who lean to the left of the political spectrum are more supportive of investment in prevention and favor domestic quota for healthcare workers especially during the second wave of the pandemic. Amongst individuals, personal worries, that is, fears about the crisis, drive preferences for policy responses, whereas political ideology plays a less important role during the pandemic than we are used to see in other policy domains and in "normal" times. This implies that party politics are less important regarding the design of anticrisis policy instruments.

This paper contributes to the research regarding citizens' attitudes and policy responses to the COVID-19 pandemic. Scholars have demonstrated that individuals support governments at the onset of the crisis and that preferences for social policy programs have remained stable during the crisis (Bol et al., 2021; Ebbinghaus et al., 2022; Schraff, 2021). Scholars have also shown that polarization has increased as the crisis progressed (Ares et al., 2021; Louwerse et al., 2021). This article takes a different level of analysis and examines the social acceptability of the design of policy instruments. The results show that social acceptance for regulatory instruments varies between policy issues. On the contrary, there was support for financial investments into capacities for crisis governance across, even if it comes along with higher taxes across two different policy issues. This finding is in line with research on different types of previous crises that pointed out that crises increase solidarity amongst the population, notably amongst those groups who are suffering the negative consequences of a disaster (Blekesaune, 2007; Cassar et al., 2017; Rao, 2018).

This paper does not come without limitations. First, the analysis draws on data from Switzerland only, which a case of a very decentralized polity where subnational governments enjoy comparatively highly levels of autonomy in policymaking. Therefore, the results from this paper are especially generalizable to similarly decentralized countries, such as Canada and to some extent the United States and Germany. Second, this article has focused on selection of diverse but limited policy issues that were important particularly at the beginning of the pandemic. Later during the pandemic other policy issues such as vaccination and became important measures to contain the pandemic and address its economic and social consequences (Knotz et al., 2021).

This article contributes also to political science and public policy research in general. The analysis could serve as a model for future research that wishes to analyze social acceptance of design options for policy instruments and instrument mixes. Such an approach can help to examine the legitimacy of specific policy instruments at the micro-level and show if they are socially acceptable for the affected population. This research could be essential to understand how we need to govern future policy challenges such as the transition towards sustainability, which will require changes in many parts of the policy system.

ACKNOWLEDGMENTS

We acknowledge the generous financial support by the Swiss National Science Foundation (nccr-on the move Grant number: 51NF40-182897 and Ambizione Grant: 185963).

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ORCID

Flavia Fossati https://orcid.org/0000-0002-9218-5422
Philipp Trein http://orcid.org/0000-0001-6217-6675

ENDNOTES

[1] Popular vote no: 648 (https://www.bk.admin.ch/ch/d/pore/va/20211128/can648.html). Accessed on March 20, 2023.

[2] See Supporting Information: Table S1 for exact question wording and translation, Supporting Information: Figure S1 for the introductory screen and its translation (Supporting Information: Table S2) and Supporting

Information: Figures S2 and S3 for a vignette example and Supporting Information: Table S3 for the main independent variable formulation and translation.

[3] First, we assessed if respondents were thought the vignettes were realistic and whether they were sure/confident about their judgements of the vignettes (Supporting Information: Figure S4). This seems to be the case overall. Moreover, vignette characteristics were randomized by design, but we test if this randomization produces balanced groups with respect to these different characteristics and the four variables we used as quotas (gender, age, education, and region). The *p*-values of the chi-squared test over combinations of respondent level variables and vignette characteristics are all nonsignificant. Moreover, we also assessed more qualitatively whether the coefficient of multilevel linear regressions change when we regress the randomization characteristic on the outcome (bivariate regression) and the randomization characteristic on the outcome but include all other vignette dimensions, and this is not the case (see Supporting Information: Table S5).

[4] Test for vignette position (or task-order effects or carry-over effects) for wave I: ($\chi^2 = 11.5$, $df = 8$, $p(>\chi^2) = 0.17$); for wave II: $\chi^2 = 6.2$, $df = 8$, $p(>\chi^2) = 0.63$ (see also Supporting Information: Table S5).

[5] Experiment position test for wave I: ($\chi^2 = 20.4$, $df = 24$, $p(>\chi^2) = 0.68$), for wave II: $\chi^2 = 22.1$, $df = 24$, $p(>\chi^2) = 0.57$ (see Supporting Information: Table S5).

[6] See Supporting Information: Tables S4a and S4b.

[7] See Supporting Information: Figure S7 and Table S9.

[8] See Supporting Information: Table S10.

[9] See Supporting Information: Table S8.

[10] For the wave in April, see Supporting Information: Figure S6 and Table S7.

[11] See Table S6; and for the April wave, see Supporting Information: Figure S5 and Table S5.

REFERENCES

Achen, C. H., & Bartels, L. M. (2016). *Democracy for realists: Why elections do not produce responsive government*. Princeton University Press.

Ahmed, N., Michelin, R. A., Xue, W., Ruj, S., Malaney, R., Kanhere, S. S., Seneviratne, A., Hu, W., Janicke, H., & Jha, S. K. (2020). A survey of COVID-19 contact tracing apps. *IEEE Access*, *8*, 134577–134601.

Aluttis, C., Bishaw, T., Frank, M. W. (2014). The workforce for health in a globalized context—Global shortages and international migration. *Global Health Action*, *7*(1), 23611.

Amat, F., Arenas, A., Falcó-Gimeno, A., & Muñoz, J (2020). Pandemics meet democracy. Experimental evidence from the COVID-19 crisis in Spain. SocArXiv. preprint. https://osf.io/dkusw

An, B. Y., & Tang, S. Y. (2020). Lessons from COVID-19 responses in east Asia: Institutional infrastructure and enduring policy instruments. *The American Review of Public Administration*, *50*(6–7), 790–800.

Ansell, C. (2019). *The protective state* (1st ed.). Cambridge University Press. https://www.cambridge.org/core/product/identifier/9781108667081/type/element

Ansell, C., & Boin, A. (2019). Taming deep uncertainty: The potential of pragmatist principles for understanding and improving strategic crisis management. *Administration & Society*, *51*(7), 1079–1112.

Ansell, C., Boin, A., & Keller, A. (2010). Managing transboundary crises: Identifying the building blocks of an effective response system: Managing transboundary crises. *Journal of Contingencies and Crisis Management*, *18*(4), 195–207.

Ansell, C., Sørensen, E., & Torfing, J. (2021). The COVID-19 pandemic as a game changer for public administration and leadership? The need for robust governance responses to turbulent problems. *Public Management Review*, *23*(7), 949–960.

Ares, M., Bürgisser, R., & Häusermann, S. (2021). Attitudinal polarization towards the redistributive role of the state in the wake of the COVID-19 crisis. *Journal of Elections, Public Opinion and Parties*, *31*(Suppl 1), 41–55.

Auspurg, K., & Hinz, T. (2015). *Factorial survey experiments*. SAGE Publications.

Baccini, L., & Leemann, L. (2021). Do natural disasters help the environment? How voters respond and what that means. *Political Science Research and Methods*, *9*(3), 468–484.

Bandelow, N. C., Hassenteufel, P., & Hornung, J. (2021). Patterns of democracy matter in the COVID-19 crisis: A comparison of French and German policy processes. *International Review of Public Policy*, *3*(1), 121–136. https://journals.openedition.org/irpp/1788

Baum, M. A. (2002). The constituent foundations of the rally-round-the-flag phenomenon. *International Studies Quarterly*, *46*(2), 263–298.

Bearce, D. H., & Jolliff Scott, B. J. (2019). Popular non-support for international organizations: How extensive and what does this represent? *The Review of International Organizations*, *14*(2), 187–216.

Bechtel, M. M., Hainmueller, J., & Margalit, Y. (2014). Preferences for international redistribution: The divide over the eurozone bailouts. *American Journal of Political Science*, *58*(4), 835–856.

Bemelmans-Videc, M.-L., Rist, R. C., & Vedung, E. O. (2011). *Carrots, sticks, and sermons: Policy instruments and their evaluation*. Transaction Publishers.

Blekesaune, M. (2007). Economic conditions and public attitudes to welfare policies. *European Sociological Review*, *23*(3), 393–403.

Boin, A., & Hart, P. (2003). Public leadership in times of crisis: Mission impossible? *Public Administration Review*, *63*(5), 544–553.

Boin, A., Hart, P. 't., Stern, E., & Sundelius, B. (2016). *The politics of crisis management: Public leadership under pressure* (2nd ed.). Cambridge University Press.

Boin, A., McConnell, A., & Hart, P. 't. (2021). *Governing the pandemic: The politics of navigating a mega-crisis*. Springer Nature. https://library.oapen.org/handle/20.500.12657/48725

Bol, D., Giani, M., Blais, A., & Loewen, P. J. (2021). The effect of COVID-19 lockdowns on political support: Some good news for democracy? *European Journal of Political Research*, *60*(2), 497–505.

Braun, D., & Tausendpfund, M. (2014). The impact of the euro crisis on citizens' support for the European Union. *Journal of European Integration*, *36*(3), 231–245.

Braun, D., & Trein, P. (2013). Economic crisis and federal dynamics. In A. Benz & J. Broschek (Eds.), *Federal dynamics: Continuity, change, and the varieties of federalism* (pp. 343–365). Oxford University Press.

Braun, D., & Trein, P. (2014). Federal dynamics in times of economic and financial crisis: Federal dynamics in times of economic and financial crisis. *European Journal of Political Research*, *53*(4), 803–821.

Cairney, P., & Wellstead, A. (2021). COVID-19: Effective policymaking depends on trust in experts, politicians, and the public. *Policy Design and Practice*, *4*(1), 1–14.

Capano, G., Howlett, M., Jarvis, D. S. L., Ramesh, M., & Goyal, N. (2020). Mobilizing policy (in)capacity to fight COVID-19: Understanding variations in state responses. *Policy and Society*, *39*(3), 285–308.

Cassar, A., Healy, A., & von Kessler, C. (2017). Trust, risk, and time preferences after a natural disaster: Experimental evidence from Thailand. *World Development*, *94*, 90–105.

Castles, F. G., & Mair, P. (1984). Left–right political scales: Some 'expert' judgments. *European Journal of Political Research*, *12*(1), 73–88.

Cho, H., Ippolito, D., & Yu, Y. W. (2020). Contact tracing mobile apps for COVID-19: Privacy considerations and related trade-offs. arXiv:2003.11511 [cs]. http://arxiv.org/abs/2003.11511

Dermont, C., Ingold, K., Kammermann, L., & Stadelmann-Steffen, I. (2017). Bringing the policy making perspective in: A political science approach to social acceptance, *Energy Policy 108*, 359–368.

Droogers, M., Ciotti, M., Kreidl, P., Melidou, A., Penttinen, P., Sellwood, C., Tsolova, S., & Snacken, R. (2019). European pandemic influenza preparedness planning: A review of national plans, July 2016, *Disaster Medicine and Public Health Preparedness 13*(3), 582–592.

Ebbinghaus, B., Lehner, L., & Naumann, E. (2022). Welfare state support during the COVID-19 pandemic: Change and continuity in public attitudes towards social policies in Germany. *European Policy Analysis*, *8*(3), 297–311.

EU. (2015). *Data protection. Special Eurobarometer 431*. EU Commission.

Ferretti, L., Wymant, C., Kendall, M., Zhao, L., Nurtay, A., Abeler-Dörner, L., Parker, M., Bonsall, D., & Fraser, C. (2020). Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing. *Science*, *368*(6491), 1–7. https://science.sciencemag.org/content/368/6491/eabb6936

Foad, C. M. G., Whitmarsh, L., Hanel, P. H. P., & Haddock, G. (2021). The limitations of polling data in understanding public support for COVID-19 lockdown policies. *Royal Society Open Science*, *8*(7), 210678.

Forster, T., & Kentikelenis, A. E. (2019). Austerity and health in Europe: Disentangling the causal links. *European Journal of Public Health*, *29*(5), 808–809.

Frieden, J. (2019). The politics of the globalization backlash: Sources and implications. In L. Catao & M. Obstfeld (Eds.), *Meeting globalization's challenges: Policies to make trade work for all* (pp. 181–196). Princeton University Press.

Gailmard, S., & Patty, J. W. (2019). Preventing prevention. *American Journal of Political Science*, *63*(2), 342–352.

Gasper, J. T., & Reeves, A. (2011). Make it rain? Retrospection and the attentive electorate in the context of natural disasters. *American Journal of Political Science*, *55*(2), 340–355.

Gereffi, G. (2020). What does the COVID-19 pandemic teach us about global value chains? The case of medical supplies. *Journal of International Business Policy*, *3*, 287–301. http://link.springer.com/10.1057/s42214-020-00062-w

Gerring, J. (2007). Is there a (viable) crucial-case method? *Comparative Political Studies*, *40*(3), 231–253.

Giger, N., & Nelson, M. (2011). The electoral consequences of welfare state retrenchment: Blame avoidance or credit claiming in the era of permanent austerity?: The electoral consequences of welfare state retrenchment. *European Journal of Political Research*, *50*(1), 1–23.

Hacker, J. S., Rehm, P., & Schlesinger, M. (2013). The insecure American: Economic experiences, financial worries, and policy attitudes. *Perspectives on Politics*, *11*(1), 23–49.

Hadorn, S., Sager, F., Mavrot, C., Malandrino, A., & Ege, J. (2022). Evidence-based policymaking in times of acute crisis: Comparing the use of scientific knowledge in Germany, Switzerland, and Italy. *Politische Vierteljahresschrift*, *63*(2), 359–382.

Hainmueller, J., Hopkins, D. J., & Yamamoto, T. (2014). Causal inference in conjoint analysis: Understanding multidimensional choices via stated preference experiments. *Political Analysis*, *22*(1), 1–30.

Hauri, V. A., Kohler, K., Scharte, B., & Wenger, A. (2020). Pandemievorbereitung in der Schweiz: Krisenvorsorge als laufender Lernprozess. In *Bulletin 2020 zur schweizerischen Sicherheitspolitik* (pp. 47–80). Center for Security Studies (CSS).

Häusermann, S., Picot, G., & Geering, D. (2013). Review article: Rethinking party politics and the welfare state—Recent advances in the literature. *British Journal of Political Science*, *43*(1), 221–240.

Healy, A., & Malhotra, N. (2009). Myopic voters and natural disaster policy. *American Political Science Review*, *103*(3), 387–406.

Hooghe, L., & Marks, G. (2003). Unraveling the central state, but how? Types of multi-level governance. *American Political Science Review*, *97*(2), 233–243.

Hooghe, L., Marks, G., Schakel, A. H., Osterkatz, S. C., Niedzwiecki, S., & Shair-Rosenfield, S. (2016). *Measuring regional authority: A postfunctionalist theory of governance*. Oxford University Press.

Howlett, M. (1991). Policy instruments, policy styles, and policy implementation. National approaches to theories of instrument choice. *Policy Studies Journal*, *19*(2), 1–21.

Howlett, M. (2014). From the 'old' to the 'new' policy design: Design thinking beyond markets and collaborative governance. *Policy sciences*, *47*(3), 187–207.

Howlett, M. (2018). Aligning policy tools and their targets: Nudging and utility maximization in policy design. In M. Howlett & I. Mukherjee (Eds.), *Routledge handbook of policy design* (pp. 106–121). Routledge.

Howlett, M. (2019). *Designing public policies: Principles and instruments.* Routledge.

Howlett, M., & Mukherjee, I. (2018). Introduction: The importance of policy design: Effective processes, tools and outcomes. In M. Howlett & I. Mukherjee (Eds.), *Routledge handbook of policy design* (pp. 3–19). Routledge.

Ingold, K., Stadelmann-Steffen, I., & Kammermann, L. (2019). The acceptance of instruments in instrument mix situations: Citizens' perspective on Swiss energy transition. *Research Policy*, *48*(10), 103694.

Jessop, B. (2001). Bringing the state back in (yet again): Reviews, revisions, rejections, and redirections. *International Review of Sociology*, *11*(2), 149–173.

Knotz, C. M., Gandenberger, M. K., Fossati, F., & Bonoli, G. (2021). Public attitudes toward pandemic triage: Evidence from conjoint survey experiments in Switzerland. *Social Science & Medicine (1982)*, *285*, 114238.

Kriesi, H., & Trechsel, A. H. (2008). *The politics of Switzerland: Continuity and change in a consensus democracy*. Cambridge University Press. https://cadmus.eui.eu//handle/1814/34905

Lachapelle, E., Bergeron, T., Nadeau, R., Daoust, J. F., Dassonneville, R., & Bélanger, É. (2021). Citizens' willingness to support new taxes for COVID-19 measures and the role of trust. *Politics & Policy*, *49*(3), 534–565. https://onlinelibrary.wiley.com/doi/abs/10.1111/polp.12404

Lascoumes, P., & Le Gales, P. (2007). Introduction: Understanding public policy through its instruments—From the nature of instruments to the sociology of public policy instrumentation. *Governance*, *20*(1), 1–21.

Louwerse, T., Sieberer, U., Tuttnauer, O., & Andeweg, R. B. (2021). Opposition in times of crisis: COVID-19 in parliamentary debates. *West European Politics*, *44*(5–6), 1025–1051.

Maggetti, M., & Trein, P. (2022). Policy integration, problem-solving, and the coronavirus disease crisis: Lessons for policy design. *Policy and Society*, *41*, 53–67.

Malandrino, A., & Mavrot, C. (2022). "After the 'honeymoon', what is next? COVID-19 policies in Europe beyond the first wave". *European Policy Analysis*, *8*(3), 254–260.

Malandrino, A., & Sager, F. (2021). Can teachers' discretion enhance the role of professionalism in times of crisis? A comparative policy analysis of distance teaching in Italy and Switzerland during the COVID-19 pandemic. *Journal of Comparative Policy Analysis: Research and Practice*, *23*(1), 74–84.

Margalit, Y. (2013). Explaining social policy preferences: Evidence from the great recession. *American Political Science Review*, *107*(1), 80–103.

McKee, M., Karanikolos, M., Belcher, P., & Stuckler, D. (2012). Austerity: A failed experiment on the people of Europe. *Clinical Medicine*, *12*(4), 346–350.

Mercay, C., Burla, L., & Widmer, M. (2016). *Gesundheitspersonal in Der Schweiz Bestandesaufnahme Und Prognosen Bis 2030*. Swiss Health Observatory.

Montpetit, É. (2008). Policy design for legitimacy: Expert knowledge, citizens, time and inclusion in the United Kingdom's biotechnology sector. *Public Administration*, *86*(1), 259–277.

Morley, J., Cowls, J., Taddeo, M., & Floridi, L. (2020). Ethical guidelines for COVID-19 tracing apps. *Nature*, *582*(7810), 29–31.

van Os, H. W. A., Herber, R., & Scholtens, B. (2014). Not under our back yards? A case study of social acceptance of the Northern Netherlands CCS initiative. *Renewable and Sustainable Energy Reviews*, *30*, 923–942.

Paek, H. J., Hilyard, K., Freimuth, V. S., Barge, J. K., & Mindlin, M. (2008). Public support for government actions during a flu pandemic: Lessons learned from a statewide survey. *Health Promotion Practice*, *9*(Suppl 4), 60S–72S.

de Pietro, C., Camenzind, P., Sturny, I., Crivelli, L., Edwards-Garavoglia, S., Spranger, A., Wittenbecher, F., & Quentin, W. (2015). Switzerland: Health system review. *Health Systems in Transition 17*(4), 1–288.

Quah, S. R., & Hin-Peng, L. (2004). Crisis prevention and management during SARS outbreak, Singapore. *Emerging Infectious Diseases*, *10*(2), 364–368.

Rabe-Hesketh, S., & Skrondal, A. (2008). *Multilevel and longitudinal modeling using stata*. Stata Press.

Ranney, M. L., Griffeth, V., & Jha, A. K. (2020). Critical supply shortages—The need for ventilators and personal protective equipment during the Covid-19 pandemic. *New England Journal of Medicine*, *382*(18), e41.

Rao, G. H. R. (2018). Biomedical research and healthcare: Opportunities, expectations, and limitations. *International Journal of Biomedicine*, *8*(4), 273–279.

Rehm, P., Hacker, J. S., & Schlesinger, M. (2012). Insecure alliances: Risk, inequality, and support for the welfare state. *American Political Science Review*, *106*(2), 386–406.

Rocco, P., Béland, D., & Waddan, A. (2020). Stuck in neutral? Federalism, policy instruments, and counter-cyclical responses to COVID-19 in the United States. *Policy and Society*, *39*(3), 458–477.

Rommel, T., & Walter, S. (2018). The electoral consequences of offshoring: How the globalization of production shapes party preferences. *Comparative Political Studies*, *51*(5), 621–658.

Sager, F., & Mavrot, C. (2020). Switzerland's COVID-19 policy response: Consociational crisis management and neo-corporatist reopening. *European Policy Analysis*, *6*(2), 293–304.

Schmidt, M. G. (1996). When parties matter: A review of the possibilities and limits of partisan influence on public policy. *European Journal of Political Research*, *30*(2), 155–183.

Schraff, D. (2021). Political trust during the Covid-19 pandemic: Rally around the flag or lockdown effects? *European Journal of Political Research*, *60*, 1007–1017. https://ejpr.onlinelibrary.wiley.com/doi/abs/10.1111/1475-6765.12425

Seawright, J., & Gerring, J. (2008). Case selection techniques in case study research: A menu of qualitative and quantitative options. *Political Research Quarterly*, *61*(2), 294–308.

Servick, K. (2020). Can phone apps slow the spread of the coronavirus? *Science*, *368*(6497), 1296–1297.
SRF. (2020). Mangel an Pflegekräften - Wie die Spitäler ums Personal kämpfen, Schweizer Radio und Fernsehen (SRF). https://www.srf.ch/news/schweiz/mangel-an-pflegekraeften-wie-die-spitaeler-ums-personal-kaempfen
Trang, S., Trenz, M., Weiger, W. H., Tarafdar, M., & Cheung, C. M. K. (2020). One app to trace them all? Examining app specifications for mass acceptance of contact-tracing apps. *European Journal of Information Systems*, *29*, 415–428.
Trein, P., & Varone, F. (2023). Citizens' agreement to share personal data for public policies: Trust and issue importance. *Journal of European Public Policy*.
Vatter, A. (2018). *Swiss federalism: The transformation of a federal model*. Routledge. https://www.taylorfrancis.com/books/9781315231693
De Vries, C. E., Bakker, B. N., Hobolt, S. B., & Arceneaux, K. (2021). Crisis signaling: How Italy's coronavirus lockdown affected incumbent support in other European countries. *Political Science Research and Methods*, *9*(3), 451–467.
Walter, S. (2021). The backlash against globalization. *Annual Review of Political Science*, *24*, 421–442.
van der Weerd, W., Timmermans, D. R., Beaujean, D. J., Oudhoff, J., & van Steenbergen, J. E. (2011). Monitoring the level of government trust, risk perception and intention of the general public to adopt protective measures during the influenza A (H1N1) pandemic in the Netherlands. *BMC Public Health*, *11*(1), 575.

AUTHOR BIOGRAPHIES

Flavia Fossati is an Assistant Professor of Inequality and Integration at the Graduate Institute of Public Administration (IDHEAP) at the University of Lausanne. Her research focuses on the integration of immigrants in Western societies, on discrimination, and on public opinion regarding social policies (education, unemployment benefits, and other social measures) including in times of pandemics. She codirected the research project Welfare: Inclusion and Solidarity in the Swiss National Centre of Competence in Research on Immigration and Mobility (NCCR-on the move). Her research has been published in scientific peer-reviewed journals such as: Social Science and Medicine, Socio-Economic Review, International Migration Review, Journal of Ethnic and Migration Studies, Research in Social Stratification and Mobility, Journal of Social Policy, Journal of European Social Policy. She is co-editor of *Debating Unemployment* (Cambridge University Press) and the *Handbook of Swiss Politics* (forthcoming with Oxford University Press).

Philipp Trein is an Assistant Professor in Public Administration and Policy at the IEP (Institute of Political Studies) of the University of Lausanne and a Senior Fellow at the IES (Institute of European Studies) at UC Berkeley. His research interests cover comparative public policy and administration, digitalization, health policy, social policy as well as multilevel governance and federalism. The results of his work are published in leading journals of political science (e.g., European Journal of Political Research, West European Politics), public administration (e.g., Public Administration Review, Governance), and public policy (e.g., Journal of European Public Policy, Policy Sciences). His latest research project deals with the integration of artificial intelligence into public policy. More information can be found here: https://www.philipptrein.com/publications/

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Fossati, F., & Trein, P. (2023). Social acceptance of policy instrument design during times of crisis. *European Policy Analysis*, 9, 167–190. https://doi.org/10.1002/epa2.1174