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Partisanship and public opinion of COVID-19: does emphasizing Trump and his administration's response to the pandemic affect public opinion about the coronavirus?

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ABSTRACT

Does emphasizing the pandemic as a partisan issue polarize factual beliefs, attitudes, and behavioral intentions concerning the SARS-CoV-2/COVID-19 pandemic? To answer this question, we conducted a preregistered survey experiment with a “questions as treatment” design in late March 2020 with 1587 U.S. respondents recruited via Prime Panel. Respondents were randomly assigned to answer several questions about then-president Donald J. Trump and the coronavirus (including receiving an information cue by evaluating one of Trump's tweets) either at the beginning of the survey (treated condition) or at the end of the survey (control condition). Receiving these questions at the beginning of the survey had no direct effect on COVID-19 factual beliefs, attitudes, and behavioral intentions.

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Introduction

Governments around the world struggled to fully contain the COVID-19 pandemic in its early stages. Case and fatality counts suggest the U.S. response was particularly poor in this early phase. During this period, President Trump advocated against a number of policies designed to slow the spread of the novel coronavirus (e.g. “lockdowns” or stay-at-home orders), often by focusing on the negative economic consequences of such measures. At both the federal and state levels, clear

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partisan differences emerged over which side to privilege in a delicate balance between protecting public health or the economy. The president additionally made a number of false statements about the coronavirus, most notably concerning possible cures (Farley and Kiely 2020; McDonald 2020).

Given the ability of partisan cues to polarize the electorate (Druckman, Peterson, and Slothuus 2013; Nicholson 2012), we conducted a simple survey experiment to examine the extent to which attitudes, factual beliefs, and behavioral intent about the pandemic can be (further) polarized along partisan lines. Respondents were randomly assigned either to a treatment condition (receiving five questions designed to present COVID-19 as a partisan issue at the beginning of a survey) or a control condition (receiving these same five questions at the end of the survey). These questions focused on Trump and his administration's response to the coronavirus pandemic, including providing a clear cue to respondents by asking them to evaluate a tweet where Trump stated "THE CURE CANNOT BE WORSE THAN THE PROBLEM". Our preregistered expectation was that receiving these "questions as treatment" at the beginning of the survey would present the nascent pandemic as a partisan issue, thus increasing partisan differences on COVID-19 factual beliefs, attitudes, and behavioral intentions. Theoretically, our expectations derive from previous work that shows that in an environment with high distrust of opposing parties and partisans (Iyengar and Westwood 2015; Carlin and Love 2013), raising the salience of partisanship could provoke further group alignment (Klar 2013; Nicholson 2012) that, in turn, polarizes responses. Contrary to expectations, we found no evidence that our treatment increased polarization along partisan lines, a finding that aligns with other articles from this special issue (Myers 2021; Gadarian, Goodman, and Pepinsky 2021).

Method

Participants

We fielded our study March 27-31, 2020 with U.S. respondents recruited from Prime Panels (Chandler et al. 2019) using the Qualtrics survey platform.¹ To ensure balance across different partisan groups, we used the quota function to request at least 500 Republicans, 500 Democrats, and 500 Independents. (All analyses that follow define party identification from the standard ANES 7-point scale asked in the survey, with leaners assigned as partisans.) After excluding participants who did not respond to any of the outcome measures, a final sample of 1587

¹Our preregistration can be found on the Open Science Framework (OSF) at osf.io/hquga

participants remained (47% male, 73.3% Caucasian, 47.7% college educated, $M_{\text{age}} = 41.43$, $SD_{\text{age}} = 14.99$).

Procedure and materials

After giving consent, respondents were asked standard party identification (ANES 7-point scale) and ideology questions. Using the randomization feature within Qualtrics, participants were then assigned either to the treatment or control condition. Those in the treatment condition were asked five questions about Trump and the Trump administration's response to the pandemic before responding to our outcome measures. The goal of these "questions as treatment" was to emphasize and cue the Trump administration's approach and handling of the coronavirus pandemic. These five questions were asked at the end of the survey for those in the control condition. Finally, participants completed some demographic information and were debriefed.²

Questions as treatment

Our treatment consists of five questions. First, respondents were asked to answer "[g]enerally speaking, would you say that the Trump Administration's response to the coronavirus pandemic has been" on a 5-point scale from *much too strong* (1) to *about right* (3) to *much too weak* (5). Next, respondents rated Donald Trump on an 11-point (0–10) feeling thermometer. Respondents were then asked to agree or disagree with President Trump's tweet from 24 March 2020 (see [Figure 1](#)) on a 5-point scale from *strongly disagree* (1) to *strongly agree* (5).

Respondents were asked on a 5-point Likert scale whether they agreed or disagreed with the following statements: "The main reason we are seeing so many coronavirus cases and deaths in the U.S. is because the Trump Administration failed to use the last few months in which the coronavirus spread in Asia and then in Italy to prepare for the outbreak in the U.S." and "Concern about the coronavirus is completely blown out of proportion."

As expected and shown in [Figure 2](#), we observed strong partisan differences in these five measures. Responses of all three partisan groups differed significantly from each other ($ps < .001$). Not surprisingly, Republicans showed significantly higher levels of support for Trump and his administration's response to the pandemic than Democrats. Furthermore, for four of the five treatment questions, there was no difference in participants' mean responses between those asked at the beginning of the survey versus those at the end ($ps > .6$).³

²This survey also included additional measures and orthogonal experimental manipulations not reported here.

³Respondents who saw the treatment questions at the end of the survey expressed slightly warmer feelings towards Trump (control condition: $M = 5.22$, $SD = 3.94$; treated condition: $M = 4.83$, $SD = 3.91$), $t(1570) = 1.97$, $p = .049$. This difference is concentrated among independents and is likely statistical noise. Further this difference score is non-significant for Republican and Democrats, but significant

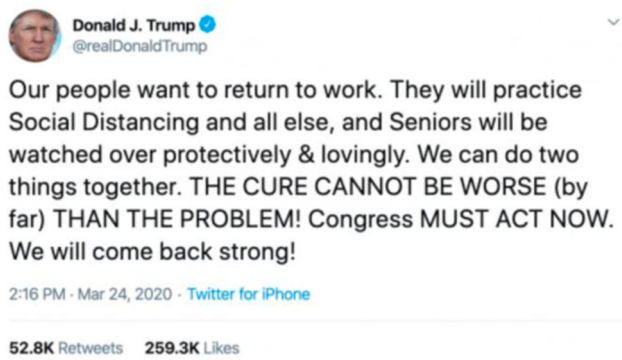


Figure 1. President Trump’s Tweet from 24 March 2020.

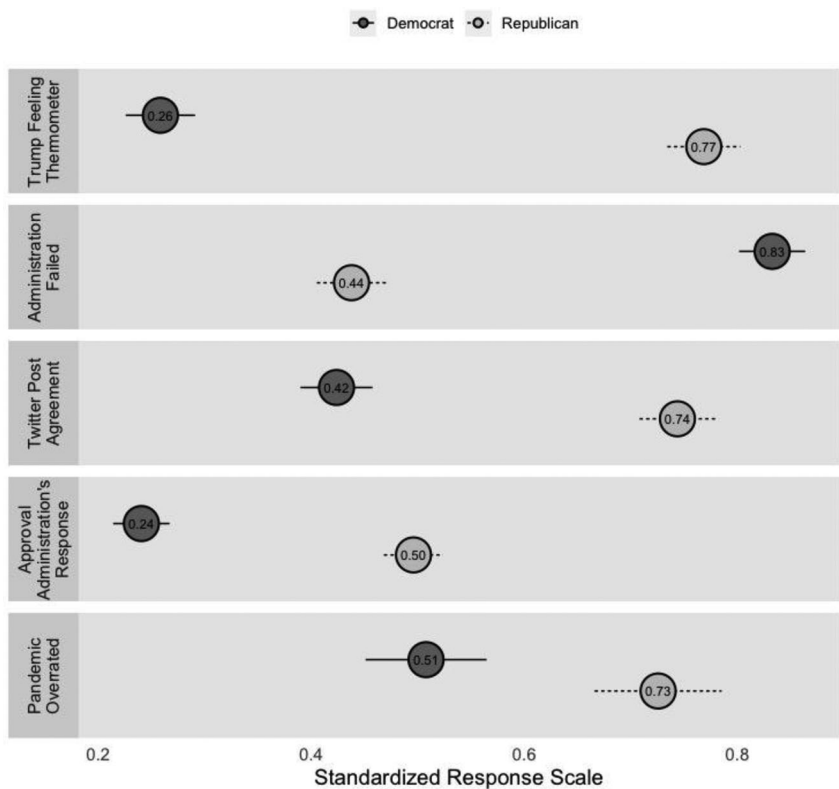


Figure 2. Response means for Democrats and Republicans on “Questions as Treatment” items. Notes: All items scaled 0–1 to facilitate comparisons across dependent variables. Error bars are 95% confidence intervals. This figure only reports data from respondents in the treatment condition (those who received these questions at the beginning of the survey).

Outcome measures

To gauge the extent to which our "questions as treatment" emphasizing partisanship affected attitudes about the coronavirus, we asked respondent several questions. First, we asked how scared respondents were of different potential consequences of the coronavirus on a 7-point scale from *not at all scared* (1) to *extremely scared* (7), $\alpha = .84$. We also asked respondents to report their opinion about public health vs. economic trade-offs on a 7-point scale from *only concerned about protecting public health* (1) to *only concerned about protecting the U.S. economy* (7).

Respondents answered three factual belief questions about the coronavirus on a 5-point scale from *definitely false* (1) to *definitely true*: "Experts advise against using ibuprofen if you think you might be infected with the coronavirus", "The U.S. Food and Drug Administration (FDA) has approved chloroquine specifically for the treatment of patients with COVID-19" and "People can transmit the virus even if they do not show any symptoms."

To assess respondents' behavioral intentions towards the coronavirus safety precautions, we asked them about their personal agency in minimizing the spread of the virus on a 7-point scale ("I believe that I can help prevent deaths by staying at home" and "By staying at home I can help slow down the spread of the virus so that we can avoid too many people being sick at the same time and our hospitals not being able to help them all", $r(1584) = .64$), on which higher scores indicated higher personal agency. Furthermore, respondents indicated their compliance with stay-at-home measures on a 5-point scale from *not at all likely* to *extremely likely* (5).

Results

Does emphasizing Trump increase polarization?

To test our preregistered expectation that placing questions at the beginning of the survey that emphasize partisan differences would increase partisan differences on later items, we conducted OLS regressions on all outcome measures with the covariates (age, gender, race, college education, and following politics), the treatment (0 = control condition, 1 = treatment condition), partisanship (dummy coded: Democrats = reference category), and their interactions as predictors.⁴ Contrary to our expectation, we found no significant interaction effects between Republicans and the treatment (versus Democrats as the reference category).⁵

for independents (control condition: $M = 5.06$, $SD = 3.46$; treated condition: $M = 3.89$, $SD = 3.47$), $t(1566) = 2.86$, $p = .049$, Tukey adjusted.

⁴The full models can be found in Appendix B (Table 2).

⁵Across all the models, we only observe a single significant partisan interaction: Independents x treatment when chloroquine is the outcome variable; $b = -0.70$, $SE = 0.22$, $p = 0.001$.

Next, we computed the marginal effects across all three-party identifications using the R-package *margins* (Leeper, Arnold, and Arel-Bundock 2020). The marginal effects of the treatment as well as the effect of treatment for the total sample along with their 95% confidence intervals are visualized in Figure 3. The non-significant effect of the treatment overall does not appear to mask countervailing effects among different partisan groups. Not only do we find that the effects of the treatment do not differ between partisan groups, but that the overall point estimate of the treatment is very near zero.

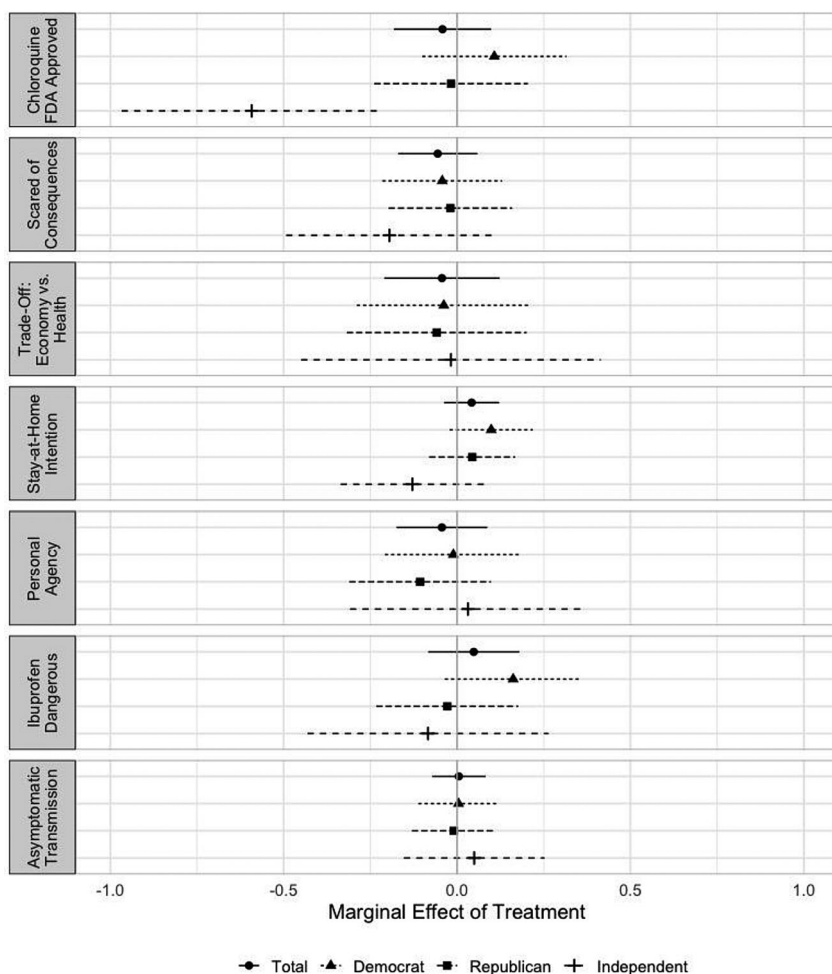


Figure 3. Marginal effects of the treatment condition across party identification. Notes: Marginal effects of questions as treatment for Democrats, Republicans, Independents as well as the total sample. The models control for covariates (age, gender, race, college education, and following politics). Error bars are 95% confidence intervals.

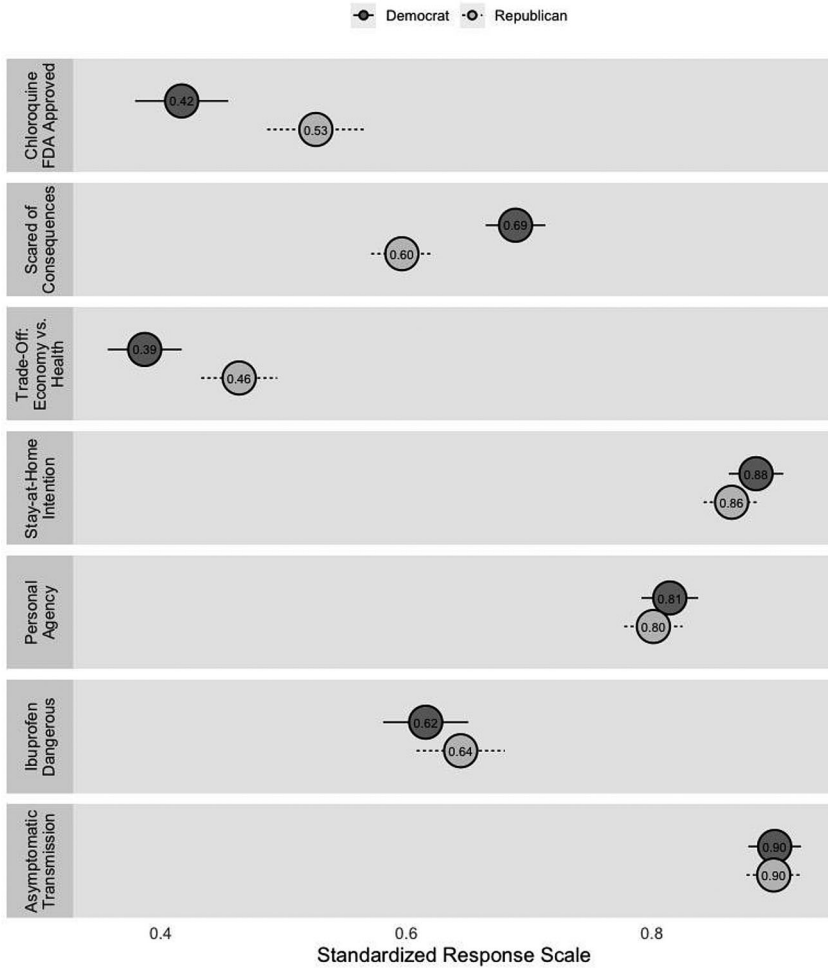


Figure 4. Mean differences between Democrats and Republicans in the outcome measures. Notes: Scaled mean levels by partisanship of the outcome measures for participants in the control condition. All items scaled 0–1 to facilitate comparisons across dependent variables. Error bars are 95% confidence intervals.

Partisan differences

While our manipulation did not increase polarization in attitudes, beliefs, and behavioral intentions surrounding the pandemic, the extent of partisan difference is itself intriguing. Figure 4 shows the control group's mean response to our outcome measures along with their 95% confidence intervals.⁶ The items are presented in order of the size of the partisan gap – the item with the

⁶All results reported in Figure 4 hold true for the entire sample and when including an indicator for the treatment condition as well as covariates (see Appendix B, Table 3).

largest partisan gap is presented first (chloroquine is FDA approved) and the item with the smallest partisan gap is presented last (belief in asymptomatic transmission). Compared to the treatment questions reported above, our outcome variables either show smaller partisan gaps or show no partisan gaps at all.

Across our seven outcome variables, we observed modestly sized partisan differences on four items and no differences on three items. As shown in [Figure 4](#), the largest partisan difference was on whether chloroquine was an approved treatment for COVID-19. Democrats reported being more scared of COVID-19 than Republicans. In a question probing a trade-off between public health and the economy, Republicans tilted towards protecting the economy. Democrats reported being more likely to “stay at home” than Republicans, though both reported high levels.

We did not find significant partisan differences on the remaining three items. Democrats and Republicans reported similar levels of personal agency in being able to help stop the spread of the coronavirus. Republicans were just as likely as Democrats to believe that experts advised against using ibuprofen.⁷ Both Republicans and Democrats expressed belief in asymptomatic spread of COVID-19.

Discussion

In the analyses above, we showed that in the initial stage of the pandemic there were large partisan divides on our treatment items between Republicans and Democrats, questions designed to focus on Trump’s handling of the pandemic and deliver a clear partisan cue in the form of a tweet advocating keeping the economy open. However, on our outcome measures, we consistently observed smaller differences than on our treatment questions, if we observed a difference at all. We did not find evidence for our expectation that emphasizing Trump creates or increases the partisan divide, when present. These study results raise two interesting questions: (1) why are there partisan differences on some COVID-19 questions but not others?, and (2) what explains why our treatment had no effect?

We think the answers are related. We observe partisan differences on items where there has been clear elite signaling, particularly from Trump. At the beginning of the pandemic, Trump heavily promoted chloroquine as a possible cure, downplayed the coronavirus as something to fear, and clearly pushed for reopening the economy. Had our survey been fielded later when stay-at-home measures were being introduced in some states, we might also have seen more substantial partisan differences in willingness to stay at home. For the items

⁷Expert guidance about the use of ibuprofen for COVID-19 patients has changed over the course of the pandemic (Moore et al. 2020). Our survey was fielded just after WHO reversed its guidance against recommending the use of ibuprofen for COVID-19 patients.

where there was partisan dissensus, the considerations we attempted to activate with our treatment may have been “activated” already (Druckman and Leeper 2012). However, the gaps on our outcome measures were smaller than our treatment items, suggesting that there was potential room to polarize. Another possibility is that in the beginning stages of a severe global health scare, accuracy motivations receive greater emphasis than (partisan) directional motivations. Without an ability to reliably measure directional versus accuracy motivations at the individual level, it may be impossible to adjudicate between these possibilities. Yet another explanation is that further polarization on these items is indeed possible, but our treatment simply was not a strong enough cue to activate partisans’ considerations; with a stronger partisan cues’ manipulation perhaps attitudes could have been shifted. Previous work has found that partisan cues during the financial crisis did have an effect (Stoeckel and Kuhn 2018).

At the same time, we did not observe partisan differences on items related to one’s personal agency in stopping the coronavirus, whether ibuprofen should be used with COVID-19 patients, and whether asymptomatic transmission is possible. For these items, there was little (if any) elite dissensus (if any messaging at all). Without providing specific information to respondents about these issues, our treatment was unlikely to act as a cue and was simply not powerful enough to alter responses. If people do not see these particular facets of COVID-19 as partisan in the first place, our study suggests there are important boundary conditions for how much emphasizing partisan considerations affects opinion.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Supplementary material

Supplemental data for this article can be accessed at <https://doi.org/10.1080/17457289.2021.1924749>.

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