

Communication, politics and COVID-19 in Iceland: The small state dimension

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Abstract: Authorities all over the world have faced enormous challenges in dealing with the COVID-19 pandemic, including how to circulate up-to-date and accurate information to the general public concerning the novel coronavirus. In light of this, there has been much focus on studying information dissemination regarding COVID-19. Most of the attention in this communication research has been on large states such as the United States and the United Kingdom but smaller states like Iceland have mostly been absent in these studies. The aim of this article is twofold. First, it adds the Icelandic case to the COVID-19 communication research literature by examining findings from two representative surveys that were conducted in Iceland in June and August 2020 concerning COVID-19 and information dissemination, and how these findings compare to similar studies from larger states. Second, building on limited existing academic work on political communication in small states, I explore how the dissemination of information concerning the COVID-19 pandemic might be, to some extent, different in Iceland than in larger states because of the size variable.

Keywords: Iceland, COVID-19, coronavirus, communication, small states, crisis

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Introduction

The COVID-19 pandemic has presented authorities with many challenges, one of which concerns how to disseminate up-to-date and important information to the general public regarding the novel coronavirus and the disease it causes (COVID-19). Various international organisations, including the OECD, WHO and UNESCO, have highlighted problems with the spread of vast amounts of false and misleading information about the virus and COVID-19, especially on social media. Tedros Adhanom Ghebreyesus, WHO's Director-General, said in February 2020 that we were not just fighting a pandemic but also an *infodemic* (The COVID-19 infodemic, 2020, p. 875). The contemporary communication ecology we are dealing with was highlighted by Sylvie Briand, the architect of WHO's strategy to counter the infodemic. As she told *The Lancet*:

We know that every outbreak will be accompanied by a kind of tsunami of information, but also within this information you always have misinformation, rumours, etc. We know that even in the Middle Ages there was this phenomenon. But the difference now with social media is that this phenomenon is amplified, it goes faster and further, like the viruses that travel with people and go faster and further. So it is a new challenge, and the challenge is the [timing] because you need to be faster if you want to fill the void... What is at stake during an outbreak is making sure people will do the right thing to control the disease or to mitigate its impact. So it is not only information to make sure people are informed; it is also making sure people are informed to act appropriately (Zarocostas, 2020, p. 676).

The spread of false or misleading information about COVID-19, whether systematically, intentionally or unintentionally, may pose a threat to public health and may undermine confidence in health authorities. In light of this, there has been much focus on studying trust, information dissemination and the spread of false and misleading information concerning COVID-19. Much of the attention in this communication research has tended to gravitate towards large states, such as the UK and the US (e.g., Ofcom, 2020; Nielsen et al., 2020; Jones, 2020); smaller states like Iceland have mostly been absent in these studies.

The aim of this article is twofold. First, it adds the Icelandic case to the COVID-19 communication research literature by examining findings from two representative surveys that were conducted in Iceland in June and August 2020 (focusing on the first and second waves of the pandemic in the country) and how these findings compare to results from similar studies in larger states. Second, building on the survey findings and limited existing academic work on political communication in small states (e.g., Ólafsson, 2019), I explore how the dissemination of information concerning the COVID-19 pandemic might be, to some extent, different in Iceland than in larger states because of the size variable. It can be argued that Iceland's smallness and isolation is an asset in tackling crisis communication, such as during the COVID-19 pandemic.

The article is organised in four main sections. The first section illustrates the context of how the pandemic unfolded in Iceland during the first and second waves, with emphasis placed on the key communication moments and points of reference. The second section discusses the methods and data collection of the two surveys which are then analysed in the third section. Results illustrate higher levels of trust towards experts and the national media than found in several larger states, and that false and misleading information is most commonly seen on social media, as is usually the case elsewhere. The fourth and final section discusses the findings in relation to the size variable as they apply to Iceland, and highlights further avenues for research.

COVID-19 in Iceland

The first case of COVID-19 in Iceland was reported on 28 February 2020. The first wave of infections lasted until May and a smaller second wave started at the end of July and lasted until mid-September. This was followed by a larger third wave in the autumn of 2020. By the end of the second wave in September, there had been 2,206 confirmed domestic infections and 10 deaths (COVID-19 in Iceland, 2020). The number of confirmed cases needs to be examined in relation to the fact that Icelandic authorities placed much emphasis on testing as many people as possible. Tests were carried out early on by health authorities specifically on those who showed COVID-19 symptoms. Soon, however, the biotech company deCODE offered to help by screening people who had no symptoms, or mild ones. This led to a sizeable increase in people being tested, with many cases picked up which would otherwise have been missed. By 17 May, 15.5% of the Icelandic population had been tested, whilst a comparative figure in the US, for example, was 3.4% (Kolbert, 2020). By mid-September, 27.2% of the Icelandic population had been tested. Figures also show that Iceland's death rate from COVID-19 has been one of the lowest in the world (COVID-19 in Iceland, 2020; Ólafsson, 2021a).

Unlike many countries, Iceland has not imposed a lockdown during the COVID-19 pandemic (Lilleker et al., 2021). Authorities have not seen a need for it. At the beginning of the pandemic, this was due to the fact that the early cases of the novel coronavirus were detected soon after arrival in Iceland. The office of the Chief Epidemiologist, in coordination with the

Department of Civil Protection and Emergency Management, organised contact tracing which managed to quarantine many of those who had been exposed to the pathogen (Kolbert, 2020). Icelandic authorities have, from the start, used evidence-based measures, which, apart from quarantine, include isolation for infected persons and early diagnosis of infection, and much effort has been put into effective information disclosure to the public. The objectives of the official actions taken by Icelandic authorities served a clear purpose from the beginning of the pandemic. As stated on www.covid.is (a website set up by the Directorate of Health and the Department of Civil Protection and Emergency Management on 13 March 2020), the goal has been to ensure that the necessary infrastructure in the country, particularly the healthcare system, is able to withstand the strain that the illness will cause in Iceland (Iceland's Response, 2020; Ólafsson, 2021a).

News reports concerning COVID-19 started to appear in the Icelandic media in January following the outbreak in Wuhan and the news coverage entered a new phase on 27 February when Iceland's Director of Emergency Management, Víðir Reynisson; its Chief Epidemiologist, Þórólfur Guðnason; and Iceland's Director of Health, Alma Möller, had their first joint COVID-19 press conference. Following this they held daily briefings broadcast on TV, the radio and online during the first wave (Hilmarsdóttir, 2020), and the press conferences were resumed (although not on a daily basis) when the second wave of infections started. The press conferences quickly became the consistent point of reference concerning COVID-19 in Iceland. During the first wave, Möller, Reynisson and Guðnason (usually all three of them) were live every day, at 2 P.M., to discuss the latest figures of those infected and in hospital, emphasising important protective measures for the public to take and answer questions from journalists. They often invited guests that focused on specific topics, such as care for the elderly, the school system, and the hospitals in Iceland. "The trio" as they were called, quickly became household names in Iceland, the public faces of the COVID-19 response, and known simply by their first names: *Alma, Víðir and Þórólfur*. They often highlighted some words of encouragement, thanked people for doing a good job of abiding by scientific advice, and even managed to crack a joke or two on occasion. The press conferences became the most talked about television broadcast in Iceland and quickly became key communication reference points concerning COVID-19 in Iceland and guided much of the news reporting. Icelandic politicians mostly took a back seat in communicating with the public on COVID-19 and instead made room for the experts. Government ministers were, however, centre stage during key moments in the first and second wave, such as during press conferences when restrictions were announced and lifted, and when economic support packages were announced (Ólafsson, 2021a).

The website www.covid.is was updated daily, one hour before the trio's press conferences during the first wave. More recently, it has been updated at the same time the press conferences start (they were moved to 11 a.m. after the first wave). On the website, the latest numbers of those infected, in hospital and quarantine, are announced, as well as how many people have been tested. More information is made available, focusing for example on the origin of infection and infections/quarantine by region. Various other pieces of information are available on the website, such as advice, announcements and a listing of the restrictions put in place at any given time. In 2021, information concerning vaccines was added to the site and has been updated regularly. The website has information in Icelandic and ten other languages.

Each member of the trio had specific roles at the daily briefings, particularly during the first wave. Reynisson was in charge of the meetings and would discuss general aspects concerning the gathering bans and issues related to people's behaviour. Guðnason discussed

the virus and COVID-19 and highlighted possible developments and new measures that he might suggest to the Minister of Health. Möller mainly focused on discussing how the health care system was dealing with the situation. The trio, particularly Guðnason and Möller, stressed repeatedly that anyone could contract the virus, but that the vast majority of people would not become seriously ill. Older people and those with underlying medical conditions, however, would be most vulnerable to serious illness. In order to protect these groups, it was emphasised that the spread of the virus must be *slowed down* (Iceland's Response, 2020). In other words: *To flatten the curve*. This message was very clear from the start. It was highlighted how the aim was for the country's infrastructure, particularly the health care system, to be able to withstand the strain that the virus would cause. In relation to this, the trio repeatedly stressed how individuals could do their part by washing their hands and abide by the two-metre rule (Ólafsson, 2021a).

At each briefing, the trio and their guests have spent much time answering questions from Icelandic journalists and the Icelandic media has played a key role in passing on information to the general public on the virus and COVID-19 (Skýrsla vinnuhóps þjóðaröryggisráðs, 2020). In a Gallup survey conducted in April 2020, Iceland ranked highest out of 17 countries (including Germany and South Korea) when respondents were asked if they were satisfied with how authorities in their country were dealing with the situation. 96% of Icelanders said that they were satisfied with how the Icelandic government was dealing with the COVID-19 pandemic, whilst for example a comparative figure for the US was 50% (COVID-19 rannsókn, 2020). More recent surveys seem to indicate that Icelanders remain very satisfied with how authorities have been handling the pandemic. For example, despite increased criticism in the media from the tourism sector concerning strict measures on Iceland's border, only around 10% of Icelanders were in favour of looser border restrictions, according to an August 2020 survey (Ólafsdóttir et al., 2020).

An important aspect of dealing with a crisis like the COVID-19 pandemic is access to up-to-date and accurate information, as this affects how authorities and the public perceive the situation and respond to it. In light of this, there has been much focus on studying how the public has received information concerning the virus and the disease, and which outlets and individuals people trust. Most of the attention in this communication research has tended to be on larger states, such as the UK and the US. Iceland is hereby added to this research agenda by examining how the Icelandic public received information about the novel coronavirus and COVID-19 in 2020, and which outlets and individuals people trusted early on in the pandemic.

Methods and data

In order to examine how Icelanders viewed the communication ecology during the first and second waves of the pandemic, answers from two representative surveys sent out by the company *Maskína* in June and August 2020 are analysed. The surveys were commissioned by a Working Group on Information Disorder and COVID-19, formed by the National Security Council of Iceland. I was a member of the group and devised the survey questions in collaboration with other members of the group and experts at *Maskína*. Both surveys were sent to an online panel, consisting of Icelandic residents aged 18 and older, drawn randomly from the National Register. Care is given to rebalancing when needed so the samples drawn from the panel are representative of the Icelandic nation. The first survey was sent out between June 18 and June 29, securing 840 valid responses. After the second wave of COVID-19 occurred in Iceland, it was decided to repeat the survey to see if there had been a change in the main

results since the earlier survey in June. The second survey was sent out between August 13 and August 20, securing 891 responses (Skýrsla vinnuhóps þjóðaröryggisráðs, 2020).

The surveys focused on examining how Icelanders have received information on COVID-19, trust in the sources of information, and the level and type of false or misleading information that Icelanders have seen or heard concerning the virus and the disease. The survey questions were based on similar studies conducted in larger states. A survey by the Reuters Institute (Oxford University) that was carried out in Argentina, Germany, South Korea, Spain, the UK and US in March and April 2020 (Nielsen et al., 2020) served as the basis for many questions focused on access to information, how people rated trustworthiness of different sources and levels of misinformation, and regular surveys by the UK's communication regulator Ofcom (Ofcom, 2020), a survey by the Norwegian Media Authority in March 2020 (Medietilsynet, 2020) and a survey by Gallup in the US in April 2020 (Jones, 2020) were used for comparisons of additional questions on the previously mentioned topics.

The questions in the Icelandic surveys were not always identical to the ones in the other countries, since the COVID-19 context in Iceland was emphasised, such as regarding the trio's press conferences mentioned in the previous section. Moreover, the surveys in Iceland were sent out later than the others (apart from the regular surveys conducted by Ofcom in the UK). Nevertheless, they provide insights into how the situation was perceived in Iceland in comparison to the larger states. The following section presents descriptive statistics of the key questions from both surveys in comparison to relevant results from the other states. I have translated the questions and answers from Icelandic to English.

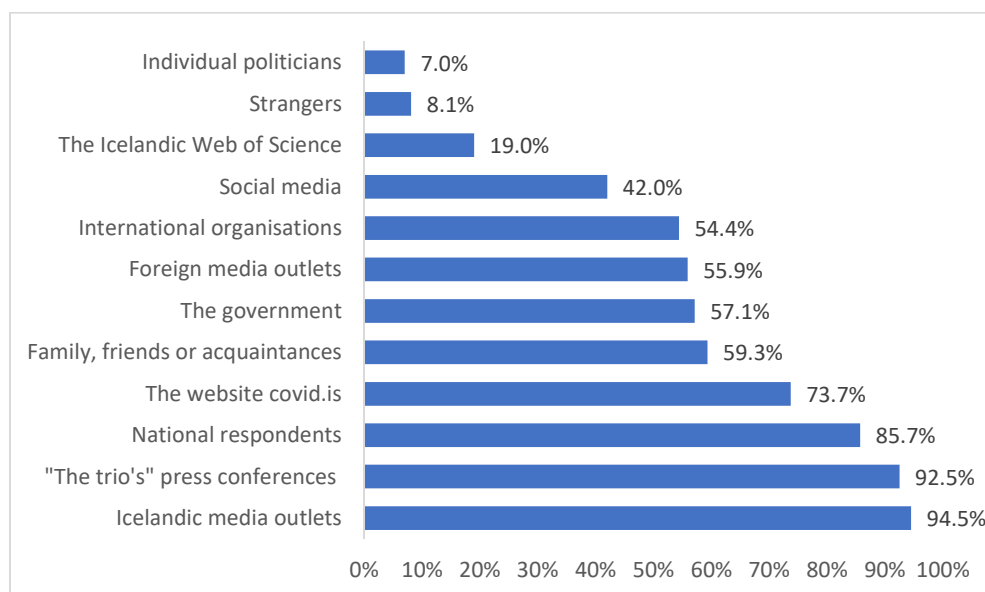
Communication, trust and COVID-19

Overall, Icelanders perceived themselves to be well informed about COVID-19 and the novel coronavirus during the first and second waves. In the June survey, 79.3% of participants said that they were very or fairly well informed and the percentage was 82.1% in August. In comparison, only 58% of respondents in a Gallup survey in the US in April said that they were well informed about the coronavirus (Jones, 2020).

What has led to Icelanders perceiving themselves to be so well informed about COVID-19? From where have they received relevant information? In the June survey, participants were asked how they had received information about the disease and the novel coronavirus since the first infection was reported in Iceland at the end of February 2020. Results show that Icelandic news media outlets have carried out the important role of being the intermediary between the experts and the general public. As [Figure 1](#) shows, 94.5% of Icelanders said that they had received information about COVID-19 and the virus from Icelandic media outlets and 92.5% had received information from the trio's press conferences, which were broadcast on television, the radio and online.

In addition to the trio's daily briefings and Icelandic media outlets, it was most common for people to have received information from national respondents such as Department of Civil Protection and Emergency Management, the Directorate of Health and the National University Hospital of Iceland (85.7%) and the website www.covid.is (73.7%).

Figure 1: From where Icelanders received information about the coronavirus and COVID-19 following the first infection in Iceland on February 28. (Answers from Maskína's survey sent out in June 2020.)



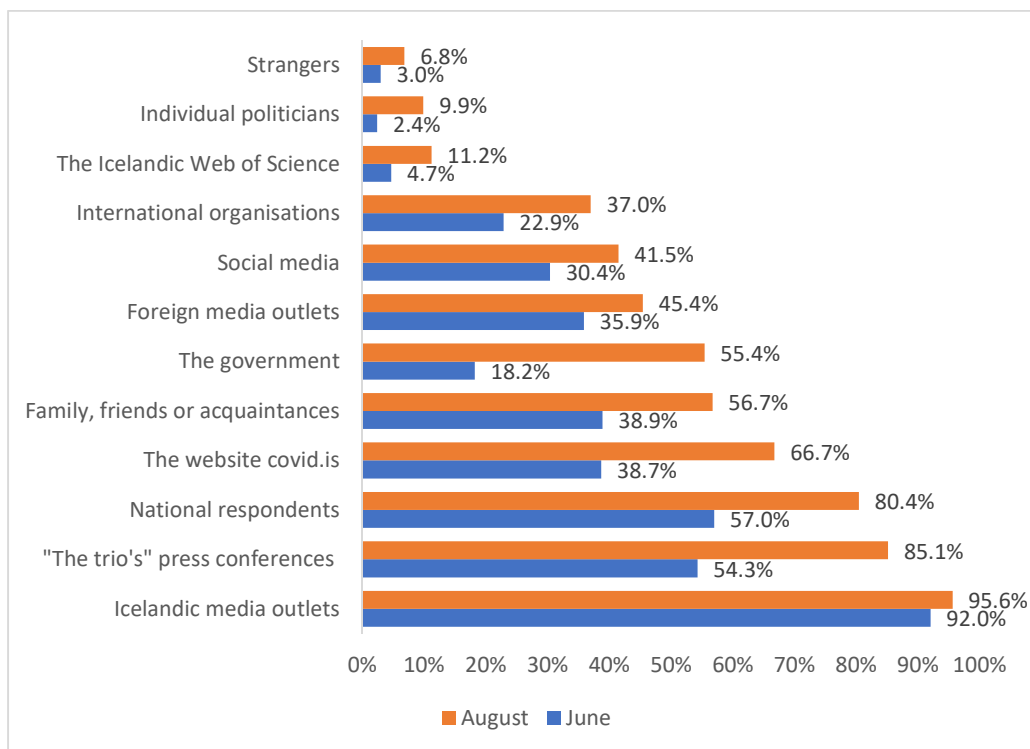
Respondents in the June survey were also asked from where they had received information in the *past seven days*, with the same answer options. All numbers decreased substantially, apart from those for Icelandic media outlets, which only went slightly down, from 94.5% to 92%. It is worth noting that there were not many COVID-19 infections in Iceland around the time the survey was sent out in June, which most likely explains some of the decrease in numbers, in addition to the shorter time frame (from the end of February vs. the past seven days). It is interesting to compare the seven-day figures to those in the latter survey in August. At the time it was sent out, a second wave of infections had started and there were more COVID-19 cases being detected in Iceland compared to June (COVID-19 in Iceland, 2020).

As shown in [Figure 2](#), the numbers in August are much higher, and are more similar to those in June that asked about the reception of information since the first infection in Iceland was reported at the end of February. It therefore appears as though Icelanders accessed more information about COVID-19 in August than in June, which is likely linked to the rise in cases during the latter part of the summer.

In comparison to findings from a survey conducted in six large states (the UK, US, Germany, Spain, South Korea and Argentina) by the Reuters Institute at Oxford University in March and April 2020, Icelanders appear to receive much of their information on COVID-19 through traditional media outlets. For example, 59% of respondents in the UK, 54% in the US, 47% in Germany, 74% in Spain, 77% in South Korea and 74% in Argentina said that they had accessed information on the coronavirus through news organisations during the seven day period prior to answering the survey (Nielsen et al., 2020). The percentages of Icelanders accessing information through Icelandic media outlets was substantially higher: 92% in June and 95.6% in August, during the seven-day period prior to answering the surveys. Moreover, Icelanders appear to receive more information from scientists and experts than people in the other six large states: 35% of respondents in the UK had accessed information from scientists,

doctors and health experts in the past seven days prior to answering. The same applied to 49% of respondents in the US, 44% in Germany, 39% in Spain, 21% in South Korea and 45% in Argentina (Nielsen et al., 2020). In Iceland, 57% said that they had received information from national respondents (including the Directorate of Health and the National University Hospital of Iceland) in the past seven days in June and that number increased substantially to 80.4% in August. Furthermore, in August, 85.1% had received information from the trio's press conferences in the past seven days.

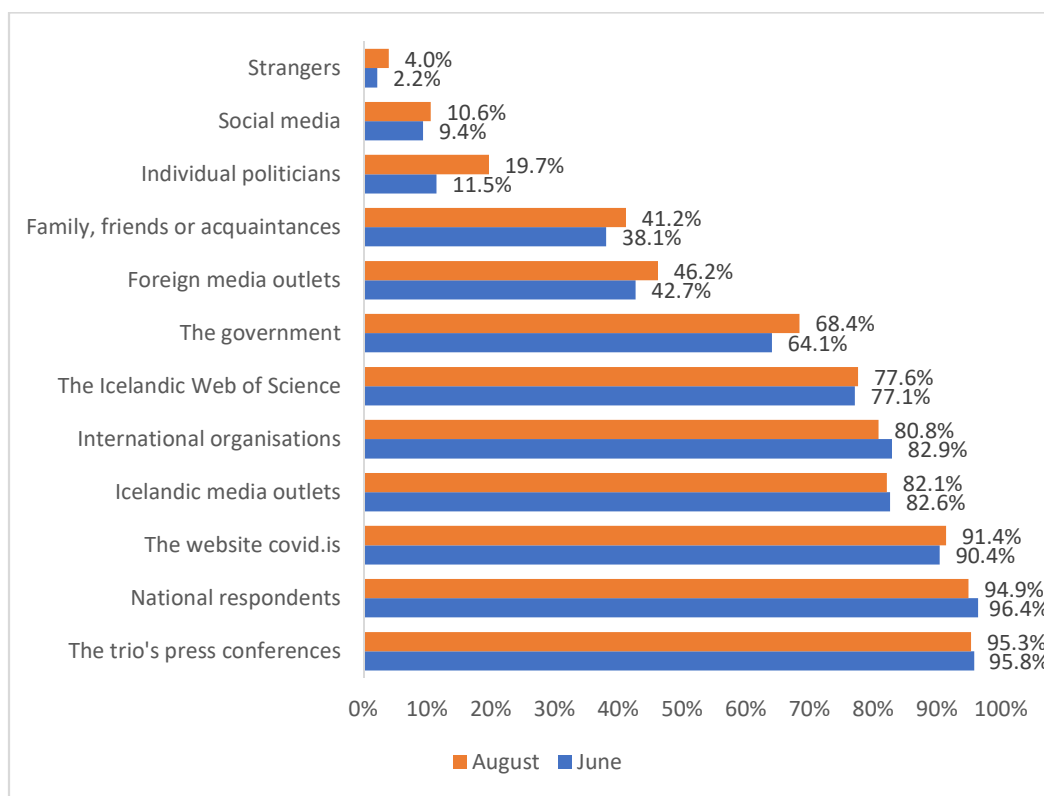
Figure 2: From where Icelanders received information about the coronavirus and COVID-19 in the past seven days.



Research illustrates that, when the public is afraid, it tends to behave according to advice from the authorities. People are more likely to participate in disease prevention measures if they trust the information they are given (Coman, et al., 2021). In relation to this, Icelanders were also asked about how much they trusted different types of information sources. Almost all participants said that they trusted the trio's press conferences: 95.8% in June and 95.3% in August (see [Figure 3](#)).

Moreover, almost all trusted national respondents such as Department of Civil Protection and Emergency Management, the Directorate of Health and the National University Hospital of Iceland: 96.4% in June and 94.9% in August. Over 90% trusted the website www.covid.is and over 80% trusted Icelandic news media outlets in both surveys.

Figure 3: How well or badly respondents trusted sources to disseminate reliable information about the coronavirus and COVID-19. Percentages of those who answered “very well” or “fairly well”.



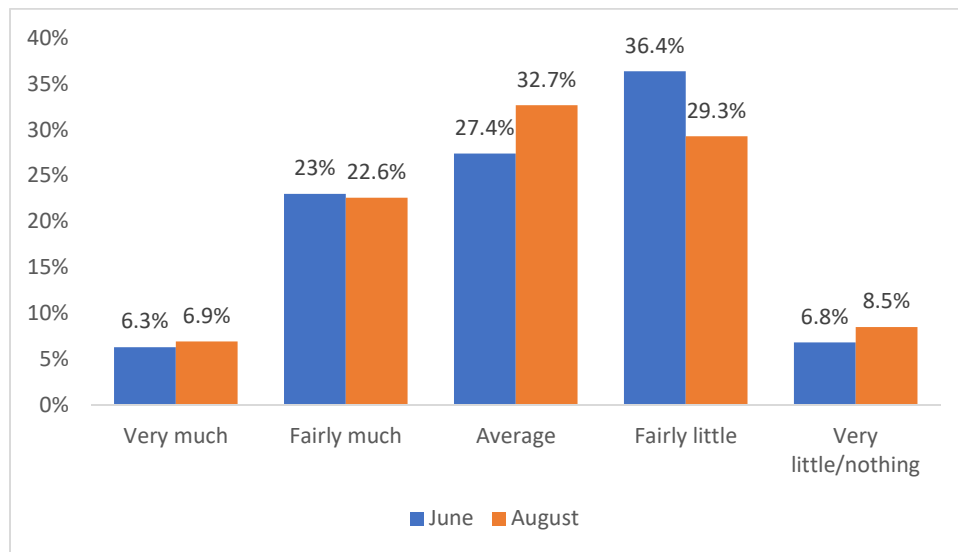
Around 10% trusted social media to disseminate reliable information about the virus and COVID-19. Foreign media outlets were trusted by 42.7% in June and 46.2% in August. In addition, just under 80% trusted the Icelandic Web of Science (where scientists and academics answer questions from the public). Trust in the government was 64.1% in June and 68.4% in August.

Scientists, doctors and health experts received high trust ratings as regards the dissemination of reliable information about COVID-19 in the Reuters Institute survey; but nowhere are the trust numbers as high as in Iceland: the trio’s trust numbers were 95.8% in June and 95.3% in August as previously highlighted. In the UK, 87% said that they trusted the experts, the same applied to as little as 45% in the US, 74% in Germany, 84% in Spain, 81% in South Korea and 90% in Argentina (Nielsen et al., 2020).

Icelanders appear to be less trusting of social media than respondents in the larger states. As mentioned, around 10% of Icelanders trusted social media to disseminate reliable information (9.4% in June and 10.6% in August), whilst 14% of respondents in the UK said that they trusted social media. The same applied to 25% of respondents in the US, 15% in Germany, 23% in Spain, 40% in South Korea and 40% in Argentina, according to the survey from the Reuters Institute.

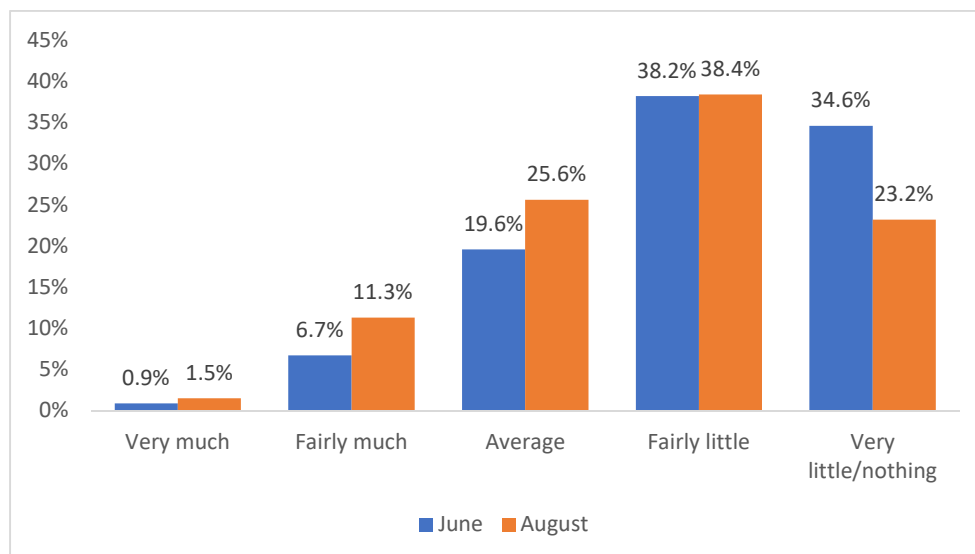
The Icelandic surveys also asked about how much false or misleading information people had seen or heard about COVID-19 and the novel coronavirus. As shown in [Figure 4](#), 29.3% of respondents in June had seen or heard very much or fairly much of inaccurate or misleading information since the first infection was reported in Iceland and almost an identical percentage, or 29.5%, had seen very much or fairly much of this type of information in August. A higher percentage of respondents had seen or heard little or very little (or none) false or misleading information about COVID-19 and the virus: 43.2% in June and 37.8% in August. 27.4% had seen an average amount in June and 32.7% in August.

Figure 4: False and misleading information about the coronavirus and COVID-19 seen or heard by respondents since the first infection in Iceland.



Respondents were also asked the same question; but, this time, the timeframe was the *previous seven days*.

Figure 5: False and misleading information about the coronavirus and COVID-19 seen or heard by respondents in the past seven days.



As seen in [Figure 5](#), only 7.6% in June had seen or heard very or fairly much false or misleading information in the week leading up to the survey, and the same applied to 12.8% in August. A large majority in June, or 72.8%, had seen or heard very little or fairly little false or misleading information, and the percentage was 61.6% in August. 19.6% had seen or heard an average amount in June and the 25.6% in August.

In comparison, weekly surveys conducted in the UK found that around half of respondents had come across false or misleading information about the coronavirus in the past seven days in March, but that percentage was closer to 30% in later weekly surveys from June (Ofcom, 2020). These percentages are similar to those in the Icelandic surveys when the responses of those saying that they had seen “very much”, “fairly much” or “average” are added together. For the past seven days, that figure was slightly lower than 30%, or 27.2%, in the June survey and somewhat higher, or 38.4%, in August.

Respondents in the Icelandic surveys were asked where they had seen this type of information. Most, or 77.9%, had seen this type of information on social media, and the number was almost identical, or 77% in the August survey. Moreover, 44.2% had seen this type of information on foreign news sites in June and 41.2% in August. Fewer Icelanders, or 29.3% in June, had seen this information on Icelandic news sites, and 29% had seen false or misleading information on Icelandic news sites in August. Studies from other countries have also shown that most people have seen false or misleading information on the novel coronavirus and COVID-19 from social media (e.g., Jones, 2020; Ofcom, 2020; Mediatilsynet, 2020).

The findings from the two surveys in Iceland illustrate that false and misleading information concerning the novel coronavirus and COVID-19 is most commonly seen on social media, as is the case in larger countries that have been studied. Moreover, the Icelandic surveys show much higher levels of trust towards experts and the national media than found in several larger states that have been researched, such as the UK, the US, Germany, Argentina and Spain. The trust numbers in Iceland were almost identical in the two surveys conducted, illustrating that a new wave of infections after the first wave did not lead to a distrust towards the experts who were at the forefront, or the domestic news media that disseminated information from their daily briefings. What might potentially explain the high trust ratings in Iceland towards domestic media outlets, experts and health authorities when it comes to the dissemination of reliable information concerning COVID-19?

The size variable and Iceland

Small states like Iceland have been routinely absent in media and communication studies (Ólafsson & Jóhannsdóttir, 2021). The heavy reliance on research from large and medium sized democracies has resulted in various underlying assumptions in communication research that are not all applicable when examining small states like Iceland. This is because there are qualitative differences between large democracies like the US and the UK, and small democracies like Iceland, concerning their communication ecology (Ólafsson, 2020) and public administration (Randma-Liiv & Sarapuu, 2019) that can potentially be a factor in explaining the COVID-19 communication findings from the Icelandic case. These will be outlined briefly here. This is not meant as an all-encompassing framework but rather as an explorative starting point concerning future research and avenues for scholars studying COVID-19 and communication in the smaller democracies of the world.

The first aspect that needs examining concerns the *informal lines of communication* in small states like Iceland. As has been suggested by the public administration literature, small state administrations rely on more flexibility than is the case in larger states and there are often informal means of communication (Raadschelders, 1992; Sarapuu, 2010). This can result in quicker decision-making and organisation than in large countries that have been front and centre in knowledge production. The COVID-19 communication response in Iceland can be seen as an illustrative example of this. As highlighted earlier, several key players started working together early on and even before the first infection was reported in Iceland, the Directorate of Health, the Office of the Chief Epidemiologist and the Department of Civil Protection and Emergency Management had created a *single communication line* and had started daily press briefings. These were organised quickly with all the key players involved, including informal meetings with Icelandic journalists and media outlets (Ólafsson, 2021a).

The quick and informal communication organisation in Iceland is in sharp contrast to larger states such as the UK and Germany that have many bureaucratic layers and faced much more difficulties in organising, coordinating and streamlining their communication strategies early on in the pandemic. This has routinely led to confusion in messaging which lacked the single and focused communication line seen in Iceland from the start. As shown in a study of how 27 states around the world dealt with the first wave of COVID-19, credibility during a pandemic requires health experts to be given prominence, as was the case in Iceland (Lilleker et al., 2021). The flexible and informal organisation in Iceland, resulted in experts being at the forefront from *the very beginning* (even before the first infection was reported in the country), which most likely had some impact on how the general public perceived their role during the pandemic; they were the familiar faces from the start. Larger states like Australia, Spain, Italy and Turkey also had experts playing a key communication role during the first wave of the pandemic (Lilleker et al., 2021) but the short chains of command and informal communication networks meant that it was possible to organise this type of expert media presence even quicker in Iceland than in larger states (Ólafsson, 2021a).

The second aspect highlighted here concerns the fact that small democratic states like Iceland can have much *smaller and homogeneous media markets* than larger states (Puppis, 2009). As regards Iceland specifically, studies have for example shown that the Icelandic National Broadcasting Service reaches a much higher percentage of the population when compared to the Public Service Broadcasters in the other four, much more populated Nordic states (which are often referred to as small states as well), and there are few other 'large' media players in such a small market (Jóhannsdóttir & Ólafsson, 2018). This has significant implications in the current communication ecology. When faced with a pandemic of this sort, where getting up-to-date messages out to the general public on a daily basis is very important, the small size of the population and its media market can be seen as an asset. As the findings from the Icelandic surveys show, a much higher number of Icelanders received information on COVID-19 from domestic media outlets than participants in larger states such as Germany, Argentina, the US and the UK. Moreover, a much higher percentage of the public in Iceland received information directly from experts. This is not surprising since *all the main media outlets* in Iceland reported extensively the key points from the trio's daily press conferences in real time. As the surveys from Iceland show, over 90% of Icelanders received information from domestic media outlets and the trio's press conferences directly.

Following the 2008 financial crisis, trust in the Icelandic news media plummeted. In yearly surveys that were conducted in Iceland between 2009 and 2016, the percentage of Icelanders trusting the domestic news media was never higher than 20% (Jóhannsdóttir & Ólafsson, 2018). As highlighted here, during the start of the COVID-19 pandemic in Iceland, all the main news outlets focused on disseminating information from the trio's daily press briefings. Therefore, there was a single (highly trusted) communication source that all the outlets relied on: this most likely resulted in media trust numbers increasing substantially from the low numbers seen following the financial crisis. As illustrated earlier, over 80% of Icelanders trusted Icelandic news media outlets to disseminate reliable information concerning the novel coronavirus and COVID-19 in June and August 2020. More research on the size variable is needed here, but the small and homogenous news media all using the same (highly trusted) information source most likely contributed to the higher trust numbers seen towards the media in Iceland when compared to the larger states in the Reuters Institute study (Nielsen et al., 2020). Moreover, unlike in Iceland, the media stance in many larger states remained divided between government supporting and oppositional news outlets. Thus, overall while some news media outlets supported the official messages, others challenged the main narrative (Lilleker et al., 2021). In Iceland, the news outlets covered the same stories from the daily briefings, mostly echoing the dominant narrative from the experts.

The communication ecology in large states like the US is much more diverse and complicated than in smaller and more homogenous states like Iceland. Recent studies on the COVID-19 pandemic have shown how information concerning the virus and the disease can easily become distorted through the spread of false and misleading information. This can be related to the fact that the public in larger democracies can get their information from much more varied sources of domestic news media outlets. For example, studies in the US have shown how the news consumption habits of Democrats and Republicans vary significantly and that different communication ecologies exist within the country. In relation to this, people in the US with different political views access news from fundamentally different sources and opinions, resulting in voters registered as Republican and Democrats having drastically different views on important issues, such as COVID-19 (Jones, 2020). This differs significantly from the small state of Iceland where over 90% of the population received information from the exact same source (the trio's daily briefings), and with over 95% of the population trusting this source.

The third aspect outlined here concerns *blurred boundaries* between elites and the general public. Research on political communication in Iceland has shown that there is much less communication 'distance' between elites and the public (Ólafsson, 2019) when compared to political communication research in larger states, where elites are commonly seen to be quite detached from the public in their parliamentary private sphere 'bubbles' which are replicated in the communication ecology (Davis, 2010). Studies show how elites in large states routinely engage in a one-way broadcast style of communication and do not necessarily engage with the public. Put simply, elites mainly get their message out but do not necessarily participate in two-way discussions. This is particularly interesting in relation to social media, which has been seen as a more democratic two-way public sphere than traditional news outlets. However, what studies have in fact shown is that in large democracies, politicians mainly engage in one-way digital broadcast style communication, and there is very limited engagement with citizens online (e.g., Jungherr, 2016).

In Iceland, there is much more closeness between elites and the public when compared to larger states such as the UK. This means that it is easier for the public to engage with politicians directly, both offline and online (Ólafsson, 2020). This closeness can be seen as an asset in communication with the public concerning the novel coronavirus and COVID-19. For example, during the daily press conferences in Iceland, questions were routinely raised that had originated from members of the public through social media and in *direct communication* with journalists and the experts. This meant that continuous two-way communication was taking place, which resulted in information being quickly updated in domestic news outlets that addressed the public's concerns, as well as false and misleading information (often originating on social media) being quickly corrected in Icelandic news reports (Skýrsla vinnuhóps þjóðaröryggisráðs, 2020). As shown earlier, most Icelanders had seen false and misleading information concerning COVID-19 on social media (just under 80%), whilst a much smaller number (just under 30%) had seen it on domestic media outlets. This can be related to much of the source material in Icelandic news reports coming straight from the experts. It is worth exploring in future studies if blurred boundaries, and closeness to relevant experts, can be an asset in tackling false and misleading information, particularly in times of crisis. Studies on this topic have, up until now, mostly focused on larger states (e.g., Nielsen et al., 2020).

Iceland and other small states have been routinely absent in communication studies, and the same applies to studies focusing specifically on COVID-19 and communication. There are clearly many variables that explain the comparative success in handling the COVID-19 pandemic in Iceland and the high trust numbers seen in the country. As the aspects raised in this section illustrate, one key area that needs further exploration is the size variable. As existing communication studies in Iceland have shown, Iceland is not simply another case that can be added to the mix of large and medium sized democracies that usually take centre stage in the media and communication literature. COVID-19 presents small state scholars with a fascinating case of examining how the size variable potentially plays a role in understanding the dissemination of information to the public during a crisis.

Conclusion

Small states face various resource constraints and the COVID-19 pandemic can therefore pose significant challenges to their infrastructure. The world's small states are diverse and each state ought to be examined in its specific context. Using Iceland as a case study, this article proposes that a state's small size can potentially be an asset when it comes to communication between authorities and the public in crisis situations.

The aim of the article was twofold. First, it added the Icelandic case to the COVID-19 communication research literature. To date, this research has focused mainly on much larger states. Findings from two surveys in Iceland illustrate much higher levels of trust towards experts and the national media than found in several larger democracies that have been studied, such as the UK, US and Germany. Second, I examined how the dissemination of information concerning the COVID-19 pandemic might be, to some extent, different in Iceland than in larger states because of the size variable. It can be argued that Iceland's smallness and isolation are assets in tackling crisis communication, such as exemplified by the COVID-19 pandemic.

Many other variables need to be taken into account when assessing Iceland's communication response to the pandemic. Icelandic authorities are used to deal with crisis communication because of natural elements, such as earthquakes, storms, volcanic eruptions and avalanches. Moreover, Iceland is a rich country with almost 100% internet penetration (Jóhannsdóttir & Ólafsson, 2018) and an isolated island, which clearly helped when it came to enforcing strict rules at the border and to monitor the virus. It is interesting to see the very high trust numbers in authorities and the media as regards COVID-19 and communication, since trust numbers in Iceland (both in authorities and the media) plummeted following the financial crisis of 2008 and have, overall, not recovered to their pre-crisis numbers (Ólafsson & Jóhannsdóttir, 2021). A recent study shows how the Icelandic media is seen to be struggling in its democratic role because of the small media market in Iceland and related resource constraints and commercial funding models (Ólafsson, 2021b). Therefore, it is not simply the case that trust in general is high in Iceland as regards the media and authorities. There is something context specific at play here concerning the pandemic communication responses which needs further examination.

Moving forward, it would be interesting to examine the COVID-19 communication aspects in Iceland in comparison to other small democracies. Informal lines of communication, small media markets and blurred boundaries between elites and the general public present us with fascinating cases to examine in relation to responses to the COVID-19 pandemic.

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