



# Influence of Political Ideology on Coping and Personal Protection Practices During the Early Days of the COVID-19 Pandemic

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Accepted: 2 July 2022

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## Abstract

Even prior to COVID-19, it was clear that political ideology was defining experiences and attitudes of Americans. Responses to the societal repercussions brought about by the pandemic quickly seemed to follow the same pattern of difference across the spectrum of political beliefs. This study explores the relationship of political ideology to personal responses to COVID. The present article reports on the results of an online survey in the USA conducted in June 2020 that explored the impact of personal political ideology on individual responses to the COVID-19 pandemic. Hierarchical regression analyses revealed that political ideology was related to the likelihood of respondents following government guidance on personal protective practices. Ideological identification was not a significant predictor of the likelihood to specifically follow guidance from state officials, specifically, when satisfaction with state and federal leaders were controlled for. Differences in responses to COVID, including use of personal protection strategies and coping mechanisms are related to political ideology. Practice and policy should be responsive to these differences.

**Keywords** Political Ideology · COVID-19 · Coping · Partisanship · Government satisfaction

## Introduction

The Pledge of Allegiance, written in 1892, declared the USA as “one nation” and “indivisible” (Bellamy, 1892). In 2020, news outlets in print, on the internet, and over the airways, were consistent in their assertions that the USA was, in fact, extremely divided, by political ideology (Bremmer, 2021; Dimock & Wike, 2020).

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While the COVID-19 pandemic interrupted life for everyone in the USA, the repercussions were experienced differently by different groups (Krase et al., 2021). This study explores the relationship of political ideology to the challenges faced by, and coping mechanisms used by, adults in the USA in response to the COVID-19 pandemic.

## Political Affiliation and Ideology in the USA

The United States Constitution does not mention political parties and they were not legally recognized in the USA until after the Civil War (Friedman, 1956). Yet, throughout the history of the USA, two political parties have dominated the political landscape at any given time. While the USA has a significant amount of social diversity, which usually increases the number of viable parties, the USA primarily uses a restrictive electoral system, referred to as “first-past-the-post” (FPTP) or single-member district (SMD) plurality. Because these systems elect only one member per district, a candidate needs only 51% of the vote to win. Duverger’s Law suggests this encourages a two-party system, since it is very challenging for third parties to gain significant ground, although some political scientists argue that greater party diversity should be possible, even under these rules (Milazzo et al., 2018).

For over one hundred and fifty years, the two dominant parties in the USA have been the Democratic party and the Republican party. Around a third of registered voters in the USA identify as Democrats and 29% identify as Republicans. The remaining group identify as “independents,” suggesting they do not necessarily affiliate with either party. Further analysis of “independents” as voters finds that most “lean” toward one party or the other, with a slight favor to the Democratic party (Pew Research Center, 2019). This results in elections where a large majority of Americans have some attachment to a political party, but some individuals hold stronger party identification than others.

Political ideology, a concept related but different than political party affiliation, refers to “a set of ideas, beliefs, values, and opinions, exhibiting a recurring pattern, that competes deliberately as well as unintentionally over providing plans of action for public policy making in an attempt to justify, explain, contest, or change the social and political arrangements and processes of a political community” (Freeden, 2001). Political ideology is often conceptualized on a “spectrum” from, on the left, radical liberal ideology to extreme conservatism on the right, with moderate positions found in the middle (Lane et al., 2019), although more complex conceptualizations of political ideologies include socialism and libertarianism, amongst others.

Individuals leaning toward liberal political ideology seem to prioritize the morality of “care” and “fairness” (Graham et al., 2013). Those who identify as “liberal” also tend to demonstrate more trust in science than others, including being more likely to trust more statements issued by the United States Centers for Disease Control (CDC) and the World Health Organization (WHO) than those who identify as conservative (Agle & Xiao, 2021). These ideals seem to have transferred to their beliefs about the COVID-19 pandemic. Those who identify as liberal overwhelmingly believe that the American government did not do enough in response

to COVID-19 (Christensen et al., 2020). Individuals leaning toward conservative ideology are more likely to deem “authority” in the context of political rhetoric as a “vice” rather than a “virtue” (Kraft, 2018) and are less likely to trust scientific statements from government sources (Agle & Xiao, 2021). Those who identify as “conservative” are more likely to report that the government focused too much on COVID-19 preventative measures (Christensen et al., 2020).

Political affiliation in the USA is largely, but not entirely, associated with political ideology (Dimock & Wike, 2020). Those on the left side of the spectrum of political ideology, identifying as liberal, are more likely to associate themselves with the positions of the Democratic party. Those on the right side of this spectrum, identifying as conservative, are more likely to associate themselves with the positions of the Republican party. However, political ideology is a complex concept, and such associations of ideology to party affiliation are not always clear cut, especially for those who find themselves in the middle of the spectrum (Lane et al., 2019).

Political ideology and affiliation connect with social work practice on the micro and macro level. Social workers and social work students are more likely to identify as liberal or moderate than conservative (Pritzker & Burwell, 2016; Ringstad, 2014; Rosenwald, 2006), but it is important not to assume that social workers are a monolithic group with shared political interests and perspectives (Galambos, 2009). Further, differences in political ideologies can affect social workers’ perceptions of clients or prospective clients (Toft & Calhoun, 2020). For example, those with more conservative views may harbor narrow views of issues related such as homosexuality and abortion. At the macro level, social workers who work as elected officials, political staff members, or advocates must be able to work with leaders and members of both political parties and understand how ideology affects the policy issues they wish to address.

### **Impact of Government Political Ideology in Response to COVID-19**

Prior to the COVID-19 pandemic, the USA ranked number one amongst 195 countries for readiness to confront a pandemic (Center for Health Security, 2019). The USA, during the Obama administration, had authored the “Playbook For Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents” (United States National Security Council, 2014). However, the USA, under President Donald Trump, failed to follow the protocol outlined in that document, especially in the early days of the COVID-19 crisis (Johnson, 2021).

At the start of the COVID-19 pandemic, in 2020, the federal government of the USA was led by a Republican President (Donald Trump), a Republican controlled Senate, and a Democratic controlled House of Representatives (Bowling et al., 2020). Twenty-three states had Republican governors and Republican controlled state legislatures; 15 states had Democratic governors and Democratic controlled state legislatures; 12 states had “divided governments,” where the party of the governor, or at least one house of the state legislature, was not consistent with that of the others (Ballotpedia, 2021). The year 2020 was also a Presidential election year, with the entirety of the US House of Representatives and one-third of the US Senate

up for grabs, and 11 state-level gubernatorial contests in play, as well. Associations were found between the political parties in leadership within states and the COVID outcomes for those states, presumably because party affiliation and ideology affected policy decisions (c.f. Neelon et al., 2021). In general, Democratic states had worse outcomes at the beginning of the pandemic and then better outcomes after the first few months (c.f. Neelon et al., 2021).

In the beginning of the pandemic, the USA as a whole incurred high rates of COVID-19 contracted cases in comparison with all other nations worldwide (Kitchens et al., 2020). The American federal response to the pandemic was deemed laggard (Bowling et al., 2020). Consistent with findings about the relationship of conservatives to science, elected officials at the federal level, led by the Republican administration and Senate, showed low willingness to trust scientific recommendations and showed significant concern about overreach of authority (Vernallis, 2020).

Because of the inadequate federal response, many decisions were at the authority of individual states. On the state level, there were very different approaches taken to the COVID-19 pandemic which seemed related to the political ideology and/or political party of those in power of each state. Using emergency powers in a public health crisis, 43 governors advised or required residents to stay at home if they were not essential workers (Neelon et al., 2021). The seven states which did not issue stay-at-home orders were led by Republican governors and orders were issued more slowly in states led by Republican governors than Democratic governors. These governors reported concerns about government overstep of authority into personal lives. Democratic governors issued stay-at-home orders for longer periods of time. States with Republican (conservative leaning) governors (i.e., Georgia, Florida, and Texas) were amongst the earliest to reopen after lock down periods (Neelon et al., 2021). The expressed concern of these governors was economic recovery for their states (Lyu & Wehby, 2020). The political affiliation of state governors was the most important predictor of a state issuing a mask mandate, with Democratic governors more likely to do so (Neelon et al., 2021).

### **Relationship of Individuals' Political Ideology and Personal Responses to COVID-19**

Political ideology as related to political party affiliation also seemed to be related to how individuals responded to the COVID-19 pandemic. These differing individual responses to the pandemic were largely related to trust in the government. Republicans, and conservatives in general, are less likely to trust the government (Castaneda-Angarita et al., 2012).

Republicans and Democrats were found to place equal emphasis on their efforts at social distancing in April 2020, but by July 2020, Republicans efforts fell significantly, while Democrats efforts increased (Makridis & Rothwell, 2020). Republicans were more likely to express unwillingness to stay home during lock down periods, an unwillingness which increased over time (Clinton et al., 2020). A survey on health, behaviors, and attitudes during the COVID-19 pandemic found that those who identified as Democrats were more likely to engage in social distancing, more worried

about the pandemic, believed that the death toll is higher, and that spending on the public health response should be increased, compared to Republicans (Gadarian et al., 2020).

Conservatives, supporters of President Trump in particular, were found to have a lower interest in securing information about the pandemic, and perceiving COVID-19 to be less of a risk (Barrios & Hochberg, 2020). The partisan divide on the response to the COVID-19 pandemic mirrored past experiences with other health emergencies. During the H1N1 pandemic of 2009, partisanship had a significant impact on willingness to be vaccinated; Democrats were more willing to be vaccinated than Independents and Republicans (Makridis & Rothwell, 2020).

The impact of political ideology on personal decisions in response to the COVID19 pandemic cannot be understated. This trend has continued as political ideology has been shown to be closely related to decisions about vaccines (Agarwal et al., 2021). The present study was not specifically designed to focus on the relationship between political ideology and personal decisions in response to the COVID19 pandemic. The focus of the present study was, broadly, to identify factors related to individual coping and adaptation in the early days of the COVID19 pandemic. The particular examination of the data presented here focuses on the relationships of coping and adaptation to individual political ideology.

## Methods

This study involved an anonymous, cross-sectional survey administered online through Qualtrics Survey Software. Institutional Review Board approval was secured prior to survey distribution. Data were collected in June 2020 and targeted adults living in Canada and the USA. Only respondents from the USA were included in the present analysis. Informed consent was provided in the introduction of the survey, and completion of the survey was considered consent for participation. Survey completion took about 10 min or less.

Participants were recruited through convenience and snowball sampling, utilizing researchers' personal contacts, social media, and personal and professional networks. There were additional efforts made to reach underrepresented populations and geographic areas in the initial stages of data collection. The research team identified personally known contacts from those communities, and personalized communication was initiated in an effort to encourage them to participate and to share the survey.

The survey consisted of thirty researcher-constructed individual items, each measured on a six-point Likert-type scale. Each item asked respondents to indicate their level of agreement to statements concerning the COVID-19 outbreak (1=strongly disagree, 6=strongly agree), such as "I adapted/coped with the COVID-19 outbreak very well," and "I experienced challenges related to medical care during the COVID-19 outbreak." Of particular value to the present study is the Likert-type item that seeks a level of agreement with the statement: "I strictly followed my state's preventative measures (e.g. social distancing, wearing a mask) during the COVID-19 outbreak."

Respondents were also asked to provide various demographics including age, gender identity, race and ethnicity, educational attainment, state/province, and their geographic setting. Respondents were not asked to provide their political party affiliation. Most importantly for the present study, political ideology identification was solicited through a self-reported Likert-type scale that represented points on a spectrum from “extremely conservative” to “extremely liberal.”

Analyses in the present article examined the role of political ideology on individuals’ experiences with and response to COVID-19 in the early months of the pandemic in the USA.

## Results

For this article, only survey respondents from the USA were included in the analyses. The USA sample includes 1,311 people. Representation from all fifty states and the District of Columbia was obtained. The participants in the present sample ranged in age from 17 to 86, with a mean age of 41.78. The majority of this sample identified as female (83.8%), and White (77.1%). The largest groups of the sample identified as having moderately liberal political views (40.2%), and having a Master’s degree as their highest level of education (34%). The largest group of the sample reported residing in a suburban setting (31.3%). Table 1 displays the demographics of the sample.

There were no significant differences in the self-reported political ideology of female respondents, compared to those who identified as male. Pearson correlations found more liberal respondents were more likely to be older and have higher levels of educational attainment.

Bivariate analyses found statistically significant relationships between political ideology and various Likert-type independent variables related to sources of information and support, as well as challenges faced, adaptation, and coping, as described in Table 2. Pearson correlations found liberal respondents were more likely to use the newspaper as a source of information and to report being able to evaluate information based on the source, while conservative respondents were more likely to use TV news and family/friends as sources of information. More conservative respondents were more likely to report feeling overwhelmed with information related to COVID-19. Conservative respondents were more likely to feel prepared for the COVID-19 outbreak. The more liberal the respondents were, the more likely they were to report their life was disrupted by the COVID-19 outbreak. Political ideology was not associated with the likelihood of reporting the use of social media as a source of information.

Ideology seemed to be related to sources of support during the COVID-19 outbreak. The more conservative the respondent was, the more likely they were to express reliance on religion and religious communities. More liberal respondents expressed using social media, mind/body practices, and alcohol and other substances as a source of support. Absent from the present analysis was the impact of television as a source of support.

**Table 1** Demographics of the sample

| <b>Demographic</b>                        | <i>N</i> | <b>Mean (SD)/%</b> |
|---|----------|--------------------|
| <b>Age</b>                                |          | 41.7779 (16.378)   |
| <b>Gender identity</b>                    |          |                    |
| Female                                    | 1081     | 82.9               |
| Male                                      | 208      | 16.0               |
| Other                                     | 15       | 1.2                |
| <b>Race/ethnicity*</b>                    |          |                    |
| Amer Indian/Native American/Indigenous    | 2        | 0.2                |
| Asian                                     | 29       | 2.2                |
| Black or African-American                 | 108      | 8.3                |
| Hispanic, Latino, or Spanish origin       | 62       | 4.8                |
| Middle Eastern or North African           | 6        | 0.5                |
| Native Hawaiian or other Pacific Islander | 1        | 0.1                |
| White                                     | 1001     | 77.1               |
| Other                                     | 18       | 1.4                |
| <b>Education</b>                          |          |                    |
| Less than HS diploma                      | 1        | 0.1                |
| HS diploma or GED                         | 298      | 22.8               |
| Associate's degree                        | 87       | 6.6                |
| Bachelor's degree                         | 289      | 22.1               |
| Master's degree                           | 445      | 34.0               |
| Doctoral degree or PhD                    | 189      | 14.4               |
| <b>Geography</b>                          |          |                    |
| Small and large city                      | 489      | 37.4               |
| Suburban                                  | 410      | 31.3               |
| Rural/town                                | 405      | 31.0               |
| <b>Political views</b>                    |          |                    |
| Extremely conservative                    | 23       | 1.8                |
| Moderately conservative                   | 150      | 11.6               |
| Neither conservative or liberal           | 303      | 23.5               |
| Moderately liberal                        | 519      | 40.2               |
| Extremely liberal                         | 297      | 22.7               |

\*More than one option could be selected

Liberal respondents were more likely to approve of their state governor's COVID-19 responses; conservative respondents were more likely to approve of national leadership's responses. Conservative respondents were more likely to base personal preventative measures on the opinions/recommendations of family/friends, whereas liberal respondents were more likely to rely on government recommendations. Respondents who identified as more liberal were more likely to report following their state's recommended preventative measures during the

**Table 2** Significant correlations with political views

|  | <i>n</i> | Mean  | <i>SD</i> | <i>r</i> |
|--|----------|-------|-----------|----------|
| Age  | 1274     | 41.78 | 16.39     | 0.20**   |
| Educational attainment   | 1291     | 2.5   | 0.72      | 0.35**   |
| Source of information  | 1201     | 3.73  | 2.01      | 0.30**   |
| Newspaper  | 1220     | 4.47  | 1.73      | -0.12**  |
| TV news  | 1231     | 4.16  | 1.48      | -0.06*   |
| Family/friends   | 1213     | 2.11  | 1.69      | -0.59**  |
| I am satisfied with national leadership's response   | 1289     | 4.37  | 1.63      | 0.21**   |
| I am satisfied with state governors' response  | 1280     | 4.73  | 1.30      | 0.12*    |
| I based personal preventative measures on government official recommendations  | 1277     | 3.65  | 1.58      | -0.08**  |
| I based personal preventative measures on the opinions/recommendations of friends and family                           | 1291     | 5.49  | 1.05      | 0.21**   |
| I strictly followed state's preventative measures (e.g. social distancing, wearing a mask) during the COVID19 outbreak |          |       |           |          |
| Measures taken were appropriate to risk in my community  | 1292     | 4.73  | 1.46      | 0.164**  |
| I was prepared for the COVID19 outbreak  | 1288     | 2.48  | 1.58      | -0.10**  |
| My life was significantly disrupted by the COVID19 outbreak  | 1223     | 5.07  | 1.32      | 0.06**   |
| I experienced childcare challenges   | 637      | 2.91  | 2.19      | 0.13**   |
| I experienced financial challenges   | 1169     | 3.41  | 1.91      | -0.15**  |
| I am able to evaluate information based on quality/source  | 1279     | 4.95  | 1.12      | 0.19**   |
| I felt overwhelmed by information about COVID19  | 1289     | 4.18  | 1.61      | -0.06*   |
| The following was a source of support to me  |          |       |           |          |
| Religion/faith   | 916      | 4.00  | 1.82      | -0.24**  |
| Religious community  | 803      | 3.53  | 1.87      | -0.21**  |
| Social media   | 1233     | 3.78  | 1.53      | 0.12**   |
| Alcohol and substances   | 1019     | 2.54  | 1.72      | 0.09**   |
| Mind/body practices  | 1017     | 3.76  | 1.77      | 0.10**   |

\* $p < 0.05$ , \*\* $p < 0.01$ 

COVID-19 outbreak, and believing the measures taken by their government were appropriate to the risk in their community.

A five-stage hierarchical multivariate regression model was built to examine the impact of political ideology on respondent's basing protective measures on government recommendations as described in Table 3. Political ideology was a significant predictor basing personal protective measures on government official recommendations, even when age, race, educational attainment, geographic classification, and source of information were controlled for. More liberal respondents, those who used those certain sources of information (i.e., TV news, family/friends, and radio), and those more satisfied with state leadership were more likely to report basing their personal protective measures on government recommendations, when all factors were controlled for. The predictors in the final model account for almost 16% of the model's variance.

A five-stage hierarchical multivariate regression model was built to examine the impact of political ideology on respondent's reported likelihood to follow



**Table 3** Factors related to basing personal protective measures on government official recommendations: hierarchical regression analysis

| Predictors                         | Model 1<br>$\beta$ | Model 2<br>$\beta$ | Model 3<br>$\beta$ | Model 4<br>$\beta$ | Model 5<br>$\beta$ |
|------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Political ideology</b>          | 0.134**            | 0.139**            | 0.149**            | 0.169*             | 0.093*             |
| <b>Age</b>                         |                    | -0.020             | -0.001             | -0.017             | -0.042             |
| <b>Race</b>                        |                    | 0.023              | 0.022              | 0.026              | 0.031              |
| <b>Gender</b>                      |                    | -0.007             | -0.006             | -0.014             | -0.005             |
| <b>Education</b>                   |                    |                    | -0.046             | 0.001              | 0.012              |
| <b>Geography (rural/non-rural)</b> |                    |                    | -0.017             | -0.012             | -0.018             |
| <b>Source of information</b>       |                    |                    |                    | -0.009             | -0.022             |
| Newspaper                          |                    |                    |                    | -0.016             | -0.007             |
| Social media                       |                    |                    |                    | 0.191              | 0.155**            |
| TV news                            |                    |                    |                    | 0.094              | 0.078*             |
| Family/friends                     |                    |                    |                    | 0.061              | 0.066*             |
| Radio                              |                    |                    |                    |                    |                    |
| <b>National leadership</b>         |                    |                    |                    |                    | -0.022             |
| <b>State leadership</b>            |                    |                    |                    |                    | 0.314**            |
| <b>R<sup>2</sup></b>               | <b>0.017</b>       | <b>0.015</b>       | <b>0.015</b>       | <b>0.066</b>       | <b>0.157</b>       |
| <b>R<sup>2</sup> change</b>        |                    | <b>-0.002</b>      | <b>0</b>           | <b>0.051</b>       | <b>+0.091</b>      |

$n = 1311$ , \* $p < 0.05$ , \*\* $p = < 0.005$

state recommended preventative measures, when other factors were controlled in the model. As described in Table 4, in the first four stages of the model, political ideology was a significant predictor of following state-recommended preventative measures, even when age, race, educational attainment, geographic classification, and source of information were controlled for. Political ideology drops out of significance as a predictor of following state recommended preventative measures in the final model when satisfaction with state and national leadership are controlled for. In the final model, age and satisfaction with state and national leadership are the only remaining significant predictors of following state recommended preventative measures. The older the respondent and the more satisfied with state leadership, the more likely the respondent was to follow state recommended preventative measures, regardless of self-reported ideology. Respondents who were more satisfied with national leadership were less likely to follow state recommended preventative measures, regardless of self-reported ideology. The predictors in the final model account for 11% of the model's variance.

## Discussion

The results of this study confirm findings from other sources that political ideology is related to personal responses to the COVID-19 pandemic. Political ideology did not have a significant impact on coping and adaptation to the COVID-19 pandemic. Differences in political ideology were factors in personal choices for source

**Table 4** Factors related to strictly following state directed preventative measures: hierarchical regression analysis

| Predictors                         | Model 1<br>$\beta$ | Model 2<br>$\beta$ | Model 3<br>$\beta$ | Model 4<br>$\beta$ | Model 5<br>$\beta$ |
|------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Political ideology</b>          | 0.215**            | 0.185**            | 0.188**            | 0.188*             | 0.056              |
| <b>Age</b>                         |                    | 0.134**            | 0.140**            | 0.128**            | 0.108*             |
| <b>Race</b>                        |                    | -0.014             | -0.014             | -0.014             | 0.000              |
| <b>Gender</b>                      |                    | 0.017              | 0.018              | 0.021              | 0.027              |
| <b>Education</b>                   |                    |                    | -0.017             | -0.013             | -0.015             |
| <b>Geography (rural/non-rural)</b> |                    |                    | -0.019             | -0.017             | -0.018             |
| <b>Source of information</b>       |                    |                    |                    |                    |                    |
| Newspaper                          |                    |                    |                    | 0.027              | 0.014              |
| Social media                       |                    |                    |                    | -0.026             | -0.025             |
| TV news                            |                    |                    |                    | 0.032              | 0.012              |
| Family/friends                     |                    |                    |                    | 0.046              | 0.039              |
| Radio                              |                    |                    |                    | 0.021              | 0.030              |
| <b>National leadership</b>         |                    |                    |                    |                    | -0.153**           |
| <b>State leadership</b>            |                    |                    |                    |                    | 0.216**            |
| <b>R<sup>2</sup></b>               | <b>0.045</b>       | <b>0.059</b>       | <b>0.058</b>       | <b>0.058</b>       | <b>0.114</b>       |
| <b>R<sup>2</sup> change</b>        |                    | <b>+0.014</b>      | <b>-0.01</b>       | <b>0</b>           | <b>+0.056</b>      |

$n = 1311$ , \* $p < 0.05$ , \*\* $p = < 0.005$

of information used during the pandemic, satisfaction with government officials, and personal protective measures used during the pandemic.

### Sources of Information

One significant finding of this study related to the connection between ideology and the source of information respondents used to stay abreast of the COVID-19 pandemic. The more liberal a person reported to be, the more likely they were to report using the newspaper as a source of this information. The more conservative a person reported to be, the more likely they were to report using TV news and/or family and friends as a source of this information. These findings confirm other sources (Alcott et al., 2020; Faris et al., 2017). Interestingly, liberal respondents report feeling more capable of evaluating information, whereas conservative respondents were more likely to feel overwhelmed by COVID-19 information. These findings might relate more closely to the sources of information, and how information was being presented by those sources, and not necessarily related to differential ability to actually evaluate the information.

The difference by ideological identification in using and evaluating information has an impact on individual and community experience of COVID-19. Members of different ideological groups are getting news from different sources that are emphasizing different levels and areas of concern. One group was hearing that

COVID-19 was not a serious threat and about the potential catastrophe of overreach of government authority. The other group was hearing that COVID-19 was a serious threat and that their actions had the potential to show their care for others. When members of the two groups interact, they lack a common set of facts and priorities, and therefore little common ground to make individual decisions, even though those individual decisions affect their communities. Irreconcilable perspectives unfortunately further alienated and divided friends and family during this pandemic.

There is a growing amount of research on the impact of social media on how people responded to the COVID-19, and other important events of our times (Choukou et al., 2022). The present study confirms that this research is valuable. Such research should continue to explore the impact of social media, as well as television, as sources of information as well as sources of support.

### **Life Disruption, Preparation, and Challenges**

Liberal respondents were more likely to report life disruptions, including child-care challenges, as a result of the COVID-19 pandemic, when compared to conservative respondents. Conservative respondents were more likely to report feeling prepared for the pandemic, yet they were also more likely to report financial challenges as a result of the pandemic. It is unclear from the current examination of these differences are simply perceived, and thus reported, or are actual differences in experiences. If these differences are in perception, then further examination of the impact of ideology on personal construction of experience is warranted. If differences in actual experiences are confirmed, then further examination is required into how ideological perspective might be related to actual different lived experiences, and not just belief systems.

### **Sources of Support**

This study found that political ideology was related to differences in sources of support during the COVID-19 pandemic. Conservative respondents were more likely to rely on religious beliefs and religious communities for support. Liberal respondents were more likely to use mind/body practices and social media. These differences might relate to the differences in respondents' perception of COVID as a problem, their ability or willingness to interact with others, or pre-existing reliance on religion for coping. The findings that liberal respondents were more likely to also use alcohol or other substances for support aligns with a pre-pandemic study which showed that consumption of alcohol was greater in more liberal states than in more conservative states (Yakovlev & Guessford, 2013), and represents an interesting area for future research. It is also possible this connects to liberal respondents' higher perceptions of disruption during the pandemic.

## Satisfaction with National and State Governments

This study found that political ideology was related to respondent satisfaction in their state governor's and national leadership's response to the COVID19 outbreak. The more liberal a person reported to be, the more likely they were to report satisfaction with their state governor. The more conservative a person reported to be, the more likely they were to report satisfaction with national leadership, which was controlled by conservatives at the time of the survey. Satisfaction in government response to the COVID-19 outbreak also impacted respondent's use of personal protection against COVID-19, which suggests respondents were filtering their own responses to the pandemic through their personal perceptions of risk and assessment of the veracity of the government's authority.

## Responsive Personal Protection

At the bivariate level, political ideology was related to personal choices related to personal protective measures. Respondents who identified as more liberal were more likely to base their personal protective measures on government guidance, and strictly follow such guidance on the issue, than more conservative respondents. However, when multivariate analyses controlled for additional factors, some of these relationships changed, or disappeared. Interestingly, multivariate analyses found that satisfaction with state and national leaders was a more important predictor of strictly following state directed preventative measures than political ideology. These contradictory findings suggest that satisfaction with government leaders, at various levels, is not always associated with self-reported political ideology. This finding in particular is interesting as it relates to support for President Donald Trump during the COVID-19 pandemic.

## Implications for Social Work Practice, Policy, Education, and Research

The findings of this research offer important information for social work practitioners at the micro, mezzo, and macro levels. While social workers may have valid concerns about keeping political differences outside of professional relationships, this study suggests that discussing a client's ideology, perspectives on government, and sources of information about news might help inform their feelings about and responses to the COVID-19 pandemic and other significant events. Social workers also need to be aware of their own ideology and how it influences their response to COVID-19, and be mindful of this positionality as they communicate with colleagues, clients, and community members about the pandemic. Often social workers assume that other social workers are like-minded in their political or social beliefs, but as Galambos (2009) reminds us, social workers bring diverse backgrounds and views to their professional lives, and these assumptions can negatively affect our communications and work with each other. Social workers must be careful not to marginalize others within their own profession. Social workers in policy settings,

where the presence of ideology is often inevitable, may have useful insight into ways to acknowledge and respect ideological differences within professional relationships.

This study presents several policy implications, particularly for implementation. Given the differences in news sources for individuals with different political ideologies, communication about significant public policies needs to be targeted at television, newspapers, and social media. In addition, efforts to curb misinformation on social media and television need to continue, as the disparity in information from different sources is likely connected with different responses to the pandemic. As social workers continue to be involved in efforts to change policy post-pandemic, the findings that conservative individuals experienced financial setbacks and liberal respondents experienced disruptions such as limited access to child care may provide insight into constituencies that would be supportive of policies to expand child care, increase economic opportunities, and more.

As social work education recovers from the pandemic, this study calls us to continue to address differences in political ideology within the profession, and prepare our students to be able to understand their own ideology and how it affects their work, and to be able to appropriately discuss political ideology with others. Brouillette (2016) called for therapists to stop avoiding political topics with clients, and this call should be extended to all social work practice.

Many opportunities for additional social work research result from this study. First, the correlation between liberal political views and alcohol and other substance use as a coping mechanism is one that has been rarely studied and deserves further attention. Second, we know very little about how social workers discuss political ideology in their practice. More research in this area can help provide recommendations for social workers. Third, as we adjust to the new “normal” in which COVID-19 will still be a presence in the daily lives of people in the USA, repeating this study will be useful to find out how the changes in COVID-19 response and changing political administrations affect respondents. Finally, it would be useful to repeat this study with a sample more representative of the larger population, as the experiences of some groups may be under-represented here.

## Limitations

The major limitation of this study is the non-probability sampling method, which yielded a study sample that is not representative of the general population. For example, the sample was highly educated, almost all White, and almost all women. The use of an internet survey might also have skewed the responses. Potential participants without access to the internet to complete the survey might differ in their self-reported ability to cope. Future research will benefit from research methods which survey populations who are at a technological disadvantage.

It is, also, important to note that our final regression analyses only accounted for 11% and 16% of the variance in the dependent variables. There are still many factors not captured in this research that relate to coping with the pandemic. Even with the limitations identified here, this study provides preliminary evidence from the early stages of the pandemic to help inform the trajectory of people’s needs and strengths during COVID-19.

## Conclusion

In conclusion, this research found individuals experienced the early days of the COVID-19 pandemic in disparate ways, contingent upon many factors, including political ideology. A common saying used during the COVID-19 pandemic relates to the variety of individual and community experiences: “we may all be in the same storm, but we are in very different boats.” The results of this survey support this assertion, and also suggest that individuals who are conservative and liberal might not recognize that they are having different experiences. As the level of contentious political partisanship and divide in the USA continues, social workers have a role to play in creating policy and developing practice that is responsive to the realities of the people we serve, regardless of ideological perspective.

## Declarations

**Conflict of Interest** The authors declare no competing interests.


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