Citizens' Expectations from Government in Response to COVID-19 Pandemic: A Qualitative Study in Iran

Leila Zarei

Shiraz University of Medical Sciences

Saeed Shahabi

Shiraz University of Medical Sciences

Ahmad Kalateh Sadati (✉ asadati1392@gmail.com)

Yazd University <https://orcid.org/0000-0001-5708-7758>

Reza Tabrizi

Shiraz University of Medical Sciences

Seyed Taghi Heydari

Shiraz University of Medical Sciences

Kamran Bagheri Lankarani

Shiraz University of Medical Sciences

Research article

Keywords: Citizen's expectations, Government's response, COVID-19, Pandemic, Qualitative study, Iran, Transparency, Burden

Posted Date: September 17th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-25745/v2>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Version of Record: A version of this preprint was published at BMC Public Health on April 8th, 2021. See the published version at <https://doi.org/10.1186/s12889-021-10722-y>.

Abstract

Background: The government is the main body in charge of controlling epidemics; hence, expectations from government's intention and capacity would affect citizens' behavior and flexibility. Given the severity of COVID-19 pandemic and an urgent need for people's cooperation in the prevention and combat processes, understanding the public perspectives would be crucial and instructive. This study aimed to explore such perspectives towards the current pandemic among the Iranian. Indeed, we sought to provide a favorable platform for effective policies in the face of the COVID-19 pandemic by recognizing public expectations.

Methods: This qualitative study used an open-ended online questionnaire to investigate the common perspectives of the Iranian towards government's response to COVID-19 pandemic. The participants were selected using snowball and convenient sampling techniques across the country. The collected data were analyzed and described using thematic content analysis.

Results: In general, 2547 participants agreed to participate in this study and completed the online questionnaire. According to the findings, the Iranian exhibited several expectations regarding the government's response to COVID-19 pandemic, based on which three main themes were extracted: (1) health-related expectations, (2) policy-related expectations, and (3) mass media-related expectations. In this study, a majority of the participants highlighted the need to consider and follow-up the patients and their families, provide financial and hygiene support during the pandemic, apply strict restrictions, and have close monitoring and controlling procedures. Furthermore, they mentioned that authorities and news agencies should observe honesty and transparency principals.

Conclusions: Our findings revealed that people expect the government and other responsible institutions to minimize the burden of this pandemic on them through adopting effective policies. The study findings could help policy-makers become aware of people's expectations and develop better strategies.

Background

After numerous reports on an unknown respiratory disease in Wuhan, China, at the end of 2019, a novel coronavirus, known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was detected as the cause of the disease (COVID-19) [1]. As of April 26, about three-million positive cases and more than 207,000 deaths were recognized globally [2]. Following this pandemic, countries have adopted a range of policies such as social distancing and lockdown measures to control this pandemic [3]. Since there is no specific treatment strategy for COVID-19, the best technique to fight this outbreak is to follow personal hygiene and preventive measures along with active case detection and isolation in order to reduce the possibility of virus transmission [4].

Following the approval of two COVID-19 cases on February 20 in Iran, this pandemic spread rapidly across the country, more than 90,000 positive cases and about 5,700 deaths were reported by April 26 [2]. Iran's government immediately developed and implemented several strategies and policies, including

social distancing, prohibition of unnecessary trips, and closure of educational centers, to combat this outbreak [5]. Although the adopted measures had positive effects on pandemic control [6], they also created serious problems and challenges to the society, especially the poor and vulnerable groups. More importantly, due to the imposition of international sanctions on Iran throughout the last decades, the negative effects of this pandemic on the already-weakened economy were enormous [7].

Evidence suggests that epidemics such as COVID-19 have significant economic and social consequences such as unemployment, poverty, and stigmatization [8]. The United Nations (UN) and other international organizations have predicted that the negative economic impacts of this pandemic are harsh, especially for developing countries [9, 10]. A rise in the domestic violence is another consequence of COVID-19 outbreak [11]. Following containment measures, a 30% increase in domestic violence has been reported in Europe [12].

Sociologically, policy effectiveness and the governance agenda in crisis are the citizens' main expectation in this modern public sphere. Protecting the citizens' lives is one of the first duties of governments, which also shapes the citizens' public expectations. Such expectations seem to affect how citizens form their behaviors and attitudes toward public services [13]. In public health emergencies arising from an infectious disease epidemic, the government is in charge of protecting the community residents by preventing the spread of the disease [14]. The citizens' expectations from what the government is capable of doing and what policies the government authorities intend to pursue can influence their decisions [15]. Government is also responsible for regulating and controlling health activities and services as well as sanitary and epidemiologic surveillance [16].

In the previous study investigate social concerns regarding the COVID-19 pandemic and this concern has been raised from different perspectives. For example, Nelson et al. (2020) assess public concerns about the COVID-19 crisis in the United States before shelter-in-place orders were widely implemented (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7139509/>). A new study of public attitudes across Europe, America and Asia has found that people in the UK have the highest overall levels of concern about coronavirus – more than Italy or Spain – while those in South Korea are the least concerned (<https://www.tandfonline.com/doi/full/10.1080/13669877.2020.1758193>). Stokes et al. (2020) claimed that public response to the pandemic is important, but under measured and it could lead to earlier recognition of changing public priorities, fluctuations in wellness, and uptake of public health measures, all of which carry implications for individual- and population-level health (<https://link.springer.com/article/10.1007/s11606-020-05889-w>).

The formulation and adoption of effective, equitable, and community-based policies must be considered to diminish the burdens of such epidemics [17]. Since policy-makers' awareness of the public perspectives and viewpoints is of utmost importance in developing and performing the strategies and programs, engaging individuals in this process is essential as well [18]. Given the severity of COVID-19 pandemic and the double need for individuals' cooperation in the process of controlling this pandemic, understanding the public perspectives would be crucial and instructive. This study aimed to explore such

perspectives towards the current pandemic among the Iranian. Indeed, we sought to provide a favorable platform for effective policies in the face of the COVID-19 pandemic by recognizing public expectations.

Materials And Methods

Study design and setting

This qualitative study used an inductive approach and employed an open-ended online questionnaire to investigate the common perspectives and perceptions among the Iranian in the current COVID-19 pandemic to provide an acceptable ground to develop and adopt policy recommendations on this pandemic. This study was conducted by the Health Policy Research Center, Shiraz University of Medical Sciences (SUMS), Shiraz, Iran, from February to March 2020.

Sampling and recruitment

Some individuals were selected using snowball and convenient sampling techniques across the country to participate in the present study. In addition, to secure the representation of almost all attitudes, the highest heterogeneity was considered in terms of gender, age, job status, level of education, marital status, and geographical regions. In accordance with the nature of qualitative studies, sampling process continued until saturation was achieved. Although there is no decisive guide in this regard, the research team detected 150 responses with duplicate information to ensure the data saturation[19]. Before mailing the questionnaire's link, an invitation letter containing detailed information about the study (e.g., objectives of the study and anonymity) was submitted to the participants via social media (*i.e.* WhatsApp, Instagram ...). Further, a written informed form along with the questionnaire was provided to the participants who agreed to participate in the study.

Data collection

In this study, an online questionnaire was used to explore the citizens' expectations from government in the current COVID-19 pandemic. The questionnaire was contain three open-ended question as follow:

"What are the main questions of you or those around you about this new virus?"

"What are the main concerns of you or those around you about this new virus?"

"What are the main doubts of you or those around you about this new virus?"

The first author (LZ) (a female PhD in Pharmacoeconomics & Pharma Management), as a health researcher with scientific and executive background in public health, was the facilitator in this stage. According to a pilot investigation, the questions were revised to improve the clarity. In addition, an invitation letter and a written consent form including information about research aims and ethical issues, were provided to the individuals. In this process, a population-based random sample of Iranian adults at the age of 18 years or above was recruited via social media (*i.e.* WhatsApp, Instagram ...) to complete the

questionnaire. However, the research team had identified one or more focal point in each province to maintain the national status of the study. To this end, the link was sent to anyone who could only answer or send it to anyone else.

The initial questionnaire was delivered to five experts from academics, all of whom were specialized in the field of research. During meetings held with them, the validity of the questionnaire, including clarity, comprehensiveness, and the relevance of the questions were examined. After the modification of some questions for clarity and content. During the data collection process, the answers were anonymously transcribed and saved in the Windows Microsoft to accelerate the analysis.

Data analysis

The collected data were analyzed and described using thematic content analysis approach. Based on Braun and Clarke's method [20], six stages were considered to explore the main themes: (1) reading and re-reading the transcripts (familiarization), (2) developing the primary codes, (3) determining the themes and sub-themes, (4) evaluating the detected themes, (5) labeling the themes, and (6) reporting the findings. Three of the authors (LZ, AKS, and STH) participated in the analysis process and read and coded the transcribed texts independently to extract the meaning units. Then the detected codes were assessed to detect the sub-themes. Finally, the possible connections among the manifested sub-themes were monitored, and the main themes were achieved. During this process, any disagreement between the coders was solved using discussion and consensus strategies. Furthermore, the authors with different scientific backgrounds and interests participated in the analysis process to foster the critical reflexivity in order to reduce the risk of bias [21]. The analysis was performed manually and if required, the analyzers used MAXQDA software version 11 (VERBI GmbH Berlin, Germany).

Trustworthiness strategies

In line with Lincoln and Guba's approach, we considered five criteria (confirmability, dependability, credibility, transferability, and authenticity) to promote the rigor and trustworthiness in this qualitative study [22]. To this end, a series of methods was employed to reach the aforementioned criteria, some of which were member-checking by multidisciplinary research team (confirmability), using several authors during the analysis steps (dependability), regular meetings and peer debriefing (credibility), recruiting a large sample size with maximum variation (transferability), and considering the citations from almost all the participants (authenticity).

The standard criteria for reporting qualitative research (COREQ)[23] (Supplementary file 1) as well as the standards for reporting qualitative research (SRQR) [24] checklists were observed in designing, conducting, and reporting the study.

Ethical approval

Research ethics confirmation was granted by the Research Ethics Committee at the Shiraz University of Medical Sciences (IR.SUMS.REC.1399.090).

Results

In general, 2547 participants agreed to participate in this study and completed the online questionnaire (Table 1). The Iranian had many expectations from their government regarding its response to COVID-19 pandemic. Because the pandemic had created a kind of despair in the public sphere, the citizens expected serious and effective measures to be adopted by the government. In addition to their personal concerns, they also had serious social concerns. Their social concerns were most concerned with the other citizens' problems caused by this outbreak. The concerns about the further progress of this epidemic in the country on one hand and its effects on losing jobs and the conditions of the poor were among the most frequently mentioned concerns as such the participants presented several expectations in line with these concerns. Three major themes were extracted regarding the citizens' expectations from their government to combat COVID-19 pandemic: (1) Health-related expectations, (2) policy-related expectations, and (3) mass media-related expectations. Further, each major theme had several subthemes, as shown in Table 2. In the following sections, the findings of the analysis process along with direct quotations from participants' answers are described in details.

Table 1. Characteristics of participants

Total sample (n)	2547
Age, Mean (SD)	36.38 (10.64)
Male, n (%)	1246 (48.9)
Education level, n (%)	
Under diploma	149 (5.8)
Diploma	311 (12.2)
Associate degree	195 (7.6)
BSc	850 (33.3)
MSc	684 (26.8)
PhD	358 (14.0)
Missing	3 (0.1)
Marital status, n (%)	
Single	799 (31.3)
Married	1698 (66.6)
Divorced	34 (1.3)
Wife died	16 (0.6)
Missing	4 (0.2)
Employment status, n (%)	
Government employment	760 (29.8)
Non-government employment	365 (14.3)
Self-employment	319 (12.5)
Student	382 (15.0)
Housewife	307 (12.0)
Retired	120 (4.7)
Unemployed (job seeker)	160 (6.3)
Unemployed	15 (0.6)
Day worker	103 (4.0)
Missing	19 (0.7)
Income level, n (%)	
Below the poverty line	592 (23.2)
Poverty line	1133 (44.4)
Above the poverty line	816 (32.0)

Missing	9 (0.4)
---------	---------

Table 2. Citizen's expectations from government in response to COVID 19 outbreak in Iran

Main themes	Sub-themes	Codes
Health-related expectations	Paying attention to patients and their family members	<ul style="list-style-type: none"> Following up patients during quarantine Providing attention and support to patients' families Monitoring patients' families Providing patients with health and hygiene facilities
	Providing health support	<ul style="list-style-type: none"> Providing equitable medical care Providing health packages to household Distributing masks and gloves via stores Disinfecting passages and public places Providing health services to deprived regions Producing and distributing medicines sufficiently
Political-related expectations	Applying strict restrictions	<ul style="list-style-type: none"> Compulsory quarantine Timely quarantine Cash penalty Closing intercity roads Restricting travels Canceling foreign flights Closing all public centers Setting new traffic rules Dealing with lawbreakers seriously Dealing with rumor mongers seriously
	Applying serious monitoring and control	<ul style="list-style-type: none"> Officials' honesty Crisis management by experts Using the experiences of other countries in pandemic control Providing healthcare centers with necessary permissions Fair distribution of medical services and equipment Monitoring the production and distribution of bread Cooperation and coordination of government agencies

	Providing financial support	<ul style="list-style-type: none"> ▪ Deferment of bank installments ▪ Non-payment of service bills ▪ Providing livelihood assistance packages ▪ Giving loans at low interest rates to some businesses
Mass media-related expectations	Adopting honesty and transparency	<ul style="list-style-type: none"> ▪ Providing accurate news and statistics ▪ Providing transparency on transmission routes ▪ Providing transparency on the prevalence rate ▪ Providing transparency on high-risk groups ▪ Preventing the spread of false news ▪ Announcing the exact statistics of those affected by city
	Providing comprehensive and inclusive health education	<ul style="list-style-type: none"> ▪ Providing appropriate preventive training ▪ Teaching healthy behaviors ▪ Teaching how to use e-services ▪ Providing life-style change training ▪ Providing the required diet and exercise programs

Health-related expectations

In this study, a majority of the participants highlighted the need to pay attention to the follow-ups for the infected patients and their family to prevent further transmission. Breaking the transmission chain as well as the provision of financial and hygiene support during the pandemic was another main expectation. In other words, they believed if the necessary support were not provided to the infected, there would still be a possibility of the virus transmission. In addition, the fair and equitable provision of medical and preventive services to the public, especially the vulnerable groups, was the participants' other demand. As a remarkable finding, the participants described the need for continuous monitoring and screening of the patients' relatives and families to interrupt the transmission chain.

"If the patient is not monitored continuously during the quarantine, the virus may be transmitted to the other individuals."

"Households, especially those with patients, should be provided with financial supports to prevent them from attending outside. On the other hand, more sanitary facilities should be provided to these groups."

"Unfortunately, in some cities, the relatives and families of those infected with coronavirus are not concerned as the potential carriers of this virus. I think health centers should monitor them constantly."

Providing sufficient health supports was another subtheme, which contained a number of codes such as equitable medical care services. Many participants pointed to the unfair access to health care services in Iran and the importance of resolving this problem to facilitate the fight against COVID-19 outbreak. Further, some other participants believed that health packages should be submitted to households by the government and local institutions since, following the economic crisis, many persons cannot afford to buy the necessary personal protective equipment. A number of these individuals also pointed to the poor distribution of preventive measures such as masks and gloves across the country, which led to increased prices, corruption, and difficult access. Accordingly, they proposed the formation of a codified and transparent distribution structure by government. For example, they referred to solutions such as the use of the local stores' capacities to distribute aforementioned items and goods. Additionally, the importance of disinfecting the public passages and places were also noted. To sum up, the participants stated that rationale and continuous disinfection was vital according to the researchers' findings regarding the rapid spread of the virus in public places. More importantly, paying attention to vulnerable groups and appropriately responding to their needs was one of the other common expectations in this study.

"Direct payment for health services is very high in Iran. Although the government stated that the costs of treating the coronavirus patients were to be covered by the insurances, there are still individuals who have confronted with many challenges regarding the transportation and accommodation costs."

"It is constantly recommended that people should wear a mask, but there is no mask! Maybe there is, but not available to us. The government must create a proper structure for the distribution of these devices."

"Experts have recently stated that the virus would stay in the air for a longer period. I think, the crowded centers should be more disinfected. Although much effort is being made now, they can be more effective."

Political-related expectations

Our findings indicated various expectations regarding the political issues. The imposition of strict restrictions, adopting serious monitoring and controlling procedures, and providing financial support were recognized as the subthemes of this theme. With regard to the adoption of quarantine policies in some countries, the participants called for more serious policies on compulsory quarantine. On the other hand, some of the participants believed that the government had not implemented quarantine policies in a timely manner, and that it would be better if they took actions as soon as possible. Furthermore, another finding was to consider the effective punitive measures for those who do not follow the containment measures. In this study, some of the participants referred to the likelihood for the disease entering from other countries and asked the government to cancel all foreign flights. Since widespread rumors and misinformation are common after crises, serious measures against the rumor mongers would be a potential solution.

"Many people do not pay attention to quarantine and travel. The government must respond this very seriously. I think it should be a mandatory quarantine, like in European countries."

"Iran started quarantine too late. From the first day, home quarantine must have been started so that the disease would not have spread to the other cities."

"There are a number of punishments, but they are not enough. Most of these punishments are limited to cars and road transportation. I think individual fines should also be considered for individuals."

Many participants expected the authorities to be honest and transparent in providing reports and advice. They argued that honesty could be a proper incentive for citizens to participate and cooperate with the made decisions. Using related experts and experiences from other countries in managing the crisis was the other expectation noted by some individuals. In addition, the participants, regardless of their position, criticized the management of medical centers and believed that the local centers had no sufficient authority and autonomy to make quick decisions. Thus, delegating authority to local units might facilitate the process of meeting demands during this pandemic. More notably, a large proportion of the participants identified the fair distribution of medical supplies and equipment as well as inter-sectoral cooperation among stakeholders, as a prerequisite for effective response to COVID-19 outbreak.

"Many people have doubts in the sincerity of the authorities. If officials speak more honestly, people will be more supportive."

"We must use the experiences of successful countries such as South Korea and even Germany, which have very low mortality rates."

"Crisis management is a purely scientific and specialized matter and can be achieved by experienced managers. Experts of this field should be involved as well."

"Cooperation and coordination among responsible institutions and also integrated stewardship can be helpful."

In accordance with the adverse economic impacts of pandemics such as COVID-19, there were some recommendations to provide financial supports for the public. The participants noted that bank installments and maturities should be postponed due to the prohibition of commercial activities and a sharp decline in income. Moreover, the non-payment of service bills (water, energy, etc.) and the provision of livelihood packages by the government were also expected by the participants. Furthermore, supplying the low-interest loans to enhance the liquidity for commercial units and the general public during this recession was another expectation.

"Although we have no income, the bank has withdrawn the installments. In this situation, banks should be more considerate."

"... especially for poor households, payment of service bills must be canceled or at least postponed."

"In this recession, it is possible to facilitate the required liquidity by providing low-interest loans."

Mass media-related expectations

In this study, the participants expressed that adopting honesty and transparency principals by news agencies would promote the social capital. In addition, accurate news and statistics would prevent people from visiting invalid and fake news sources. Many participants believed that there was a need for more comprehensive information about the SARS-CoV-2 transmissions to prevent obsessions and other potential psychological disorders. Finding out how vulnerable groups are affected by the pandemic as well as its side effects were another point stated by the study participants. Remarkably, the participants believed that announcing the related information and statistics by city and location can be effective in informing citizens and adhering to the proposed principles.

"The official media must represents the real news to make people more confident."

"If the real news and information is provided, no one will refer to the rumors and fake news."

"Elderly people are very worried when it is announced in the news that the disease is more dangerous for this group. More information should be provided on the effects of the disease on the elderly and other high-risk groups."

Finally, the provision of comprehensive educational programs was the participants' another expectation from policy-makers in response to COVID-19 pandemic. According to the findings, proper training in terms of the virus transmission prevention methods, healthy behaviors and how to use e-services were the common expectations. In general, many believed that the general public was not fully aware of the correct preventive methods, and that the capacity of the official and virtual media could be further exploited. One of the interesting findings was the importance of teaching how to change one's lifestyle based on the conditions posed by this pandemic. Certainly, since the implementation of quarantine policies may affect individuals' nutritional and physical conditions, the provision of accurate educational services would prevent many complications.

"The media should provide relevant educational programs tailored to the perceptions of different persons in the community. Many programs use specialized terms not understandable to many people."

"Many individuals are not aware of e-services. Relevant training programs can be provided to prevent their direct presence in banks and organizations."

"I am very worried about my children's eating habits and physical condition during this period. I wish educational programs were provided so that we could act on them."

Discussion

This qualitative study aimed to explore the expectations of the Iranian from the government during COVID-19 pandemic. The detected themes indicate that the citizens have high expectations from their government. It was noticed that people have different expectations regarding the government's response to this pandemic, which encompassed health-related and policy-related expectations as well as mass media-related expectations.

Our findings point to the importance of optimal patient quarantine during boredom and after discharge since the virus is transmitted quickly. In addition, the general public expects support services such as health and financial services to be submitted to families with the affected so that they can better tackle with the disease. In this regard, after confirming the first positive cases, a number of countries such as China, France, and Italy implemented highly strict quarantine policies [25-27]. However, as Iran was tackling with several economic and social problems at the same time [7, 28], it initially focused more on advisory policies and public closures and announced tougher quarantine policies such as prohibiting intercity transportation and shopping malls a few weeks later [5]. In this case, many participants criticized the government's delay. In line with this finding, a rapid review by Nussbaumer-Streit et al. demonstrates that early quarantine has better effects [29]. Given the importance of breaking the virus transmission chain, many participants considered it important to monitor the relatives and family of the infected continuously. Although Iran's Ministry of Health is working on a national screening plan to identify and follow up the suspicious cases before the symptoms appear [5], the in some cities infected come to public places after being discharged and getting recovered, and this is an issue requiring further preventive policies. In line with these findings, South Korea, as one of the most successful countries in the fight against the disease, has adopted a policy to track the corona virus carriers so that anyone diagnosed with the disease would have an app installed on their mobile phone [30]. In this regard, without disclosing their personal information, their presence in different places is notified to the other members of the community [31].

The provision of equitable and affordable health care services was another expectation. Indeed, economic hardships are one of the most important causes of stress, as shown in a study in Bangladesh [32]. Regarding the high cost of health care services in Iran, many people face financial hardships [33]. In response, Iran's government has also developed a number of policies to increase access to health care services for COVID-19 patients. To this end, the services are completely free for the groups covered by the health insurance, and there are some exemptions for the same group as well [34]. It should be noted that Iran has also provided free health services to immigrants during this pandemic [35]. Continuous disinfection of public places is another expectation to combat the virus transmission. As evidence shows, almost all the affected countries disinfect public places and routes [36]. Our findings indicate that, despite efforts to disinfect public places, many individuals do not consider them to be sufficient and believe that they should be increased in quality and quantity. Additionally, although wearing masks and gloves to prevent infection has been emphasized [6, 28], it is still difficult to have access to these protective devices in Iran as such more appropriate production and distribution mechanisms must be adopted. However, the shortage of such equipment after the crisis is not unexpected, as observed in developed countries such as the U.S. and Italy [37, 38].

COVID-19 pandemic has been considered as a global political crisis [39]. In Iran, there have been a number of political problems posed by this pandemic. According to the findings, stricter enforcement measures during the quarantine period and the imposition of effective fines were expected by the participants. From another perspective, many participants stated that travel from cities such as Qom and Tehran, as the sources of the outbreak, should be prohibited, as in Wuhan [27]. However, given the limitations of Iran's government and international sanctions, such a strategy has not been possible in practice [7]. Many participants also called for serious actions against lawbreakers and rumor mongers, as an effective approach in facilitating the fight against COVID-19. Evidence suggests that countries such as India and France have imposed severe penalties on lawbreakers, with the aim of slowing down the spread of the virus [40, 41]. In addition, Saudi Arabia, based on its experiences with MERS pandemic, imposed heavy fines on violators during COVID-19 outbreak [42].

Honesty and transparency are the best policies in the crisis management [43]. As evidence indicates, openness and honesty can promote the fight against the pandemic, as observed in the case of SARS in 2003 in Hong Kong and Taiwan [44, 45]. Moreover, the participants emphasized the importance of the authorities' honesty and expressed it as a requirement for public trust. Further, the findings indicated the need for greater use of experts in COVID-19 control process in Iran. On the other hand, since coordination and collaboration among stakeholders and actors is a crucial prerequisite for effective policy-making and implementation of programs and strategies [46], a majority of the participants also highlighted this point. Further, the need to delegate authority to relevant local institutions and centers to expedite the decision-making process was another finding of this study. Unfortunately, the existence of slow bureaucratic structures in Iran has always been considered as one of the obstacles in the face of crises [47]. Notably, Norway was one of the most successful countries in controlling the COVID-19 using the capacity of regional and local enterprises such as municipalities [48]. Furthermore, due to the delegation of strong power to local organizations in Japan, local governments in Tokyo and Hokkaido responded to the COVID-19 outbreak earlier than the national government [49].

The negative economic effects of pandemics have always been a major challenge to societies [50, 51]. Specifically, during a short period after the COVID-19 outbreak, the world economy faced many problems; hence, the citizens, especially the vulnerable, have a range of expectations from their governments [52]. Based on our findings, the participants declared that, with regard to the economic problems, delaying the bank installments, providing low-interest loans, submitting livelihood packages to poor households, and considering exemptions from non-payment of service bills could be potential policies. Different countries have pursued different financial policies in the face of the disease. For example, South Korea allocates approximately \$1030 per month on a family of four with an infected patient [53]. Similar policies have been adopted by Italy, the United States, Germany, Japan and France [54]. Furthermore, the British government has set aside about \$400 billion to support small and large businesses in the form of guaranteed loans [54]. In addition, the Swiss central bank called on its banks to refrain from paying dividends and repurchasing stocks as the government seeks to increase funding to prevent the industry stagnation. The Swedish Financial Supervisory Authority has also announced that it has given banks the permission to defer the re-payment of mortgage installments [55]. Therefore, since the International

Monetary Fund forecasts a negative 3% global growth in 2020 [56], various countries, including Iran, need to develop comprehensive policies to reduce the negative economic effects of COVID-19 pandemic.

Experts believe that the main role of the media in crises such as pandemics is to publish the right news, reduce the pessimism towards the information and news of official sources, and also create peace of mind [57-59]. In the present study, the participants demanded for provision of real time and accurate news and statistics by the official media, and many believed that people's distrust had turned them to unofficial sources. In addition, mass media play a significant role during pandemics such as effective health communication for consideration of the preventive measures, appropriate approaches for helping individuals in dealing with the social distancing, and reduction of inequalities, stigma, and psychological disorders [60]. In other words, media are acknowledged as a main tool in risk communication during this situation; however, the impacts of media on the pandemics are complex [61]. To sum up, considering the importance of mass media and their potential benefits can be an appropriate solution to reduce the adverse effects of COVID-19 epidemic.

Limitations

Two most important limitations of the current work should be mentioned before generalizing the findings. First, the current study did not conduct the conventional qualitative methods, i.e., interviews or discussion, and the data collected through textual information online. Second, it is a cross-sectional study so that we can't capture the changes in perspectives/ perceptions in accordance with changes in the COVID-19 epidemic.

Conclusions

In total, three main themes (namely health-related expectations, policy-related expectations, and mass media-related expectations) were recognized as the main expectations from government to fight COVID-19 pandemic. Our findings show that people face a number of challenges during this pandemic, and they thus expect the government and other responsible institutions to minimize their burden by adopting effective policies. Further, the findings of this study could help the decision- and policy-makers to become aware of people's expectations and develop better strategies. It is suggested that governments be aware of the needs of their citizens in the epidemics and adjust their policies accordingly. Quantitative studies in this subjects are also recommended.

Abbreviations

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2; IRB: Institution Review Board; SUMS: UN: United Nations; Shiraz University of Medical Sciences; SARS: severe acute respiratory syndrome; WHO: World Health Organization.

Declarations

Author's contributions

STH, LZ, and KBL designed the study. STH and LZ collected the raw data. AKS, MN and SSH participated in analysis process. SSH wrote to the initial draft. The authors read and approved the final manuscript.

Funding

This work was supported by the Shiraz University of Medical Sciences (SUMS), Shiraz, Iran (No. 98-01-106-22071).

Availability of data and materials

The data collected and analyzed during the study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

Research ethics confirmation was granted by the Research Ethics Committee at the Shiraz University of Medical Sciences (IR.SUMS.REC.1399.090). All participants were given written consent form.

Consent for publication

Not applicable

Competing interests

The authors declare that they have no competing interests.

Acknowledgements

We would like to thank the study participants.

References

1. MacIntyre CR: **Global spread of COVID-19 and pandemic potential.** *Global Biosecurity* 2020, **1**(3).
2. **Coronavirus statistics.** Worldometers. 2020.
[<https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics>]. accessed 27 April 2020.
3. Armitage R, Nellums LB: **COVID-19 and the consequences of isolating the elderly.** *Lancet Public Health* 2020.
4. Adhikari SP, Meng S, Wu Y-J, Mao Y-P, Ye R-X, Wang Q-Z, Sun C, Sylvia S, Rozelle S, Raat H: **Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review.** *Infect Dis Poverty* 2020, **9**(1):1-12.

5. Gharebaghi R, Heidary F: **COVID-19 and Iran: swimming with hands tied!** *Swiss Med Wkly* 2020, **150**(1516).
6. ShahAli S, ShahAli S, Takamjani IE, Shahabi S: **COVID-19 and Iranian older people: rehabilitation perspective.** *Eur J Physiother* 2020, **29**:1-2.
7. Takian A, Raoofi A, Kazempour-Ardebili S: **COVID-19 battle during the toughest sanctions against Iran.** *The Lancet* 2020.
8. Duan L, Zhu G: **Psychological interventions for people affected by the COVID-19 epidemic.** *Lancet Psychiatry* 2020, **7**(4):300-302.
9. McKibbin WJ, Fernando R: **The global macroeconomic impacts of COVID-19: Seven scenarios.** 2020.
10. Lai C-C, Shih T-P, Ko W-C, Tang H-J, Hsueh P-R: **Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): the epidemic and the challenges.** *Int J Antimicrob Agents* 2020:105924.
11. World Health Organization: **Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: interim guidance, 7 April 2020.** Geneva: World Health Organization; 2020.
12. **Women are using code words at pharmacies to escape domestic violence during lockdown.** CNN Media Company. 2020 [<https://edition.cnn.com/2020/04/02/europe/domestic-violence-coronavirus-lockdown-intl/index.html>]. accessed 27 April 2020.
13. Hjortskov M: **Citizen expectations and satisfaction over time: Findings from a large sample panel survey of public school parents in Denmark.** *Am Rev Public Adm* 2019, **49**(3):353-371.
14. Cho S-I: **Role of the local government in infectious disease-related public health emergency preparedness and.** *J Korean Med Assoc* 2017, **60**(4):300-305.
15. Chamlee-Wright E, Storr VH: **Expectations of government's response to disaster.** *Public choice* 2010, **144**(1-2):253-274.
16. **Legal Responses to Health Emergencies.** Library of Congress. 2020 [<https://www.loc.gov/law/help/health-emergencies/index.php>]. accessed 27 April 2020.
17. Tang S, Xiao Y, Yang Y, Zhou Y, Wu J, Ma Z: **Community-based measures for mitigating the 2009 H1N1 pandemic in China.** *PLoS one* 2010, **5**(6).
18. Woodford MR, Preston S: **Strengthening citizen participation in public policy-making: A Canadian perspective.** *Parliamentary Affairs* 2013, **66**(2):345-363.
19. Malterud K, Siersma VD, Guassora AD: **Sample size in qualitative interview studies: guided by information power.** *Qual Health Res* 2016, **26**(13):1753-1760.
20. Braun V, Clarke V: **Thematic analysis.** 2012.
21. Gemignani M: **Toward a critical reflexivity in qualitative inquiry: Relational and posthumanist reflections on realism, researcher's centrality, and representationalism in reflexivity.** *Qual Psychol* 2017, **4**(2):185.

22. Kyngäs H, Kääriäinen M, Elo S: **The Trustworthiness of Content Analysis.** In: *The Application of Content Analysis in Nursing Science Research.* Berlin: Springer; 2020: 41-48.
23. Tong A, Sainsbury P, Craig J: **Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups.** *International journal for quality in health care* 2007, **19**(6):349-357.
24. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA: **Standards for reporting qualitative research: a synthesis of recommendations.** *Acad Med* 2014, **89**(9):1245-1251.
25. Stoecklin SB, Rolland P, Silue Y, Mailles A, Campese C, Simondon A, Mechain M, Meurice L, Nguyen M, Bassi C: **First cases of coronavirus disease 2019 (COVID-19) in France: surveillance, investigations and control measures, January 2020.** *Eurosurveillance* 2020, **25**(6):2000094.
26. Grasselli G, Pesenti A, Cecconi M: **Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response.** *Jama* 2020.
27. Du Z, Wang L, Cauchemez S, Xu X, Wang X, Cowling B, Meyers L: **Risk for transportation of 2019 novel coronavirus disease from Wuhan to other cities in China.** *Emerg Infect Dis* 2020, **26**(5).
28. Jalali M, Shahabi S, Bagheri Lankarani K, Kamali M, Mojgani P: **COVID-19 and disabled people: perspectives from Iran.** *Disabil Soc* 2020:1-4.
29. Nussbaumer-Streit B, Mayr V, Dobrescu AI, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Christof C, Zachariah C: **Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review.** *Cochrane Database Syst Rev* 2020(4).
30. Salathé M, Althaus CL, Neher R, Stringhini S, Hodcroft E, Fellay J, Zwahlen M, Senti G, Battegay M, Wilder-Smith A: **COVID-19 epidemic in Switzerland: on the importance of testing, contact tracing and isolation.** *Swiss Med Wkly* 2020, **150**(1112).
31. Fisher D, Wilder-Smith A: **The global community needs to swiftly ramp up the response to contain COVID-19.** *Lancet (London, England)* 2020, **395**(10230):1109.
32. Islam SD-U, Bodrud-Doza M, Khan RM, Haque MA, Mamun MA: **Exploring COVID-19 stress and its factors in Bangladesh: A perception-based study.** *Heliyon* 2020, **6**(7):e04399.
33. Vahedi S, Rezapour A, Khiavi FF, Esmaeilzadeh F, Javan-Noughabi J, Almasiankia A, Ghanbari A: **Decomposition of Socioeconomic Inequality in Catastrophic Health Expenditure: An Evidence from Iran.** *Clin Epidemiol Glob Health* 2019.
34. Abdi M: **Coronavirus disease 2019 (COVID-19) outbreak in Iran; actions and problems.** *Infect Control Hosp Epidemiol* 2020:1-5.
35. **Afghans appreciate free treatment for people with corona in Iran.** IRNA News Agency. 2020. [<https://www.irna.ir/news/83738835/>]. accessed 27 April 2020.
36. World Health Organization: **Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): interim guidance, 29 February 2020.** Geneva: World Health Organization; 2020.

37. Wu H-I, Huang J, Zhang CJ, He Z, Ming W-K: **Facemask shortage and the novel coronavirus disease (COVID-19) outbreak: Reflections on public health measures.** *EClinicalMedicine* 2020:100329.
38. Recalcati S: **Cutaneous manifestations in COVID-19: a first perspective.** *J Eur Acad Dermatol Venereol* 2020.
39. Horton R: **Offline: COVID-19—a reckoning.** *The Lancet* 2020, **395**(10228):935.
40. Chaurasiya P, Pandey P, Rajak U, Dhakar K, Verma M, Verma T: **Epidemic and Challenges of Coronavirus Disease-2019 (COVID-19): India Response.** Available at SSRN 3569665 2020.
41. Briscese G, Lacetera N, Macis M, Tonin M: **Compliance with COVID-19 Social-Distancing Measures in Italy: The Role of Expectations and Duration.** Cambridge: National Bureau of Economic Research; 2020.
42. Algaissi AA, Alharbi NK, Hassanain M, Hashem AM: **Preparedness and Response to COVID-19 in Saudi Arabia: Building on MERS Experience.** *J Infect Public Health* 2020.
43. Robert B, Lajtha C: **A new approach to crisis management.** *J Contingencies Crisis Manag* 2002, **10**(4):181-191.
44. Bowen SA, Heath RL: **Narratives of the SARS epidemic and ethical implications for public health crises.** *International Journal of Strategic Communication* 2007, **1**(2):73-91.
45. Lyu S-Y, Chen R-Y, Wang S-fS, Weng Y-L, Peng EY-C, Lee M-B: **Perception of spokespersons' performance and characteristics in crisis communication: Experience of the 2003 severe acute respiratory syndrome outbreak in Taiwan.** *J Formos Med Assoc* 2013, **112**(10):600-607.
46. Karlsson LE, Jakobsen MW, Heiberg MW, Aro AR: **Involvement of external stakeholders in local health policymaking process: a case study from Odense Municipality, Denmark.** *Evid Policy* 2017, **13**(3):433-454.
47. Ghiasipour M, Mosadeghrad AM, Arab M, Jaafaripooyan E: **Leadership challenges in health care organizations: The case of Iranian hospitals.** *Med J Islam Repub Iran* 2017, **31**:96.
48. Christensen T, Lægreid P: **Balancing governance capacity and legitimacy-how the Norwegian government handled the COVID-19 crisis as a high performer.** *Public Adm Rev* 2020.
49. Yan B, Zhang X, Wu L, Zhu H, Chen B: **Why Do Countries Respond Differently to COVID-19? A Comparative Study of Sweden, China, France, and Japan.** *Am Rev Public Adm* 2020, **50**(6-7):762-769.
50. Fernandes N: **Economic effects of coronavirus outbreak (COVID-19) on the world economy.** Available at SSRN 3557504 2020.
51. Siu A, Wong YR: **Economic impact of SARS: the case of Hong Kong.** *ADB Econ Work Pap Ser* 2004, **3**(1):62-83.
52. Loayza NV, Pennings S: **Macroeconomic Policy in the Time of COVID-19: A Primer for Developing Countries.** In.: World Bank; 2020.
53. **The South Korean government provides monthly assistance to families with corona.** Tasnim News Agency. 2020. [<https://www.tasnimnews.com/fa/news/1398/11/19/2198731/>]. accessed 27 April

2020.

54. **What have different countries done to counter the economic consequences of COVID-19?** BBC News. 2020. [<https://www.bbc.com/persian/business-51948878>]. accessed 27 April 2020.
55. **Central banks encounter corona by pumping stimulus packages.** Iran Emrooz News Agency. 2020. [<https://akhbar-emrooz.com/2020/03/14/>] accessed 27 April 2020.
56. **IMF: Global Growth Will Drop 3% Amid Worst Outlook 'Since Great Depression'.** Forbes Media. 2020. [<https://www.forbes.com/sites/marleycoyne/2020/04/14/imf-global-growth-will-drop-3-amid-worst-outlook-since-great-depression/#1e2e1a5935cf>] accessed 27 April 2020.
57. Shojaei SF, Masoumi R: **The Importance of Mental Health Training for Psychologists in COVID-19 Outbreak.** *Middle East J Rehabil* 2020, **7**(2).
58. Hopman J, Allegranzi B, Mehtar S: **Managing COVID-19 in low-and middle-income countries.** *JAMA* 2020.
59. Vasterman PL, Ruigrok N: **Pandemic alarm in the Dutch media: Media coverage of the 2009 influenza A (H1N1) pandemic and the role of the expert sources.** *Eur J Commun* 2013, **28**(4):436-453.
60. **Coronavirus Disease (COVID-19): The Impact and Role of Mass Media During the Pandemic.** Frontiers Media. 2020. [<https://www.frontiersin.org/research-topics/13638/coronavirus-disease-covid-19-the-impact-and-role-of-mass-media-during-the-pandemic>]. accessed 27 April 2020.
61. Collinson S, Heffernan JM: **Modelling the effects of media during an influenza epidemic.** *BMC public health* 2014, **14**(1):376.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [Supplementaryfile.pdf](#)