

Women prime ministers and COVID-19: Within-case examinations of New Zealand and Iceland

Katie Tyner¹  | Farida Jalalzai²

¹The Cohen Group, Washington, District of Columbia, USA

²Department of Political Science, Virginia Tech, Blacksburg, Virginia, USA

Correspondence

Katie Tyner, The Cohen Group, 500 Eighth St. NW, Suite 200, Washington, DC 20004, USA.
Email: ktyner@wesleyan.edu

Abstract

As COVID-19 cases and deaths mounted globally in the spring of 2020, the news media presented a narrative that women heads of government were more successful at handling the pandemic, sparking a scholarly debate. We take an in-depth look at two of the headline women-led cases (New Zealand and Iceland) to identify critical junctures and crucial actors in the policy-making process. Our research questions are as follows: What main factors comprised the executive decision-making process and approach to COVID-19 management in New Zealand and Iceland, and to what extent do these factors intersect with prevailing gender stereotypes of feminine leadership? We conducted elite interviews with senior politicians and civil servants in New Zealand and Iceland and found that consensus-oriented governance, honest and frequent communication with the public, agile and adaptive institutions, deference to scientific advice, collective and decisive action, and policies guided by empathy and humility have proved critical in these cases, and that many of these factors are associated with stereotypically feminine leadership traits.

KEYWORDS

coronavirus, COVID-19, executive politics, female leadership, gender and politics, health crisis, Iceland, leadership styles, New Zealand, pandemic, qualitative methods, women prime ministers

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As COVID-19 cases erupted globally in the spring of 2020, the news media presented a narrative that women-led countries were more successful at handling the pandemic (Bear & Agner, 2021; Wittenberg-Cox, 2020). This perception has since sparked scholarly debate regarding whether women leaders have indeed more successfully led their countries through the health crisis. The emerging literature is mixed; while some scholars confirm a statistical relationship between women leaders and successful pandemic responses and outcomes (Coscieme et al., 2020; Garikipati & Kambhampati, 2021; Park, 2021), most do not (Aldrich & Lotito, 2020; Bosancianu et al., 2021; Piscopo, 2020; Purkayastha et al., 2020; Windsor et al., 2020). However, many of the existing studies rely on quantitative methods, and the sheer dearth of women in power (Beckwith, 2015) poses difficulties in performing robust statistical analyses. Quantitative studies also provide limited depth concerning *how* pandemic responses were devised and implemented. To better understand the relationship between women's political leadership and pandemic outcomes, we examine possible interactions between decision making carried out during the pandemic and prevailing gender stereotypes of executive leadership.

This study features within-case analyses of New Zealand and Iceland, two of the women-led countries that proved among the most adept in responding to the pandemic. Our main research questions are as follows: What factors comprised the executive decision-making process and approach to COVID-19 management in New Zealand and Iceland, and to what extent do these factors intersect with prevailing gender stereotypes of feminine leadership? Throughout our analysis of New Zealand and Iceland's governmental responses to the COVID-19 pandemic, we distinguish between the given country's *capacity* (structural conditions) and *execution* (agentic leadership factors).

It was not inevitable that the governments of New Zealand and Iceland would successfully respond to COVID-19. We know from previous research that being a well-resourced liberal democracy with high state capacity was not enough to ensure a country's successful handling of the pandemic (Coscieme et al., 2020). Further, even though New Zealand and Iceland could more easily control movement at the border compared to non-island nations, being an island during a pandemic is not necessarily an advantage. Both countries' economies rely heavily on tourism and the export/import market, sectors that nearly ground to a halt during the peaks of the pandemic (Milesi-Ferretti, 2021). The theoretical assumption underlying our study is that we cannot explain the successful pandemic outcomes in New Zealand and Iceland through structural factors alone: leadership matters during times of crisis. Given this, we uncover leadership styles that have best mitigated the health and economic devastation wrought by the pandemic in New Zealand and Iceland, how these interact with gender stereotypes, and lessons that can be distilled from these cases and applied elsewhere.

To respond to our central question, we conducted elite interviews in New Zealand and Iceland and analyzed government documents, speeches, and press releases along with other relevant data between January 2020 and November 2021. Our findings reveal several often interrelated explanatory factors that, combined, led to the successful management of COVID-19 in these countries: disaster preparedness combined with institutional agility and flexibility (and a willingness among leadership to learn and pivot), willingness to take early action; prioritizing health outcomes and deferring to the scientific experts, honest and frequent communication with the public, public trust in government and key officials, and decisive political leadership through the lens of empathy and collaboration. We also explore how New Zealand's and Iceland's statuses as islands provided both advantages and disadvantages in the governments' efforts to successfully manage COVID-19.



While it is impossible to determine with certainty the extent to which the gender of New Zealand Prime Minister Jacinda Ardern and Iceland Prime Minister Katrin Jakobsdóttir shaped their country's pandemic response, the actions that leaders needed to take in response to the pandemic often more harmoniously interacted with prevailing gender stereotypes related to women, specifically biases that women are more trustworthy, empathic, collaborative, and honest (Bashevkin, 2019; Piazza & Diaz, 2020). The gendered nature of the health crisis provided a platform for women to effectively utilize stereotypically feminine leadership traits, such as protecting their societies from harm (Davidson-Schmich, 2020; Davidson-Schmich et al., 2023; Johnson & Williams, 2020; Piazza & Diaz, 2020; Piscopo & Och, 2021a) to their advantage as they organized their responses. Stereotypically masculine traits, such as decisive leadership, are critical in crisis management as well, and both Ardern and Jakobsdóttir excelled in clear and swift decision making. Importantly, though, their decisiveness was characterized by collaboration, as both leaders made significant efforts to source information from across (and outside of) government. Our elite interviews highlighted that Ardern and Jakobsdóttir did not arrive to the decision-making table having already made up their minds; although their decision making was rapid, it was not unilateral.

We recognize that a universal conclusion regarding the impact of gender on leadership during the COVID-19 crisis is challenging even when focusing on the globe, let alone through an analysis of two countries led by women governing within similar systems. Given these limitations, our goal is not to draw a universal theory on the association between women's leadership and crisis management during the COVID-19 pandemic. Rather, we aim to critically interrogate the decision-making processes during the COVID-19 crisis in New Zealand and Iceland to identify a combination of explanatory factors that enabled the successful government responses in those two countries and how these factors correspond with prevailing gender stereotypes of feminine leadership. We also discuss implications for crisis management in similar cases.

SIGNIFICANCE

On average, women-led Organization of Economic Co-operation and Development (OECD) countries have experienced fewer confirmed COVID-19 deaths compared to the average of all OECD countries (see Table 1). While scholarly literature has produced a range of suggestions as to whether women's leadership contributed to successful pandemic outcomes, very few studies have taken a deep-dive approach to examine how or why women's leadership may (or may not) be important in explaining response success. We adopt a case study design featuring two democratic wealthy island countries, both parliamentary systems and unitary states led by women holding positions of executive decision-making power, allowing us to assess context-dependent developments. The purpose of this

TABLE 1 COVID-19 indicators (January 2020–May 2022^a)

Country/region	Confirmed cases (per 100,000)	Deaths (per 100,000)
New Zealand	20,193.90	16.05
Iceland	51,023.80 ^b	32.68
OECD (average)	30,422.42	200.88
Women-led OECD countries (average) ^c	28,550.23	117.41

Source: World Health Organization Coronavirus (COVID-19) Dashboard (2022), updated by authors.

^aWe chose May 2022 as our end date with the data, to be most current.

^bIceland's confirmed cases are quite high, but we consider the very high testing rate in Iceland, discussed further below, to be a contributing factor here.

^cSee Appendix for list of current women-led countries. Included in this list are Germany, Norway, and Belgium because though their current leaders are male, they were women-led for the majority of January 2020–November 2021, our timeline for analysis.



study is not to systematically compare these two case study countries, but rather to do a deep dive of two within-case investigations side-by-side.

Social role theory posits that an individual's personal characteristics, including gender, link to various behavioral expectations (Eagly & Karau, 2002). Women are typically connected to communal traits such as being nurturing, collaborative, and empathetic while men are linked to agentic traits which include being assertive, independent, competitive, and aggressive (Eagly & Karau, 2002; Och, 2020; Piazza & Diaz, 2020). The gendered hierarchy typically places perceived masculine characteristics above stereotypically feminine ones in the political domain. Perceptions of women as being more consensus seeking and collaborative, however, may provide women an opportunity to excel, particularly during a public health crisis (Piazza & Schneider, 2021). A large literature regarding gendered issue stereotypes and traits finds that women political leaders are generally more supportive of social programs and health spending (Atchison, 2015; Atchison & Down, 2012; Jalalzai, 2016; Mavisakalyan, 2014; Ng & Muntaner, 2018; Quamruzzaman & Lange, 2016; Swiss et al., 2012; Wiliarty, 2011). Women leaders, therefore, may be particularly well-positioned to effectively respond to a pandemic (Davidson-Schmich, 2020).

Leaders had to simultaneously deal with the economic fall-out related to the pandemic. The economy has typically been viewed as an area advantaging male leaders (Huddy & Terkildsen, 1993). While the glass-cliff phenomenon indicates that women will sometimes be placed at the helm when chances for success are more precarious such as during economic crisis (Morgenroth et al., 2020; Ryan et al., 2016), other research shows that economic crises are related to decreases in women's presence in political office (Blanton et al., 2019). We are interested, therefore, in how leaders weighed the arguably competing considerations of protecting public health (through lockdowns and other measures that slowed economic activity) and maintaining economic vitality, and how these trade-offs linked to gender stereotypes, though this focus plays a smaller role in our study.

We also engage the crisis communication leadership literature (Coombs, 2022; Ulmer et al., 2017), particularly motivation language theory, which posits that leaders must employ three types of communication in order to facilitate trust in leadership (Mayfield & Mayfield, 2002). Mayfield and Mayfield (2002, p. 91) look at the strategic communication framework literature in relation to business organizations and communication with their employees, laying out that a leader must engage “direction-giving language” articulating clear and specific goals and a set of actions necessary to overcome the crisis; “empathetic language,” exhibiting their understanding of the crisis's impacts on constituents in a compassionate and humane way; and “meaning-making language” by articulating practical implications for individuals but also to the wider culture or community, reinforcing the larger purpose throughout. While direction-giving is typically associated with masculine traits, empathy and meaning-making fit neatly with stereotypically feminine traits (see Davidson-Schmich et al., 2023).

METHODOLOGY AND CASE SELECTION

Our study adds depth to the current literature analyzing gender, executive office, and pandemic responses and outcomes. Many existing studies utilize quantitative methods, and yet the sheer dearth of women in power creates difficulties in performing robust statistical tests. Furthermore, existing quantitative studies exhibit substantial variation in which female leaders are selected for inclusion. Executive posts (presidencies, prime ministerships, or equivalents like chancellors) vary tremendously, and power imbalances often relegate women to weaker positions compared to their male counterparts (Jalalzai, 2019). Of the already small pool of women world leaders, even fewer hold the executive decision-making post in their country. For this reason, it is critical to know which positions are analyzed, especially when the focus of a study is on executive leadership and decision making. Some studies limit their analysis to those women exercising substantive authority (Aldrich & Lotito, 2020; Garikipati & Kambhampati, 2021; Piscopo, 2020; Windsor et al., 2020) while others also include leaders entrusted with only nominal powers (Coscieme et al., 2020; Park, 2021; Purkayastha



et al., 2020), making it difficult to find consensus in the field. Quantitative analyses also tend to reveal less detail than qualitative studies on the range of critical players involved in pandemic responses (e.g., cabinet ministers and agency chiefs), what roles they played, and how strategies were devised and implemented.

Given this, we employ a qualitative approach within two wealthy, highly developed, women-led island democracies that have been lauded as particularly adept at handling the crisis. Importantly, the positions of these two women leaders (New Zealand Prime Minister Jacinda Ardern and Iceland Prime Minister Katrín Jakobsdóttir) are comparable because they both hold power in their political systems. It is essential to analyze a government's containment policies and health measures in depth: not just when these actions were taken, but how, by whom more broadly, and the overall contexts in which actors were operating. This approach allows for nuances to rise to the surface and lays the groundwork for theory-building that future scholarship can expand upon. Existing works on the question of gender and pandemic outcomes also examine effects within a very short time frame, usually within the first six months of the pandemic. Given the different waves of the pandemic, a longer time frame is more conducive to analyzing the role of gender and pandemic response.

Similar to other scholars, we focus on COVID-19 cases and mortality rates (Garikipati & Kambhampati, 2021; Park, 2021; Purkayastha et al., 2020) and utilize OECD countries' averages as a metric for analysis and comparison (Park, 2021; Piscopo, 2020). We define a successful response as minimal COVID-19 deaths (proportional to population size) between January 2020 to November 2021.

Conducting elite interviews serves as our primary method in this study (in addition to the background research we conducted through analysis of government documents and press releases regarding the pandemic). We conducted a total of 45 interviews to date. Our sample included leading politicians, civil servants, medical professionals, local journalists, and representatives of relevant organizations in New Zealand and Iceland (see Appendix). Interviews allowed us to identify actors responsible for the public health policies that shaped the country's crisis response, perceptions of these policies, and leadership approaches that guided policy adoption. Our questions sought to identify critical junctures in the decision-making timelines, and we avoided asking about the role of gender directly, in an effort to not lead the interviewees. Given the focused nature of this research, we do not claim to state a universal theory on COVID-19 crisis response in women-led countries. Before moving forward, we offer brief country and leader summaries for our two cases.

As the first country in the world to grant women the right to vote (1893) and one of the first countries to have experienced three female heads of government,¹ New Zealand has a history of gender progressiveness in the political domain (Curtin & Sawyer, 2011). Despite this, women in politics in New Zealand have still faced considerable challenges, as can be seen in the case of former Prime Minister Jenny Shipley's experience as the first female leader of the country (Tyner, 2020). New Zealand underwent a significant change in its electoral system in 1993 (the centennial of the granting of female suffrage) when they switched from the first past the post (FPP) system to a mixed member proportional representation system (MMP). The first MMP government in New Zealand took office in 1996. This structural change was correlated with an increase in women's representation in the legislature, reflecting studies such as Rule (1994) and Norris (2004). As of the 2020 election, 48% of MPs and 40% of cabinet ministers are women.² In 2020, Ardern and her left-of-center Labour Party won an historic and decisive victory, obtaining enough support to form a majority government, the first since the new electoral system was introduced. Ardern's leadership has been popularly credited with New Zealand's successful handling of the pandemic and the government has been applauded domestically and internationally for its efforts to "go hard and go early."

Iceland also has a long history of gender progressiveness (Kristmundsdóttir, 1997) though they have not yet achieved gender equality in politics (Einarsdóttir, 2005). In 1980, Iceland became the first country to elect a woman president (a mainly symbolic post) and since then has been governed by two women

¹Jenny Shipley (1997–1999), Helen Clark (1999–2008), and Jacinda Ardern (2017–present).

²As of the 2020 election, 58 of 120 MPs are women.

prime ministers.³ Women now constitute 48% of legislature (Althing) members, recovering to 2016 levels after a big decline in 2017.⁴ Katrin Jakobsdóttir of the Left-Green Movement rose to the premiership in 2017 and managed to secure enough support to lead an ideologically unwieldy coalition with the Independence Party and the Progressive Party following two months of negotiations and a collapsed government. That this coalition remained intact for a full four-year term is credited to Jakobsdóttir's ability to forge compromise. In fact, this was the first three-party coalition government to complete a full four-year term in Iceland (Bayer, 2021). Parliamentary elections were held in September 2021 and many speculated that coalition parties would lose support; instead, they increased their share of seats. While Jakobsdóttir's Left-Green Movement lost three seats and they continue to lag behind the Independence Party and Progressive Party, Jakobsdóttir remained prime minister given the public's satisfaction with her leadership.⁵ Jakobsdóttir's pandemic response has been especially praised, though there has not yet been an in-depth scholarly analysis of how her government reached their decisions during the crisis.

New Zealand and Iceland did not experience analogous paths to success during the pandemic. While New Zealand has arguably had a successful response throughout the crisis, Iceland struggled in the beginning and then turned things around quickly. How did these outcomes come about, and how can our findings inform our understandings of political leadership, decision-making processes, and women-led responses during times of crisis?

KEY PLAYERS

New Zealand recorded its first case of COVID-19 on February 28, 2020. One month prior, New Zealand public health staff had already started screening incoming passengers from China for symptoms of COVID-19, and New Zealand was one of the first countries in the world to ban arrivals from certain regions. The response has been a collaborative effort between Prime Minister Ardern, her cabinet, the chief executives implementing the operations, the country's scientific community and private sector, and the citizens. Key agents in the decision-making process have included Ardern; Deputy Prime Minister and Finance Minister Grant Robertson; Director-General of Health and Chief Executive of the Ministry of Health Dr. Ashley Bloomfield;⁶ Chief Executive and Comptroller of the Customs Service Christine Stevenson; Director of Civil Defense Emergency Management (NEMA) and Secretary General of the New Zealand Red Cross Sarah Stuart-Black; Chief Executive of the Ministry of Business, Innovation and Employment Carolyn Tremain (who oversees the Managed Isolation and Quarantine system); and COVID-19 Response Minister Chris Hipkins.

The first confirmed COVID-19 case in Iceland was also identified on February 28, 2020. Prime Minister Jakobsdóttir's approach prioritized listening to the top epidemiologists in the country and offering necessary resources to implement the main pandemic response team's strategy. Minister of Health Svandís Svavarsdóttir was the key player within the government and Minister of Justice Áslaug Arna Sigurbjörnsdóttir was also important as she provided oversight related to the borders. It is worth noting that all three government officials working most directly on the pandemic response were women. The main response team was comprised of Chief Epidemiologist Dr. Þórólfur Guðnason, Chief Superintendent of the National Commission of the Police and Director General of Civil Protection Víðir Reynisson, and Director of Health Dr. Alma Möller. Popularly referred to as "the Trio," this group of public-health officials and emergency responders developed the game plan, while the Prime Minister, Minister of Health, and Minister of Justice were key in implementing these measures.

³President Vigdís Finnbogadóttir (1980–1996), Prime Minister Jóhanna Sigurðardóttir (2009–2013), and Prime Minister Katrin Jakobsdóttir (2017–present).

⁴Women hold 30 of 63 seats (47.6%). In 2017, their share of seats dipped to 38% (24 of 63).

⁵The Progressive Party increased their number of seats from 8 to 13 (17%) and the Independence Party held steady at 16 (24%). Left-Green decreased from 11 to 8 (13%). According to the Althing website, the coalition parties hold 37 of 63 seats.

⁶Dr. Bloomfield stepped down in July 2022 to spend time with his family.

TABLE 2 Factors that shaped the federal pandemic responses in New Zealand and Iceland

Factor	Pre-existing structural factor: shapes the government's capacity to succeed	Political leadership: the room for maneuver (execution)	Stereotypically associated with feminine leadership
Status as an island nation	✓		
Disaster preparedness	✓		
Public trust in government and key officials	✓	✓	✓
Institutional agility and flexibility: willingness to learn	✓	✓	✓
Taking early action		✓	
Prioritizing health outcomes and deferring to the scientific experts		✓	✓
Honest and frequent communication with the public		✓	✓
Decisive political leadership through the lens of empathy and collaboration		✓	✓

KEY FINDINGS

Through conducting interviews with key members of the executive decision-making teams in New Zealand and Iceland, we uncovered several factors that explain these countries' relative success in managing COVID-19 at any one point along our timeline of January 2020 to November 2021 (see Table 2).

Each of these factors in Table 2 can be identified as:

- A structural element that existed in the country prior to the pandemic that shapes the government's capacity to succeed, but is insufficient to explain the successes in New Zealand and Iceland (note: these factors are in addition to the nation's status as a wealthy developed democracy);
- And/or an aspect of political leadership that helped constitute the agentic room for maneuver within the government's crisis management;
- And/or a factor that is stereotypically associated with feminine leadership traits.

Much of the early literature on the pandemic has emphasized regime type and level of development as among the most critical explanatory factors for successful outcomes (Coscieme et al., 2020; Park, 2021; Piscopo, 2020), while other global models have not found a relationship between most measures of state capacity and death rates (Bosancianu et al., 2021). Regardless, not all wealthy, developed democracies have experienced the same levels (proportionally) of confirmed cases and deaths. At the same time, arguments that emphasize political leadership, including the leader's gender, as the only significant variable in explaining pandemic outcomes have the tendency to overlook important structural pre-conditions. By organizing our explanatory factors into the above categories, we are able to analyze and distinguish between a country's capacity to successfully respond to the COVID-19 crisis, and a country's execution in responding to the crisis.

Disaster preparedness combined with institutional agility and flexibility

The Global Health Security (GHS) Index (2019) ranked countries from most to least prepared to prevent, detect, and respond to a pandemic or an epidemic. The United States and the United Kingdom ranked #1 and #2 on the list, respectively. Meanwhile, New Zealand ranked #35 and Iceland ranked

#58. This, along with the interviews conducted, tells us that pandemic preparedness (among highly developed countries with high state capacity) was not necessarily indicative of whether a country would succeed or fail in responding to COVID-19. New Zealand Director-General of Health and Chief Executive of the Ministry of Health Dr. Ashley Bloomfield referenced the GHS Index ranking during our interview: “Preparation is no substitute for strong political leadership and decision-making which clearly builds public trust and confidence because it’s placing as the paramount concern the health and safety and wellbeing of citizens.” Dr. Bloomfield also noted that New Zealand had well-prepared plans for a pandemic influenza, but that COVID-19 is quite a different kind of pandemic. Therefore, he shared that in early 2020: “It became very apparent to us quite quickly that we had to put our incredibly well-written, detailed, and rehearsed pandemic influenza plan to one side, because it wasn’t going to serve us.” New Zealand responded successfully not because they had a detailed policy playbook (in fact, a senior official shared that the country had “no playbook for COVID”), but because, according to Dr. Bloomfield, the government was able “to be nimble, to pivot, and to respond tactically very quickly.”

The New Zealand government's institutional agility during the COVID-19 pandemic was not only due to its size, but also to the individual agility of the leaders themselves. Through interviews it was clear that Prime Minister Ardern and her cabinet were open-minded and willing to pivot their response based on real-time gathering of information. A senior official shared that, from the beginning, the New Zealand government has “learned and fixed and learned and improved and learned and improved.” The official continued: “Looking back over the year, where we are now and where we started, there's no comparison. You talk about learning organizations, I would say all of the New Zealand public service has been one big learning organization for the last year.” Similarly, Deputy Prime Minister Grant Robertson shared that, “We applied a consistent but adaptive approach to managing the outbreak.” The senior officials responsible for New Zealand's COVID-19 response prioritized personal humility, which translated into a policy-making process devoid of ego during the crisis, allowing the decision makers to shape and reshape their response based on the rapidly evolving landscape rather than a party line or previously set platform.

A similar story unfolded in Iceland at the beginning of the pandemic when the country experienced notable setbacks and deficiencies. A remote island of less than 370,000 inhabitants, Iceland is no stranger to natural disasters including frequent volcano eruptions, flooding, and earthquakes. Several interviewees, including Chief Epidemiologist Dr. Þórólfur Guðnason, noted that this resulted in a highly developed emergency response plan: “We deal with all hazards in Iceland, health hazards, and the Chief Epidemiologist and Civil Protection are working together on all different types. So we have the same structure, system, and type of preparedness planning for all different types of health hazards.”

Director General of Civil Protection Víðir Reynisson mentioned that Iceland developed their first pandemic emergency plan in 2005, which has since been reviewed many times including in 2009 when dealing with the Avian Flu. It was reviewed again in 2019 and then put into practice in 2020 during COVID-19. Globally, prior experience with pandemics has been identified as a factor related to fewer deaths (Bosancianu et al., 2021). As in New Zealand, key actors in Iceland recognized that the response needed adjustments, as COVID-19 was unlike other threats. According to Prime Minister Katrín Jakobsdóttir:

Obviously we really didn't know a lot about this virus in the beginning and so we just tried to admit that. That we were faced with an unknown ... and we have to be ready to say ok if this isn't working—we are going to change our strategy... It was sort of the attitude or the approach that we were ready to admit mistakes and do things differently.

The government's willingness to quickly pivot yielded positive outcomes. At the start of the pandemic, resources were limited. Director of Health Dr. Alma Möller recognized many of the limitations Iceland faced, including capacity, staffing, and intensive care, and a response was quickly



mobilized to address these issues. Dr. Magnús Gottfreðsson, the Chief of Infectious Disease Research at the National University Hospital of Iceland, echoed resource limitations and leadership taking swift action to increase capacity. Piscopo (2020) argues that women leaders may be more inclined to increase capacity to address the pandemic and our study provides possible confirmation of this.

While disaster preparedness in some form was an important structural pre-condition in New Zealand and Iceland, this factor alone was clearly insufficient to ensure a successful response to the pandemic. Institutional agility and a political culture of flexibility and humility among the leading decision makers allowed the governments of New Zealand and Iceland to implement policies on a situational basis and allow the data to drive decisions. While not explicitly a feminine leadership trait, several studies have pointed to women leaders being particularly willing to learn, making for a more successful pandemic response (Huang, 2021; Johnson & Williams, 2020; Park, 2021). Women may adopt a higher cognitive complexity in their leadership that relies on objective data, information, and expertise without overconfidence (Anderson, 2020; Chamorro-Premuzic & Gallop, 2020), which could be seen in the leadership approaches of Ardern and Jakobsdóttir.

Taking early action

Globally, evidence exists that taking early action was pivotal in limiting COVID-19 deaths, and that women leaders were prone to introduce measures sooner (Garikipati & Kambhampati, 2021). Commitment to taking early action proved critical in Iceland and New Zealand.⁷ Iceland started COVID-19 testing and contact tracing in February 2020. Testing was performed not only on those experiencing symptoms or exposed to someone who tested positive, but on populations lacking any symptoms or experiencing fairly mild ones. Genetic sequencing was performed on every positive case to better track the virus. According to multiple interviewees this afforded early detection of children's lower likelihood of being infected or infecting others, enabling schools to remain open. Iceland's ability to test and trace early was possible because of a partnership between the government and the private firm deCODE Genetics, which provided necessary resources to implement the Trio's game plan before any cases were diagnosed.

New Zealand also quickly executed a highly coordinated government response to the pandemic. One of the most defining features of New Zealand's strategy was their slogan, "go hard go early," repeated by Prime Minister Ardern, Dr. Bloomfield, and many other senior officials throughout the early phases of the pandemic. Deputy Prime Minister Robertson noted that "The 'go hard, go early' response was driven by strong scientific and expert advice. This was coordinated and clearly communicated by both the Prime Minister's Chief Science Advisor and the Director-General of Health."

New Zealand took an elimination approach to the pandemic from the beginning. A high-ranking civil servant reflected that New Zealand took "very decisive action." The government moved quickly on border controls, and on March 19, 2020, the country shut its border at midnight for the first time in New Zealand's history. On March 23, Ardern announced that New Zealand would move to Alert Level 4 (the most stringent level) after 48 hours. She concluded her announcement with the statement "be strong and be kind," emblematic of her leadership style. On March 25, Ardern announced a State of National Emergency, the second ever in the nation's history.

Several New Zealand officials shared that the decision-making process in spring 2020 was very rapid and quite distinct from the status-quo process. Ardern was "absolutely front and center" in spearheading the decision making for the COVID-19 response "with a few very trusted colleagues," one official said. Another official shared that this period was characterized by "very dynamic, agile, and adaptive decision making. And probably ministers would say that was a pace of decision making and

⁷Defined as taking steps prior to March of 2020.

implementation that they'd like to see continued. Most people in the public sector would say that was totally exhausting." A senior New Zealand official shared that:

In that first six month period, it was very fast, often collective or triangulated kind of decision-making, a lot of interaction with the business sector, with the border scientific sector as well. The latter period starting from around October [2020] was a little more traditional: These are the views, this is our recommendations and put that through to ministers; little bit more individual agency rather than all agencies kind of looking at what we could do.

Deputy Prime Minister Grant Robertson reflected that:

From a Cabinet point of view, we regarded it as important to bring the public with us. This meant socializing the idea of alert level rises, the reasoning for shifts, and the key indicators of success. Following on from recent discussions, this meant Cabinet granting small groups of Ministers Power to Act to allow for speedy decision making.

Despite the rapid pace, which is typically a style associated with masculine leadership stereotypes, the decision making was still consensus oriented. In the field of leadership studies (and particularly when thinking about gendered traits of leadership), consensus-building styles and action-oriented styles are thought of as opposite leadership categories. In New Zealand, Ardern and her team combined these styles to produce the best possible outcome. Despite its effectiveness, officials knew that this rapid pace of decision making was not sustainable, and later in the year, more "business-as-usual" processes were resumed.

Willingness to take early action distinguished New Zealand and Iceland from many countries in the spring of 2020. While this was largely thanks to the specific agents in power, the overall political culture around prioritizing public health in New Zealand and Iceland was also an important factor. When faced with the incredibly difficult decision in the early days of the pandemic to pursue lockdown measures or try to keep the economy running as normal, these two countries valued public health and safety above all else (knowing that they could pair this with federal financial aid). This value judgment encouraged early action, whereas other countries with a political culture less focused on public health had a delayed reaction to the pandemic, leading to unnecessary deaths, such as in countries like the United States (Coscieme et al., 2020).

Health-led approach: Deferring to the scientific experts

The scientific community took center stage in New Zealand and Iceland during the pandemic. The officials interviewed in New Zealand emphasized that one of the main reasons why the country has been successful in handling COVID-19 is their "science-based, health-led approach" where "health outcomes were valued the highest." Dr. Ashley Bloomfield shared that:

I think if you look at the countries that have done well, it's the ones where it's been inarguable right from the start that the health and safety and wellbeing of citizens is what's driving the government's response. [When people] have confidence the government is doing that, they will do quite extraordinary things.

Iceland also prioritized collaboration between government and the scientific community. Dr. Magnús Gottfredsson highlighted the importance of the government's partnership with the genetics lab deCODE Genetics in providing a timely response: "the CEO of [deCODE Genetics], who focuses on



human genetics and top of the line equipment and talented well-trained people, offered his assistance, and provided access to his lab. Testing was very high from beginning. So we didn't lose time; this was very crucial." This strategy in Iceland enabled detection of cases in the population that would have otherwise been missed and prevented COVID-19 from becoming more widespread. According to deCODE founder Kári Stefánsson, the early partnership played a vital role in Iceland's ultimate success. By November 2020, 55% of Iceland's population had already been screened.

While the governments of New Zealand and Iceland may have been more pre-disposed to deferring to the scientific community than other countries due to their political cultures that value public health, as mentioned before, it was not inevitable that those in power would take a back seat to the health experts to the extent that they did. Prime Ministers Ardern and Jakobsdóttir's decisions to follow the science and create a public-facing response that featured frequent communication from the scientific experts helped shape more effective policy and garner deeper trust with the public. Further, while this approach was not necessarily *because* of their gender, data-driven decision making and deference to subject-matter expertise is a stereotypically feminine leadership style trait (Park, 2021).

Honest and frequent communication with the public

A factor critical in the success of a pandemic response is honest, clear, and frequent communication from the government and scientific experts to the public (see also Piscopo & Och, 2021a). A key component of crisis communication is direction giving: for people to trust the leader's response, they need to know clear steps that need to be taken to help overcome the crisis (Mayfield & Mayfield, 2002). Showing empathy through communication is also critical so that citizens feel their struggle is seen by the leaders (Mayfield & Mayfield, 2002). New Zealand and Iceland mastered both elements particularly well.

Starting on January 27, 2020, New Zealand Prime Minister Ardern and Director-General of Health Dr. Bloomfield gave daily briefings to the public on COVID-19, current restrictions and precautions, and any other relevant information. Ardern and Bloomfield were transparent, clear, and on the same page, which contributed to public trust and confidence in the government and its pandemic response. Dr. Bloomfield expressed in our interview that the pandemic environment posed the "classic leadership challenge" where there was insufficient information available "but huge decisions to be made." Ardern and Bloomfield's honesty about what they knew—and what they did not know—was very well received by the public. Dr. Bloomfield shared that his goal was to "let everybody know, in a very egalitarian way" everything they knew so that "no one was privileged with the information." As one senior official stated:

I'm pretty sure a good proportion of New Zealand never ever knew anything about genome sequencing or epidemiology behaviors, but we could all name the leading academics in this field in New Zealand quite easily, because we see and hear from them a lot. I think the technical information that's been made available in layperson language has been quite a distinctive feature.

A nearly analogous story unfolded in Iceland, where the Prime Minister, her cabinet, and the Trio were in constant communication with Icelandic citizens. Several interviewees mentioned this as generating positive feelings about the federal response. Dr. Mar Kristjansson, the Chief of the Infectious Diseases unit at the National University Hospital of Iceland, noted: "those three (The Trio) they communicated to the people in the country what was going on, what the response was and so forth." This communication has been reinforced by the Prime Minister and the Minister of Health's public comments about COVID-19—related trends and response strategies.

According to Chief Epidemiologist Dr. Þórólfur Guðnason, this communication strategy was decided upon at the start of the pandemic, before the first case was diagnosed. This was echoed by Director General of Civil Protection Víðir Reynisson. In addition, Guðnason mentioned that they have used multiple methods of communication and a multi-agency approach: "The Trio, Minister of

Health, local health agencies etc. are communicating externally and internally, and though it can prove challenging, they strive to have everyone on the same page with correct information every single day.”

Prime Minister Katrín Jakobsdóttir mentioned the ease of communication given Iceland's small population. “We are helped by the fact that Iceland is a small country so we can actually just make lots of phone calls here.” The open flow of information sharing also aided collaboration that was necessary to effectively respond to the pandemic.

As with deference to scientific experts, honest and open communication with the public and within government is stereotypically associated with feminine styles of leadership. While it is impossible to say that Ardern and Jakobsdóttir—and their teams—shaped their communication styles in this way due to the leaders' gender, this is another example where feminine leadership traits (whether intentional or not) proved critical in the crisis management response.

Public trust in government and key officials

Piscopo (2020) points out that women-led countries are more prone to have high levels of trust, which contributed to successful pandemic responses in OECD countries. Higher levels of institutional trust and trust in fellow citizens is also correlated with lower deaths worldwide (Bosancianu et al., 2021). Our case studies already had a high level of public trust and confidence in government prior to the pandemic. In Transparency International's Corruption Perceptions Index, New Zealand is tied for the #1 spot (with Denmark) as least corrupt and Iceland is tied for #17 (with Estonia), at the time of writing. With a higher degree of trust in government, citizens are more likely to comply with strict measures such as stay-at-home orders and to believe the guidance coming from government officials. Positive perceptions of pandemic performance can further enhance trust.

New Zealand Deputy Prime Minister Grant Robertson shared that: “There was large public buy-in to the response. The public response was helped by building a ‘social licence’ from economic support schemes, which reduced the economic impact of complying with public health measures.” According to a senior New Zealand official, there has been an 18% increase in public trust in government services in 2020/2021. The official stated: “As the public services commissioner has said publicly, perhaps New Zealanders have seen behind the curtain and they've seen the work the public service does and they've appreciated it.” Separately, Dr. Bloomfield noted that trust in government and other institutions has been “rapidly declining across much of the Western world,” but that “New Zealand has been spared from that somewhat” because the public service is viewed as “non-corrupt.” Dr. Bloomfield stated that he believes building public trust has been the most important factor in New Zealand's success in handling COVID-19, particularly given the Alert Level 4 lockdown that occurred during spring 2020. He noted that during the lockdown, the government “had built enough trust and confidence in the public that they didn't say ‘why,’ they said ‘ok, what — What do you want us to do and how.’” And so there was enormous public support for very, in a sense, extreme measures that the government took.” To garner public trust for measures such as the COVID Tracer app, led by the Ministry of Health, the government utilized “key influencers like the Prime Minister;” shared Dr. Bloomfield.⁸

Another factor that contributed to public compliance in New Zealand was a very low tolerance for failure, both by the public and by the government, according to multiple officials. Further, there was a community spirit of compliance that countries such as the United States have not experienced. One senior official reflected in an interview that:

We're a reasonably informal society and, truthfully, when the Prime Minister said we're going to level four lockdown, I just thought this is never going to work—New Zealanders will never stand for having their freedoms impinged upon in this way. And yet, we

⁸It is not mandatory for citizens to report information on the app, and the Ministry of Health does not store the data.



were so compliant, all of us. People were proud of their compliance and there was great community spirit in a way that I don't recall seeing in my lifetime.

In Iceland, a high level of trust among the public was frequently mentioned by respondents as contributing to the successful handling of the pandemic. Trust in the prime minister as well as in members of the Trio was particularly evident, but there was also a general sense that Icelanders were willing to comply with restrictions and unite to do what was necessary. Dr. Magnús Gottfreðsson noted that the Prime Minister and the Minister of Health have helped build public trust: “The government has helped with the success. They picked the right people to respond. They have been receptive to advice and supportive for the most part. Encouraging solidarity, providing necessary infrastructure, providing the equipment, resources. Katrin is very smart (and) had public trust at the outset ... people trust her.” Parliamentarian Helga Vala Helgadóttir referenced that Prime Minister Jakobsdóttir “has a lot of trust here in Iceland... And I mean more than just from her own party.” This sentiment was echoed across many interviews we conducted. Trust in the Trio was also evident. Prominent journalist Jóhanna Vígdís Hjaltadóttir mentioned that the Trio have all been very popular and the public has had faith in them and have complied with various restrictions. Much of this links back to openness in communication, as mentioned prior.

Several respondents also suggested that being a small and homogenous nation with lots of experience in handling natural disasters creates a culture of solidarity and unity during times of crisis. It was also relatively easy to reach out to the population given Iceland's small size and concentration in the capital. Parliamentarian Rósa Björk Brynjólfssdóttir added that public trust in the Trio and compliance with restrictions might be explained by a lack of democratic debate about individualism or ethical issues and more of a concern with fighting the pandemic.

While a certain level of public trust in the government and for other citizens had existed in New Zealand and Iceland prior to the COVID-19 pandemic (a necessary structural pre-condition), the leaders of these two countries—and their senior teams—played an important role in harnessing this trust and maintaining it over the course of the pandemic, even amid unprecedented decisions regarding freedom of movement and the regular cadence of daily life. Women leaders are generally stereotyped as being more trustworthy (Piazza & Diaz, 2020), and the public may trust women at the helm in leading a pandemic response and increasingly demand women's presence (Funk et al., 2019; Piazza & Diaz, 2020). We therefore see the pandemic as providing an opportunity for women to utilize perceptions of trust to their advantage.

Decisiveness through the lens of empathy and collaboration

Leadership matters, particularly during times of crisis. Director-General of Health Dr. Ashley Bloomfield stated that there is “no doubt” that New Zealand's successful handling of the pandemic can in large part be attributed to Prime Minister Ardern's leadership style. He described Ardern's leadership style as:

Firm but fair ... she is very decisive and very clear about what her expectations are, but it is done in a way that is very focused on something that has been very important in my leadership journey, and that is building and sustaining enduring relationships. That is fundamental to effective leadership. And she does that very well with the public as well, and that builds confidence and trust. It's about consistency, it's about compassion, it's about when you need to be decisive, being decisive, when you need to step in and be a bit firm doing that as well. But she also is a big subscriber to what I call the “meta value of kindness” as well.

Deputy Prime Minister Grant Robertson noted that Ardern has been: “Decisive, inclusive, and practical in her response. She championed a science led response where we took a least regrets approach. Her communication of that approach was exemplary wearing facts, openness, and compassion to bring New Zealanders with us on our strategy and approach.” Another senior official expressed that



Arden “has been a fantastic communicator and a very inclusive leader.” They continued, “she has a huge amount of empathy for people who are negatively impacted by the legacy of COVID, whether that’s in a health or a fear or a loss of income kind of situation.” These findings correspond with analyses of Arden’s communications at the beginning of the pandemic (public statements, speeches, televised statements) which found that her tone shifted from prioritizing immediate action to prioritizing empathy toward the citizens and “a common understanding on how people should make sense of the situation” (McGuire et al., 2020). She fused language that was direction-giving, empathetic, and meaning-making (Davidson-Schmich et al., 2023).

Likewise, in Iceland, a prevailing narrative was that while not everyone agreed on all response aspects, there was consensus that the prime minister and government have led effectively and with empathy, resulting in policy to people’s satisfaction. For example, one journalist (who was at times critical of the pandemic response) reiterated that the prime minister reminded the public “that we’re all family” and that the effort can “be sustained in the long term.” According to Parliamentarian Bjorn Levi Gunnarsson, “the PM has a calming and honest presence. When she speaks, you get the feeling that everything is clear and reasonable.” Director General of Civil Protection Víðir Reynisson offered the following assessment regarding the response the Trio received from the general public: “It doesn’t matter what strict rules you have in place if they don’t follow them. You have to convince people that it is in their interest to do certain things.” This takes skillful crisis communication, which women leaders can be particularly adept at (Huang, 2021).

Collaborative or more open leadership styles have been employed by both Prime Ministers Arden and Jakobsdóttir; this approach has been discussed as critical to crisis management (Garikipati & Kambhampati, 2021; Waugh & Streib, 2006). One official pointed out that, until October 2020, Arden was governing within a coalition government of three parties and needed to navigate these different perspectives. Multiple officials described her as having a “consensus-oriented” approach to leadership where she “wants to hear the voices around the table.” Dr. Bloomfield noted that “the most challenging aspect [of shaping New Zealand’s pandemic policy response] is the one that public services struggle with within peacetime and that is getting clear integration and coordination across government on really complex issues and complex responses.” A benefit in New Zealand, and even more so in Iceland, is the small population size and therefore the small size of the public service. This makes navigating coordination easier because, as a senior New Zealand official acknowledged, there are not “many layers of hierarchy,” and therefore they “can get things done quite quickly.”

Another key aspect of the leadership styles of both Arden and Jakobsdóttir was an effort to not make the pandemic response a partisan issue, while still providing room for debate. In New Zealand, when parliament was suspended, the government set up an epidemic response committee as an avenue for the opposition to continue to voice their perspective and hold government accountable. As a senior official stated, “I think there was a degree of a unified view about New Zealand’s elimination approach, or at least we came to that.” It also helped in New Zealand that the political spectrum is “more concentrated in the center than perhaps in many other countries,” according to the same official. Icelandic Parliamentarian Steingrímur J. Sigfússon noted that Jakobsdóttir messaged the public and political elites about the importance of working together, despite party differences, to take responsibility to curb the virus’s spread. Public unity in Iceland, according to our respondents representing several different party ideologies, is very strong. In large part, this is due to the leadership of Jakobsdóttir and key members of her team. Professor Ólafur Þórður Harðarson noted that Jakobsdóttir “seems to be a very good negotiator and can bring people of different parties together.” A parliamentarian outside of the coalition stated, “There is a reason why she [Jakobsdóttir] is in the position she is in and during the pandemic she has delivered on that front ... the Prime Minister has managed to keep everything together. Not anyone could have done that.”

Regardless of New Zealand and Iceland’s structural capacity to respond successfully to the pandemic, the leadership teams’ decisive, empathetic, and collaborative approach was a key contributing factor in their successes. Further, this form of political leadership was not inevitable nor predetermined, but rather due to the prime ministers and the tone they set for their governments. This style of



leadership—particularly the empathetic and collaborative vectors—are consistently associated with feminine styles of leadership in the existing literature.

We were very careful to avoid asking leading questions during the interviews, and therefore did not directly ask about feminine leadership styles. However, one of the New Zealand senior female officials described her leadership style—and that of Ardern—as team-oriented and guided by listening to others, and suggested that this could be a gendered dynamic. Global examinations have provided evidence of women leaders' tendency to invoke this style of leadership during the pandemic (Piscopo & Och, 2021a). As Dr. Bloomfield shared:

I have made the observation that it has been said that the countries that have done well—or are more likely to have done well—are the ones with female leaders. That's not surprising to me [because women are] better listeners. And they are much more likely to be open to advice, so there's less hubris about their response.

Again, while this does not mean that Ardern and Jakobsdóttir are collaborative *because* they are women, it does mean that stereotypically feminine styles of leadership proved instrumental in New Zealand and Iceland's crisis management during the pandemic; similar findings can be true for male leaders who adopted stereotypically feminine styles of leadership during the pandemic. At the same time, unlike women, we recognize that it has been shown that men do not struggle with being perceived as fit to govern solely based on their gender and tend to succeed or fail as individuals.

Status as an island

Island status has been routinely raised as a major reason scholars have believed that countries like New Zealand and Iceland were successful in handling the pandemic, because they could more easily seal their borders (Piscopo, 2020; Piscopo & Och, 2021b). Windsor and others (2020), however, found in their analysis of 165 countries that control over borders was not a salient factor. Although there are certain benefits to being an island during a pandemic, there are considerable and oft overlooked vulnerabilities. While it may be easier to control movement at the border, island economies, particularly New Zealand and Iceland, depend heavily on tourism, the travel economy, and the export/import market—sectors that either completely shut down for a time or have taken a serious hit (Milesi-Ferretti, 2021). Accompanying the pandemic was the worst economic recession since the Great Depression (Kochhar, 2020), and leaders had to constantly weigh public health considerations against economic stability. Given this choice, women leaders may be more prone to being risk-averse when it comes to protecting the safety of the population (Garikipati & Kambhampati, 2021). While Ardern and Jakobsdóttir's governments prioritized public health, both implemented significant social programs to mitigate against a potentially catastrophic financial hit.

The economic sector that suffered the most in New Zealand was tourism, which is one of the country's largest revenue earners. A senior official stated that “there are little towns in New Zealand which may not survive this” because tourism was their economy. Because the government took a health-driven approach and acted so rapidly, an official noted that “there was no time to do modeling, and no one really knew what the impact would be.” Separately, Deputy Prime Minister and Finance Minister Grant Robertson noted that:

Challenges including uncertainty, complexity, and valuation meant that any sort of traditional cost–benefit analysis was of limited value in the early stages of the COVID-19 pandemic, when quick decisions were needed. Nonetheless, a range of quantitative information was used where available, including economic and health impacts, which was incorporated into advice to provide a sense of the order of magnitude impacts of decisions. Qualitative information from key stakeholders added insight and enriched judgments. Ultimately decision-makers moved quickly, recognizing that buying time for more information to emerge had a high option value and was the “least-regrets” approach.

What is quite striking about Iceland's success is that, unlike New Zealand, Iceland did not implement a full lockdown and did not completely close its borders, according to respondents. This strategy, in part, was to ensure that Iceland could still sustain some level of tourism, which is critical to their economy. International tourism still dropped dramatically: according to the Iceland Tourist Board, international tourism in 2020 dropped by about 75%. Despite this, Iceland has done well in implementing practical strategies to balance health risks with economic concerns, and has adjusted over time. Iceland tried to salvage its tourist industry by first allowing entry to residents from the European Union and Schengen area countries, and then broadening to other countries. According to Dr. Mar Kristjánsson, visitors to Iceland at that time needed to be tested and quarantined. Iceland's decision to keep its borders open was a major point of departure from New Zealand's strategy. Discussing this strategy in depth, Dr. Þórólfur Guðnason offered this insider information:

There was some debate about whether we should close country, close all communications, stop all traveling, but we felt that would be impossible and that it was quite likely in the beginning that we would be dealing with the epidemic for many, many, months, maybe one or two years... to keep Iceland closed, completely closed from traveling for one or two years was just out of the question, in my mind. It would have never happened. So we decided to put some actions and measures at the borders. How could we screen, how could we find those infected who came into the country relatively easily, in the most efficient way? And we started actually our actions at the borders in June last year (2020) and since then we have been trying various things as long as we are learning.

Neither Ardern nor Jakobsdóttir could control that New Zealand and Iceland are island nations, and so this factor presented a structural pre-condition that both leaders had to respond to in a way that made most sense for their countries. The way in which these governments reached their decisions—through consensus-oriented collaboration—presents one of the biggest lessons to be learned by other countries, even those that are landlocked.

CONCLUSION

In this article, we aimed to shed light on the decision-making processes that shaped the COVID-19 responses in two of the women-led countries that were lauded for their handling of the pandemic. Having delved into a range of explanatory variables, we argue that these success stories are more significantly due to the factors that constituted New Zealand and Iceland's crisis management execution (the political leadership factors) rather than the structural pre-conditions that shaped the countries' capacity to respond.

New Zealand and Iceland's successes with COVID-19 are ultimately case studies in collaborative, humble, flexible, and clear political leadership, intentional efforts to build public trust through honest communication and deference to the subject matter experts, and effective intergovernmental coordination. The structural pre-conditions that existed in New Zealand and Iceland prior to the pandemic are also likely necessary—though insufficient—to explain the successful outcomes, including a political culture that valued public health, agile political institutions, disaster preparedness, high levels of public trust in government and for other citizens, and status as a wealthy developed democracy. Ultimately, we find that the agency of individual executive-level decision makers during the crisis outweighs pre-existing structural factors in explaining the successes achieved in New Zealand and Iceland. In fact, in some instances, the leadership teams in New Zealand and Iceland achieved success *in spite* of pre-existing factors (e.g., the economic challenges associated with being an island nation during a pandemic).

Although small island nations like New Zealand and Iceland have significant structural differences from countries like the United States, there are multiple lessons to be learned from the political



leadership styles exhibited by Jacinda Ardern and Katrin Jakobsdóttir during the COVID-19 crisis and accompanying recession that can be applied to other cases of leadership. The successes and struggles in these countries throughout the pandemic emphasize the utility of consensus-oriented governance, honest and frequent communication, enabling agile and adaptive institutions, deference to the advice of scientific experts, collective and decisive action, and guiding policies through empathy and humility. While these governing tools are not necessarily gendered, many of them are stereotypically associated with feminine leadership. The entrance of more women into executive political positions around the world can encourage a diversification of leadership styles, expanding the toolbox for best practices during a crisis as employed by both men and women.

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ORCID

Katie Tyner  <https://orcid.org/0000-0002-6784-9776>

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AUTHOR BIOGRAPHIES

Katie Tyner is a Senior Associate at The Cohen Group in Washington, DC. Her areas of research experience include political leadership, democratic backsliding/decay, gender and politics, and political institutions. Tyner completed her MSc in Politics Research at the University of Oxford (Balliol College) with Distinction, and her BA in the College of Social Studies from Wesleyan University with High Honors. Her most recent publication is titled "[COVID-19 and Authoritarianism: Two Strategies of Engaging Fear](#)," co-authored with Professor Jonathan Wolff, David Elitzer, Dr. Anna Petherick, and Dr. Maya Tudor in *Global Justice: Theory, Practice, Rhetoric*.

Farida Jalalzai is the Associate Dean for Global Initiatives and Engagement at the College of Liberal Arts and Human Sciences, and Professor of Political Science, at Virginia Tech. Her research focuses heavily on the representation and behavior of women and minorities in politics and the role of gender in the political arena. Jalalzai is the author of two books—*Shattered, Cracked or Firmly Intact? Women and the Executive Glass Ceiling Worldwide* and *Women Presidents of Latin America: Beyond Family Ties*—and co-editor of *Measuring Women's Political Empowerment Worldwide across the Globe: Strategies, Challenges and Future Research*.

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APPENDIX A

Iceland Respondents

Name	Position	Date
1. Ólafur Thor Gunnarsson	Parliament-Left/Green	1/18/21
2. Magnus Gottfredsson	Chief-Infectious Disease Research	1/25/21
3. Mar Kristjánsson	Chief-Infectious Disease	1/26/21
4. Helga Vala Helgadóttir	Parliament-Social Democratic Alliance	1/28/21
5. Drífa Snædal	Icelandic Confederation of Labor	2/2/21
6. Bjorn Levi Gunnarsson.	Parliament-Pirate Party	2/5/21 and 5/11/21
7. Steingrímur J. Sigfússon	Parliament-Left/Green	2/26/21
8. Kári Stefánsson	deCODE Genetics	3/3/21
9. Silja Bára Ómarsdóttir	Political Scientist	5/11/21
10. Brynhildur Heiðar-og Ómarsdóttir	Icelandic Women's Rights Association	5/12/21
11. Tatjana Latinovic	Icelandic Women's Rights Association	5/12/21
12. Andrés Ingi Jónsson	Parliament—Pirate Party	5/13/21
*13. Eva Marín Hlynisdóttir	Political Scientist	5/14/21
14. Gyða Margrét Pétursdóttir	Professor of Gender Studies	5/17/21
15. Þorgerður J. Einarsdóttir	Professor of Gender Studies	5/21/21
16. Eva H. Önnudóttir	Political Scientist	5/25/21
17. Jóhanna Vigdís Hjaltadóttir	Journalist	5/26/21
18. Sigrún Ólafsdóttir	Sociologist	5/26/21
19. Andrés Magnússon	Journalist	5/27/21
20. Ragnheiður Kristjánsdóttir	Historian	5/31/21
21. Ásdís Aðalbjörg Arnalds	Post-Doc-Institute for Social Sciences	6/1/21
22. Ólafur Þórður Harðarson	Political Scientist	6/1/21
23. Finnborg Salome Steinþórsdóttir	Post-Doc Gender Studies	6/3/21
24. Þórhildur Þorleifsdóttir	Former Parliamentarian-Women's List	6/4/21
25. Katrín Jakobsdóttir	Prime Minister-Left/Green	6/7/21
26. Ólöf Júlíusdóttir	Director of Education, School Health Sciences	6/7/21
27. Sunna Kristín Simonardóttir	Post Doc Sociology	6/7/21
28. Steinunn Þóra Árnadóttir	Parliament-Left/Green	6/7/21
*29. Herdís Sólberg Haraldsdóttir	Specialist, Prime Minister's Office	6/9/21
30. Alma D. Möller	Director of Health	6/9/21
31. Þórólfur Guðnason	Chief Epidemiologist	6/9/21
32. Víðir Reynisson	Chief of Police	6/9/21
33. Sigrún Birna Steinarsdótti	Youth Wing—Left-Green	6/10/21
34. Rósa Björk Brynjólfssdóttir	Parliament—Social Democrats	6/10/21
35. Marta Birna Baldursdóttir	Head-Fiscal Affairs Ministry of Finance	6/10/21
36. Alexandra van Erven	Party Secretary of Social Democrats	6/10/21
37. Sigríður Ingibjörg Ingadóttir	Former Parliamentarian-Women's List	6/11/21
38. Una Hildardóttir	Youth Wing—Left-Green	6/12/21
39. Hreindís Ylva Garðarsdóttir Holm	Youth Wing—Left-Green	6/12/21
*40. Halla Sigrún Mathiesen	Chair of Young Independents	6/21/21
*41. Ragna Árnadóttir	Former Minister of Justice	8/25/21

Note: Interviews conducted between January and March of 2021 were virtual; others were conducted in person unless * is indicated, which is a virtual interview or an email response in the later time period.

New Zealand Respondents

41.	Dr. Ashley Bloomfield	Director-General of Health	2/03/21
42.	Carolyn Tremain	Chief Executive of the Ministry of Business, Innovation and Employment	3/10/21
43.	Grant Robertson*	Deputy Prime Minister and Finance Minister	7/04/21
44.	Anonymous senior civil servant		

Note: Interviews were conducted virtually.

*Interview conducted over email.

Current Female Heads of Government of OECD Countries

Belgium*	Sophie Wilmès
Denmark	Mette Frederiksen
Finland	Sanna Marin
Germany*	Angela Merkel
Iceland	Katrin Jakobsdóttir
New Zealand	Jacinda Ardern
Norway*	Erna Solberg
Sweden	Magdalena Andersson

Source: Piscopo, 2020, updated by authors.

*Currently male-led, but had female head of government for the majority of January 2020–November 2021.