# VOICES FROM THE WELFARE STATE

## Dissatisfaction and Political Action in Sweden

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*TO MARTIN AND ALFRED*

# Contents

# Acknowledgements

During the past three years or so, the most frequently asked question about my work has been "When will you finish your dissertation?" This question has up till recently meant a great deal of anxiety for me—the end for long felt far away and most difficult to predict, not least since I've been *almost* finished for about a year. Well, now I'm done and this book is what has kept me busy!

  I would never have accomplished my dissertation project without the support from my two supervisors, Maria Oskarson and Staffan Kumlin. Maria and Staffan not only show never ending belief in my abilities, but they have also provided me with excellent comments, many of which they have discussed vigorously. Thank you also Maria for not only being my supervisor, but for also being my mentor. Maria and Staffan provided me with necessary research funding when they invited me to join the research program "The Political Sociology of the Welfare State", financed by Swedish Council for Social and Working Life Research and the Bank of Sweden Tercentenary Foundation and headed by Stefan Svallfors, Department of Sociology at Umeå University. Thank you Stefan for excellent project leadership and for being my bonus supervisor. In addition to Maria, Staffan and Stefan, I would like to thank my fellow project members Linda Berg (Gothenburg), Jonas Edlund, Mikael Hjerm, Ingemar Johansson Sevä, and Ida Öun (Umeå). I am incredible happy and grateful to have been part of such fun and stimulating research group over the course of the last six years—a group whose discussions are as enthusiastic during paper sessions as over dinners. You all provided me with constructive and valuable comments on my manuscript. Special thanks to Linda for being a great friend, both within and outside the department, and for all help on various dissertation related issues.

  My years as a Ph.D. candidate would never have been the same without the friendship and support from Christina Ribbhagen. Nina, thank you for always being there and for all our daily chats about everything from how to write a dissertation to how to be good parent—and not

# 1.
# The Welfare State as a Democratic Arena

On May 1st 2007, 5,000 citizens in Uddevalla, a city in Western Sweden, held a demonstration against the threatened closure of the emergency room at Uddevalla hospital. A few years earlier, the threatened downsizing of emergency room facilities caused massive protests in the town of Lidköping; 10,000 citizens participated in the demonstrations and 40,000 signed a petition against the proposed cutbacks. In both Stockholm and Göteborg, parents and pupils have protested against the deterioration in the quality of public schools. These[1] voices from the welfare state are just a few of many examples where citizens have raised their dissatisfaction with welfare state politics through political action. The political results of the Swedish welfare state are, evidently, an issue that leaves few unaffected.

For many decades, the welfare state has been the core political arena that citizens encounter in their daily lives. In many European countries, the welfare state literally accompanies citizens from the cradle to the grave (Pierson 2001; Rothstein 2002), through services such as hospital care, public schools and elderly care, and social insurance programs such as sick benefits, unemployment benefits and pensions. Although the size and scope of welfare states differ dramatically *between* countries (and that the size and scope of the welfare state is also debated *within* countries), I argue that the welfare state constitutes a democratic arena—and that the actual policies and programs that citizens encounter through service delivery or social insurance programs play a fundamental role not only in their everyday lives, but also in their political lives. However, our knowledge about the democratic effects of welfare state policies, what they are and under which circumstances they operate, remain limited. Do citizens' opinions on welfare state issues matter for their political involvement? Do welfare state institutions open or close doors to citizens' politi-

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[1] Media reports from these protests can be found in Dagens Nyheter 1999-05-26; 2000-04-04; GT/Expressen 2004-04-06; Göteborgs-Posten 2005-05-20; 2007-05-01.

cal action? My study aims to illuminate the institutional circumstances affecting if and how citizens use political action to express their dissatisfaction with the welfare state.

If we take a moment to reflect on the relationship between opinion formation and action, such as the protests mentioned above, one immediately realizes that discontent by no means automatically leads to action. As citizens, we formally or informally evaluate the function of the welfare state through the public services and the institutions behind them. We are satisfied when services functions as expected. We become disappointed or even angry when the quality of services deteriorates and when we experience cutbacks or policy changes that we feel are to our disadvantage. These are situations where reality fails to meet expectations. Individuals might share their experiences with the local health care center with family and friends or learn from mass media about problems of availability in elderly care facilities. Parents might discuss matters of public schooling with each other or with the teachers of their children's classes. In other words, the informal, everyday evaluation of the services one encounters as a citizen does not always have an immediate political impact (cf. Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Goul Andersen & Hoff 2001; Goul Andersen & Roßteutscher 2007). Sometimes, however, the perceived problems are too immense to be left unattended and a *political* expression might become an important tool. Put differently, citizens can decide to express their discontent through political action.

The idea that dissatisfaction serves as a driving force for citizens' political action is far from new. As expressed by Russell Dalton, "Political analysts from Aristotle to Marx have seen personal dissatisfaction and the striving for better conditions as the root cause of protests and political violence" (Dalton 2008: 67). However, I argue that dissatisfaction has wider consequences than just protest and political violence. Dissatisfaction should rather be viewed as society's social energy (Möller 1996: 82). Even though political action about welfare state issues can be observed, we have surprisingly little knowledge about to what extent this political action is related to dissatisfaction with welfare state policy. Also, as pointed out by Kriesi and Westholm, while dissatisfaction together with resources and opportunities, are nowadays used to explain social move-

ment mobilization,[2] the policy dissatisfaction perspective has been rather neglected in research on individual political action (Kriesi & Westholm 2007: 256). To understand why we rarely see political action on social assistance issues but more often on health care issues, one cannot only rely on traditional explanations of political behavior such as socioeconomic and cognitive resources. We need to ask different or at least complementary questions regarding how, when and why politics through policies matter in a way that mobilizes citizens into action (cf. Mettler & Soss 2004). Put differently, my study is about political action that is both *triggered* by and *aimed* at the Swedish welfare state. Under what circumstances does a relationship between welfare state dissatisfaction and political action appear?

## WHY STUDY WELFARE STATE DISSATISFACTION AND POLITICAL ACTION?

To motivate my study and provide a framework for the democratic effects of welfare state policies in general and a better understanding of under what circumstances dissatisfaction with welfare states is expressed through political action in particular, I develop three arguments. The *first* argument emphasizes political dissatisfaction and the importance of the output side in politics, i.e. actual results, for citizens' political attitudes and behavior, and how welfare states under press potentially breed more dissatisfaction. The *second* argument examines political action and how both the scope and target of political participation have expanded over time, highlighting the need to investigate issue-specific political action. The *third* argument focuses on policy feedback effects and why we should expect democratic effects from welfare state institutions—that is, how the design of welfare state institutions affects citizens' political behavior.

### Emphasizing the output side of politics

The argument about emphasizing the output side of politics concerns the increasing importance of actual political results as the basis of citizens'

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[2] See for example McAdam et al. 1996; Tarrow 1998 about factors such as discontent and political opportunities as driving forces of social movement mobilization.

political attitudes and the incentive for political action. The foundation of this argument can be found in the transformation of power that has been experienced in most European countries where power has been simultaneously shifted upwards, downwards and outwards from the nation state (Pierre & Peters 2000). Thus, most European countries today are highly complex multi-level democracies where the nation state is challenged by forces of globalization, the European Union and subnational regional and/or local levels. Management by objectives and performance-orientations—rather than input and management by procedures—are results of this transformation of power and the public management reforms that have followed it (Pollitt & Bouckaert 2004). As a consequence, citizens have come to view the input side of the political process as less effective and less important to influence, at the same time as the legitimization of the political output side has become a central tool for decision-makers (Scharpf 1997; see also Bengtsson 2008 for a similar discussion). In other words, I argue that as the emphasis on political results increases, reacting to political results becomes more important as being proactive on political decisions becomes more difficult. A shift of attention can also be witnessed, where *explanations* of political attitudes and behaviors are connected to politics on the output side, rather than the input-side (Goul Andersen & Hoff 2001; Togeby et al. 2003).

Governments depend on what citizens think about the welfare state, both in terms of scope and delivery, to legitimize the continuing welfare state project (Brooks & Manza 2007). Through ongoing feedback loops, the output of welfare state policies inevitably affects the input side—citizens' normative support. Hence, how citizens evaluate what is actually produced by the welfare state in terms of public service and social benefits matters not only for their future attitudes about the welfare state but also for their democratic expressions. Since the welfare state is such a major part of politics in many industrialized countries, the politics of the welfare state, and especially how we assess the delivery of welfare state services, potentially goes far beyond the welfare state arena.

Besides emphasizing the political output, a related issue is the potential increase in dissatisfaction with the welfare state. Due to the pressures put on welfare states through "permanent austerity" (Pierson 2001), it is likely that we will anticipate higher levels of dissatisfaction with the wel-

fare state. An illustrative example is the fact that many European welfare states have growing ageing populations, which means that the number of citizens financing the welfare state decreases while resources need to be allocated to satisfy increased demands for pensions and care for the elderly in addition to demands from the rest of the citizenry. In the long run, welfare states experiencing such high pressure can lead to deteriorating quality and scope of welfare state services and social insurance programs (SOU 2001:79), which can potentially breed dissatisfaction. However, the mismatch between input and output become evident as a high level of general welfare state support exists alongside increasing dissatisfaction with particular public services and social benefit programs (see discussion in chapter 2). If political results are used to legitimize the welfare state in particular and the democracy in general, it is remarkable that citizens can express dissatisfaction with public services or with politicians and political institutions and still show high support for the welfare state or the democracy per se.

The concrete steps towards collaboration on welfare state issues at the EU level are also a potential ground for increased dissatisfaction with the welfare state since it makes it harder to assign political responsibility. The efforts to integrate EU member states economically through the creation of the single market have had implications for national welfare state policy, as deepening economic integration constrains member states' room for maneuver as independent welfare states (Leibfried & Pierson 1995; Blomqvist 2004). Following the Lisbon Summit, the adoption of the open method of coordination (OMC), has lead to increased benchmarking of social policy issues such as social inclusion and pensions (De La Porte, Pochet & Room 2001; Wincott 2003; O'Connor 2005). Although there is no evidence of welfare state convergence (Scharpf & Schmidt 2000; Huber & Stephens 2001; Pierson 2001; Swank 2002), but rather that both convergence and divergence can be witnessed (Allan & Scruggs 2004), the fact remains that efforts are being made to put welfare state issues in Europe at the supra-national political level (Taylor-Gooby 2004). Even though the effects of EU integration on a member state with a large encompassing welfare state (such as Sweden) are hypothesized to be small (Rhodes 2002), welfare state issues are evidently being discussed beyond the realm of the national welfare state. As a re-

sult, welfare state policy becomes harder to monitor and political responsibility for it harder to assign. This, I argue, has the potential to affect how we assess the delivery of welfare state services, address responsibility on welfare state issues, express dissatisfaction with the welfare state and, in the end, view the legitimacy of the welfare state. The challenges of the welfare state as a potential nursery for dissatisfaction can also be connected to the outward dispersion of power, as mentioned above. New Public Management and the replacement of governance by rule with goal-oriented governance give rise to situations where an increasing part of the public service is being delivered by the private sector. As the welfare state arena increasingly adopts market-like solutions, this too raises questions about how citizens should react and raise their grievances since the local or regional political level is no longer the responsible political unit.

In sum, I argue that in order to take the democratic effects of the welfare state into account, it is necessary to emphasize the political results of the welfare state as an important basis for citizens' political preferences and behaviors. This can be argued against the background of the challenges facing welfare states, which has made the relationship between citizen and the welfare state increasingly complex. Welfare state politics are simultaneously characterized by dispersion, coordination, decentralization and deregulation, which turns attention to both the political outputs and a potential increase in citizen dissatisfaction.

## New repertoires of political action

The argument about new repertoires of political action takes its departure from the argument above stating that we need to take the output side of politics seriously. Together they can also be used as a point of departure for critiquing the mainstream research on political participation. As will be discussed more fully in the next chapter, the dominant research on political participation is biased toward the input side of politics. This can be illustrated by the standard definition of the term: "By *political* participation we refer simply to activity that has the intent or effect of influencing government action – either directly by affecting the making or implementation of public policy or indirectly by influencing the selection of people who make those policies" (Verba, Schlozman &

Brady 1995: 38, italics in original text). However, even though the output side of politics is mentioned, much of the actual research carried out in this tradition seldom or never takes political results into account as a basis for citizens' political action. In other words, much of the acknowledged research on political participation is, strangely enough, quite non-political in this respect, focusing solely on the input side of politics (see Mettler & Soss 2004 for a similar argument).[3] Moreover, as discussed earlier, the increasing orientation toward political output and performance in public administration also affects citizens' choices of participation channels. Channels such as political parties become less interesting, while non-parliamentary forms of political participation and policy-specific participation gains popularity instead (Norris 2002; 2003). Also, when the state loses power to other political or organizational bodies, citizens' choices of political action are affected and a wider variety of political activities become attractive. It is important to point out that there is no evidence to support the claim of declining levels of political participation worldwide (Norris 2002). Instead, the evidence points to a change in the repertoire of political activity, while other forms of political action become stable over time. The modern citizen is not necessarily a party member, but participates by voting signing petitions and buycotting products (Norris 2002; Stolle, Hooghe & Micheletti 2005; Teorell, Torcal & Montero 2007). In other words, as the repertoire of political action has *expanded*, there has also been a *shift* in the forms of action that citizens take. I argue that the expansion of the repertoire of political action, together with the shift from "citizens-oriented" to "cause-oriented" political action (Norris 2003), highlights the need to expand the scope of explanations for political action.

However, the reasons behind the increased interest in a wider range of political activities are not solely due to citizens' initiative. There has also been a significant change in governments' normative view of democracy.

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[3] To be fair, political action as a reaction to policy output is in itself an input to *future* policy-making or implementation of policy. The point I want to make is that previous research has mainly viewed citizens' action as input in the political process and not considered the political causes behind these actions in the first place. Of course, the relationship between policy and political action is in fact reciprocal, but I argue that it is a contribution per se to investigate to what extent citizens' political action is a consequence of political outcomes.

During the last decade, national governments, at least in Scandinavia, have been increasingly inspired by participatory democracy and deliberative democracy (SOU 2001:1; Togeby et al. 2003). They believe that the recipe for addressing the deterioration of representative democracy is to augment the current system with elements of participation and deliberation. Whether this is positive development or not is heavily debated (Gilljam & Hermansson 2003) and is not a discussion I will enter. But the fact remains that while the political elite ponder how to reduce the number of democratic "outsiders", the proposed remedy is to increase the number of opportunities for participation through user boards, participatory budgeting, open political meetings, local referendums and deliberative panels (Dalton, Scarrow & Cain 2003; Gilljam & Jodal 2006). All these forms of activities are created to increase citizen involvement in local political decision-making. It is important to point out the direct link between efforts to increase political participation and the welfare state arena. Many of the forms of participation being encouraged by the government take place within the welfare state realm. Public schools, child care and elderly care are all public service areas where user boards, to a varying degree, have been established (Jarl 2001). Instead of having only a representative democracy, we are moving towards an "activist democracy" where individualized, less formalized output-oriented activities are emphasized, as compared to those endorsed by representative democracy. Moreover, while citizens experience the channels of representative democracy as less effective or attractive, governments encourage citizens to take part in politics through means that in the long run might drive party membership and voting out of the market of political activities. In other words, the welfare state offers not just one, but many important arenas through which citizens can take part in political decision-making, both through institutionalized channels such as user boards and through non-institutionalized channels such as contacting politicians, signing petitions, protesting or doing traditional party work. Against this background, I argue that to investigate the political action aimed toward the welfare state and its various institutions is a well-motivated assignment.

To sum up, this study moves away from the input-biased, pro-active political participation that much of the previous research has dealt with

to a perspective emphasizing output-oriented political participation where citizens react to politics through various forms of political action. This can be set against both the increasing repertoires of cause-oriented political action and governments' increasing integration of the participatory democratic ideal, where a part of citizens' new arenas for voicing their opinions are found within the welfare state realm.

## Policy feedback and political action

The policy feedback argument is crucial to this study because of its acknowledgement of political institutions as a part of the explanation to why citizens engage in politics. The arrangement of welfare states in the past and present has differed substantially both between and within countries (cf. Esping-Andersen 1990; Korpi & Palme 2003; Mau 2003). Thus, while a welfare regime can be described as liberal, conservative or social democratic, there is also a wide variety of welfare solutions within regimes. Two examples include the universal National Health Service in the otherwise liberal British welfare regime, and the existence of selective and needs-based programs such as social assistance in the social democratic Swedish welfare regime. Despite this variety in the arrangement of welfare states, our knowledge about the democratic effects of different ways of organizing welfare state services and social transfer systems remains limited (Mau 2003; Mettler & Soss 2004; Svallfors 2003a; 2007). By adopting the notion of policy feedback effects, we acknowledge that the designs of political institutions and public policies frame what courses of action politicians, bureaucrats and citizens regard as possible or not. This way, we can achieve a better understanding of the democratic effects of welfare state institutions (Pierson 1993; Schneider & Ingram 1997; Mau 2003; Mettler & Soss 2004; Soss, Hacker & Mettler 2007; Svallfors 2007).

As will be more thoroughly elaborated in Chapter 3, the institutional and new institutional traditions have been criticized for more or less leaving the question of institutional effects on citizens unanswered (Mettler & Soss 2004). The argument that institutions also shape and constrain the actions and beliefs of the *citizenry* is attractive and subject to recent developments. By combining research on mass opinion with research on policy feedback, a whole set of new questions about the de-

mocratic effects of institutions on citizens social and political life can be asked and answered (Mettler & Soss 2004). For the purposes of this study, this perspective allows an understanding of how and to what extent the design of welfare state institutions conditions citizens' political behavior and preferences in general, and answers questions about how institutional design influences whether and how citizens use means of political action in particular.

As mentioned above, welfare states vary in institutional design both between and within regimes. However, the welfare state as a whole does not entirely structure attitude patterns on welfare state issues as can be expected using the regime typology (Svallfors 2003a; Larsen 2008). Instead, support for various welfare programs and services can be traced to both regime differences and the differences in design of individual welfare programs (Mau 2003). Thus, it would be fruitful to attempt to establish feedback effects by comparing institutions or programs *within* a welfare state. The design of welfare state institutions potentially affects both political dissatisfaction and political action. Some welfare state arrangements are more popular, while others are viewed more negatively. Citizens also take more action on some welfare state issues than others. To some extent, all of these opinions and actions are policy feedback effects. Drawn together, my argument is that the extent to which citizens choose to raise their voices on welfare state matters is a function of the level of dissatisfaction and the institutional arrangement of a specific welfare state institution.

In summary, the argument on feedback effects is central to the claims I make about the democratic effects of welfare states. Encounters with welfare state institutions, such as schools and health care organizations, potentially have important implications for citizens' attitudes and actions on political matters. Using the policy feedback approach, I can contribute with new insights about whether and how citizens use political action to express dissatisfaction with the welfare state compared to traditional research on political participation. In other words, how political institutions are designed is something that deserves more attention since it potentially affects every aspect of political life.

## TO STUDY WELFARE STATE DISSATISFACTION AND POLITICAL ACTION

### Aim

With a solid grounding in the three arguments on the democratic effects of welfare state politics, the overall aim of this study is to investigate the focal relationship between dissatisfaction with the welfare state and political action on welfare state issues, as well as to what extent different institutional arrangements affect this relationship. Put differently, my study investigates the relationship between evaluations of political results on welfare state matters and citizens' political action, and to what extent this relationship is conditioned by the institutional design of welfare state institutions. Thus, the welfare state is the political arena that constitutes the general case of my study, since the welfare state becomes both the trigger of and target for political action. This relationship is illustrated in Figure 1.1 below.

### Figure 1.1    A research model
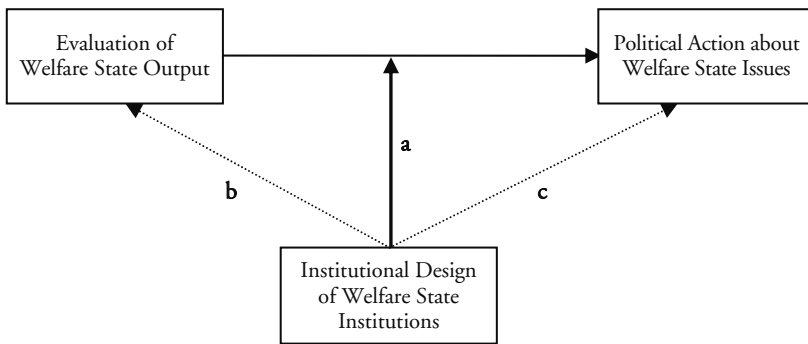


An important assumption made in my study concerns the relationship between the main variables: dissatisfaction, political action and institutional design. The design of welfare state institutions potentially influences a) the relationship between evaluations and action, b) the evaluations of welfare state output and c) the level and form of political actions. I *primarily* investigate institutional design as something that conditions

the relationship between evaluations of welfare state service output (the independent variable) and political action about welfare state issues (the dependent variable)—arrow a in the figure above. However, through this investigation, I will also shed light on arrows b and c.

## Research questions

The policy feedback argument presented above and later also in Chapter 2 states that institutional design not only affects whether citizens take political action, but also how they do so. My intent, then, is to differentiate between the *level* and *form* of political action. The first question asks how institutional circumstances affect the relationship between dissatisfaction and political action:

1.  Does the relationship between welfare state dissatisfaction and the *level* of political action vary depending on the institutional design of welfare state institutions?

This first question implies an explicit comparison between welfare state institutions and to what extent the relationship between dissatisfaction and political action differs between them.

In the second research question, I aim to compare to what extent institutional design affects the *forms* of political action used as a consequence of dissatisfaction:

2.  Does the relationship between welfare state dissatisfaction and different *forms* of political action vary depending on the institutional design of welfare state institutions?

These research questions take the explanations behind political action one step further by including whether the institutional arrangement an individual encounters—in combination with their dissatisfaction with those arrangements—affects his or her propensity to engage in political action on welfare state issues. Not only should we ask why certain groups decide to take part in or abstain from political action, but also if and how the institutional settings of, for example, public schools, health or elderly care have something to do with it. In some encounters with the welfare

state, citizens might have ways to influence their situation, or at least the option to choose another public service provider. In other encounters, the citizen might feel powerless and in the hands of a caseworker. Some encounters occur with universal public service institutions that are open to everyone, and others with selective institutions that use needs-based testing to determine who is entitled to service.

To reach my aim and answer the research questions outlined above, several empirical steps need to be taken. In answering the two main research questions, two implicit or additional questions will be answered. These implicit research questions deal with a) the institutional design of Swedish welfare state institutions and b) the explanatory power of the traditional individual-level explanations for political action. To compare the design of welfare state institutions, I develop an analytical framework. This framework is then used to map the institutional arrangements of welfare state institutions (see Chapter 3), which provides an answer to the first implicit question regarding variation in institutional design. To answer my main question on institutional feedback effects, I need to compare its explanatory power with traditional individual-level explanations of political participation (see Chapters 4 and 5). This means that I will also answer the second implicit question about how useful traditional explanations of political participation are in explaining political action targeted at welfare states.

## HOW IT WILL BE DONE

To achieve the aim of this study, a number of methodological issues need to be discussed and clarified. This subsection is devoted to the main methodological considerations surrounding our understanding about how to investigate democratic effects of welfare state politics through the relationship between dissatisfaction with the welfare state and political action. Below, I address case selection, the methods and materials used in my study, and the question of causality.

### The Swedish case

This study deals with a single-country context: Sweden. This does not imply, however, that the analysis lacks a comparative framework. To pin

down the mechanisms and varieties in the institutional design of welfare state institutions *within* a country, keeping the country context constant is a helpful condition. By conducting a comparison of Swedish welfare state institutions, I argue that it will be easier to verify or reject the importance of institutional design. More specifically, since factors such as political veto points, power resources of interest groups and citizens' normative expectations of welfare state politics are held constant, the overall political-institutional setting is the same. Furthermore, Swedish welfare state institutions are chosen based on an assumption that welfare state institutions do differ, even within a single welfare regime. As mentioned earlier, just as we see variations and mixed welfare solutions within liberal and conservative welfare regimes, this is also the case in social democratic welfare regimes. Of course, institutions (and replacement levels) within a social democratic regime are characterized by higher degrees of universalism and decommodification compared to other regimes (Esping-Andersen 1990). Due to its encompassing nature, citizens in social democratic regimes are to a higher extent users of both public services and the social insurance system, which renders the difference between a citizen and a welfare client almost non-existent compared to liberal regimes (Svallfors 2007). Nevertheless, institutional variation can be expected to be as wide as in any other welfare regime. An important point to make here is that by keeping the country context constant, we can take into account more refined aspects of welfare state design, beyond the regime level. It is these aspects of the welfare state my study aims to map.[4]

## The derivation of the analytical framework

As mentioned earlier, to identify to what extent institutional design affects the relationship between evaluations of welfare state services and political action, I aim to develop an analytical framework that accounts for the relevant variations of institutional design. As will be discussed more thoroughly in Chapter 3, I aim to base this mapping and comparison on aspects of institutional design that have proven to be relevant in terms of feedback effects in previous research. Examples of questions I

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[4] The actual selection of welfare state institutions is carried out in chapter 3 since it is necessary to further elaborate the theoretical arguments before the selection.

ask include: to what extent the institutions I compare are characterized by needs-based testing, to what extent a citizen who encounters an institution can influence his or her situation, and if service alternatives exist. Put differently, my comparison is about the circumstances surrounding the service provision being carried out by the welfare state institution. By explicitly comparing a selection of Swedish public service institutions along a number of theoretically derived dimensions, I launch a hypothesis about under which circumstances political action is a more or less likely outcome of dissatisfaction. In other words, while the mapping of real institutional variation using theoretically derived dimensions of institutional design is an important contribution per se, the empirical results are also used to derive a hypothesis regarding how and why the institutional circumstances could influence the relationship between dissatisfaction with the welfare state and political action. Through these processes, my analytical framework is both theoretically and empirically derived. To describe central features of and differences between Swedish welfare state institutions, I will rely on material such as acts of law, reports and investigations from governmental or public authorities and organizations, as well as social science academic literature that deals with related topics.

Although each component of my research model presented earlier and the hypothesis I aim to launch in Chapter 3 is, on a general level, theoretically deduced, the empirical investigation carried out to formulate my hypothesis points to the fact that the specification, actual content and understanding of the hypothesis requires a more inductive approach. Theory and previous research do not deliver a pre-packaged hypothesis simultaneously covering all the aspects that my study and hypotheses address. This perspective of theory and analysis can be illustrated by the words of Morris Rosenberg (1968) and his notion of "dynamic interplay between theory and data." (1968: 217) and Carol Aneshensel's (2002) statement that "analysis modifies theory as much as theory directs analysis." (2002: 5). Furthermore, while I aim to test explicitly formulated hypotheses, the *outcome* of the hypothesis testing will probably raise further questions that could develop our understanding about policy feedback effects on dissatisfaction with the welfare state and political action. To what extent we can talk about how policy feedback effects condition the focal relationship and what aspects of institutional design that likely

matter are examples of questions that might arise and which I must address.

## Data

To test the hypothesis about the extent that institutional design conditions the relationship between dissatisfaction with the welfare state and political action, and to further explore the presumed relationship between the two, I will perform statistical analyses of Swedish survey data. The usage of survey data makes it possible to generalize the results across Swedish residents. The survey questions used are especially designed for the purposes of this study. Thus, all analysis in this study is carried out using primary data. This means that I do not have to rely on data collected by others, with all the compromises this implies in terms of operationalization. Of course, and as will be discussed in both Chapters 4 and 5, there are always trade-offs when it comes to operationalization in terms of what and how something can be measured; the perfect dataset rarely exists. For my purposes however, I have a set of unique data where I could design the survey questions central to this study.

   The collection of data was made possible through collaboration with the annual national survey on Society, Opinion and Media (SOM). The national SOM survey has been carried out annually since 1986 by the SOM institute at the University of Gothenburg, Sweden. The SOM institute is jointly managed by the Department of Journalism and Mass Communication, the Department of Political Science and the Center for Public Sector Research.[5] Data from 2004 and 2006 will be used in the empirical analyses. All relevant variables will be explicitly presented and operationalized in Chapters 4 and 5. Both surveys were carried out as postal surveys between September and February. The 2004 survey was sent to 6,000 individuals and the 2006 survey to 6,050 individuals. The net response rate was 65 percent in 2004 and 60 percent in 2006. Since parallel questionnaires were used, half of the respondents received the questionnaire that included my survey questions (see Nilsson 2005; 2007 for more information about the surveys).

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[5] For more information about the SOM institute, visit www.som.gu.se or read one of their publications from the national survey, for example Holmberg & Weibull 2008.

## The question of causality

An important issue to address is the question of causality. Throughout this study, I claim that it is more likely that dissatisfaction influences political action, rather than the other way around. This claim can easily be disputed, either by claiming that the order of causality is more likely reversed or spurious, or by claiming that the relationship between dissatisfaction and political action is reciprocal. Most of the social and political relationships studied by social scientists are probably reciprocal. For parsimonious reasons and for the lack of panel data, the discussion about how to pin down a causal relationship is often a matter of debate. In my view, citizens' reactions on politics and practice influence a range of political preferences, such as ideology and political trust. In line with this, I also argue that to what extent citizens use means of political action is partly conditioned by their evaluations of political results. If, for example, a citizen is upset and angry about the closure of a hospital or the availability of elderly care, one way to react could be through a political activity such as signing a petition, contacting a politician or by working in an organization.

There are two ways to argue that the relationship runs between dissatisfaction and political action, rather than in the opposite direction. The first line of argumentation uses theoretical and empirical reasons derived from previous research. This is the easier approach. The second line of argumentation is to actually prove the direction of causality. Starting with the easier approach, one of the research traditions my study relates to is opinion and electoral research. In the now classic study *The American Voter*, Campbell et al. (1960) presented a theoretical model—the funnel of causality—for how to understand why citizens vote the way they do. The funnel starts out with explanations for group differences in terms of socio-economic cleavages, and how these are linked to political parties. As we move down the funnel, psychological factors become important and social cleavages are tied to political attitudes. The closer we get to actual behavior, short-term factors begin to increasingly influence a voter's choice (such as how voters assess candidates, parties and policies). In other words, actual voting behavior is conditioned by a sequence of structures and attitudes (Campbell et al. 1960). The funnel of causality has heavily permeated political science research on voting behavior,

opinion and political activity and how to order different sets of explanations. The main point to be made is that actual behavior is seen as a consequence of, amongst other things, socio-economic circumstances, political attitudes and evaluations of policies. Even though the funnel of causality was developed to explain how people vote, I argue that the same logic could be applied on other forms of political action as well including attitudes and, in my specific case, evaluations of the output of welfare states. This should, first and foremost, influence political action, and not the other way around.

To further strengthen this argument, Chapter 2 provides a lengthy discussion on the research carried out in the economic voting tradition as well as in the political participation tradition. To my knowledge, few studies would argue that the causality is reversed and most studies use without discussion the same assumption on causality as I do (some examples are Farah, Barnes & Heunks 1979; Petersson, Westholm & Blomberg 1989; Goul Andersen & Hoff 2001; Kriesi & Westholm 2007). Tests using similar variables as my study in a panel design have found that dissatisfaction with the welfare state even affects support for the EU and stable political preferences such as ideology (Kumlin 2006).

The second line of argument is to actually prove the causality. There are actual tests of the causality between dissatisfaction and political action. A study conducted using experimental design confirms that the causality runs from dissatisfaction to political action and not the other way around. In asking citizens that have just left a local primary care center, the unemployment office and the agency for financial aid and allowances for students, those who felt dissatisfied about the service delivery they received were more inclined to answer "yes" to the question about whether they would engage in political activities (Färnström 2005). Moreover, I have also conducted my own causality tests using primary data from the 2006 e-panel (web-based survey) collected during the Swedish national election campaign (Dahlberg, Kumlin & Oscarsson 2006). By asking respondents to evaluate government performance on several policy areas since 2002 and asking questions about issue-specific political action during the 2006 campaign, I compared the relationship between dissatisfaction and political action and vice versa at two different time points. The results indicate a weak significant relationship between

evaluations of the economy and campaign political action on economic issues, evaluations of health care and campaign political action on health care issues, evaluations of public schools and campaign political action on public school issues, and evaluation of elderly care and campaign political action on elderly care issues. More importantly, no significant effects of a relationship in the opposite direction could be found; in other words, political action does not affect evaluations of government performance.[6]

   In sum, previous studies on cross-section data, studies using panel data and experimental studies verify that the causality runs from dissatisfaction to political action which supports the assumption I make in my study. This, together with the fact that my study uses a policy feedback approach to explain why there are differences in to what extent citizens voice their grievances with the welfare state through means of political action, the question of causality must be regarded as a minor problem.

## The outline

In the following five chapters I aim to present the analysis of the voices from the welfare state through the study of how institutional design conditions the relationship between welfare state dissatisfaction and political action. To be able to fulfill this aim, Chapter 2 presents the necessary theoretical and empirical arguments from previous research. I start out with a discussion and critical assessment of the definitions of political action that have emerged in previous research. Thereafter I discuss the multi-dimensionality of political action to pin down the relevant forms of political action. After this theoretical introduction, I discuss explanations of political action found in previous research. Here, I assess the various resource explanations of political action, discuss the case of dissatisfaction with the welfare state, and elaborate the argument about taking citizens' evaluations of political results into consideration as an explanation of political action by drawing upon knowledge from the

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[6] To clarify, respondents were asked to evaluate the political results achieved on a number of policy areas during the *entire term of office* (since 2002) and if they during *the last week* had devoted time to campaign-related political action (a number of action forms) connected to the same policy areas as in the evaluation-question. Only the relationship between evaluation of child care and political action on child care issues is insignificant. See table A.1.1 in the Appendix for more information on the e-panel study.

economic voting tradition. The last section of Chapter 2 presents the theoretical foundation of the policy feedback argument and discusses under which conditions policy feedback effects can be expected.

Chapter 3 is a theoretical and empirical chapter, with its main objective being the development of the analytical framework. The chapter starts out with the theoretical derivation of the relevant aspects of institutional design that produces feedback effects. The chapter then moves on to the empirical portion, and maps the institutional design along five different dimensions among a selection of Swedish welfare state institutions. Thus, Chapter 3 should both be seen as a chapter with an independent empirical contribution to my study and as a prerequisite for the subsequent empirical chapters since I also launch a hypothesis on how the relationship between dissatisfaction with the welfare state and political action should turn out based on the institutional differences.

Chapter 4 is the first empirical chapter based on survey data and is devoted to answer the first research question and to test a specification of the hypothesis launched in Chapter 3 by investigating to what extent institutional design affects the relationship between welfare state dissatisfaction and the *level* of political action.

Chapter 5 is the second survey-based empirical chapter, and aims to answer the second research question and to test a further specification of the general hypothesis, by investigating whether welfare state dissatisfaction leads to different *forms* of political action, depending on the institutional design.

Finally, Chapter 6 summarizes the results and discusses the conclusions about the democratic effects of welfare state politics. In this chapter, I discuss the positive and negative democratic implications of the results of my study. Further, I assess how my study has contributed to our understanding of output-oriented explanations of political action and how my study has further developed the theoretical and empirical understanding of policy feedback effects on citizens' political action.

# 2.
# Perspectives on Political Action

To understand under what circumstances citizens use political action to express dissatisfaction with the welfare state requires integrating a number of theoretical perspectives and research traditions. In this chapter, I put forward arguments from three main theoretical perspectives to justify my study: research on political action, research on how citizens evaluate government performance, and research on policy feedback effects.

*The political participation perspective* is, by definition, central to any study of political action. By using research on political action I can both highlight the use of political action on welfare state issues as a dependent variable and critique commonly used explanations for political participation. *The government performance perspective* is essential to understanding why dissatisfaction with the welfare state is an important political driving force, potentially affecting a wide range of political attitudes and behaviors. Using the economic voting perspective as a starting point, I put forward arguments about why evaluations of the performance of the welfare state matters for citizens' political actions, and thus serves as the independent variable in my study. *The policy feedback perspective* constitutes the missing link; this perspective provides tools to put forward the argument regarding how institutions affect citizens' political attitudes and behaviors in general, and the relationship between dissatisfaction with the welfare state and political action in particular.

## WHAT IS POLITICAL ACTION?

My relationship with mainstream research on political action is ambiguous. On the one hand, the theory and empirical evidence from this research is fundamental to the arguments in my study. On the other hand, I argue that mainstream research, although it represents a considerable body of work, ignores several important perspectives. To navigate through the research on political action I critically assess definitions of political action from previous research and discuss their validity in the

context of this study. Thereafter, I address the question of political action as a multidimensional phenomenon.

### Defining political action

A major difference between my study and mainstream studies of political participation is that the latter are usually interested in the level and form of political action per se, and disregard its purpose. In this sense, by connecting political action to the welfare state I am highlighting *issue-specific political action* (cf. Norris 2003: 4)[7]. At the same time, drawing on insights from the political participation tradition is important, since I aim to assess the contributions from the policy feedback perspective in comparison with the well-established individual explanations of political action. It is more likely that policy feedback effects are visible on issue-specific political action triggered by and targeted at the welfare state than by political action in general, as in the approach of mainstream political participation research (see Campbell forthcoming, p. 24 for a similar argument).

Before turning to the actual definitions of political action, I believe it is important to briefly discuss the oft-ignored distinction between political *action* and political *participation*. Although these concepts denote slightly different things, I have not found any significant difference in usage in actual research. As a consequence, I choose to use the two concepts interchangeably. However, action denotes performing an activity alone or with others, while participation requires something pre-existing outside the individual to take part in. For this reason, I prefer the concept of political action. In the Political Action study by Barnes and Kaase (1979: chapter 2), the discussion on the two concepts concludes that "action" allows a wider perspective than "participation". This should be understood in the context that the Political Action study was the first comparative study of both conventional and unconventional forms of participation, and through which criticisms were directed against existing American research on political participation conducted by Sidney Verba and

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[7] Norris uses the term "cause-oriented action". which she describes as action "which focus attention upon specific issues and policy concerns, exemplified by consumer politics (buying or boycotting certain products for political or ethical reasons), petitioning, demonstrations, and protests." (Norris 2003: 4 ). A similar discussion can be found in Blatt 2008, who argues in favor of a policy-motivated approach to political action.

colleagues. More recent studies, which embrace a wide repertoire of action/participation, do not address the difference between participation and action (Norris 2002; van Deth, Montero & Westholm 2007). Rather, both concepts are used and it has become a matter of taste as to which concept is emphasized.[8] Michele Micheletti provides an excellent exception to this trend, arguing in favor of the concept of individualized collective action, which implies "citizen-prompted, citizen-created action involving people taking charge of matters that they themselves deem important", compared to the "conventional definitions of political participation meaning taking part of structured behavior already in existence" (Micheletti 2002: 7). Thus, Micheletti clearly distinguishes, both in concept and definition, the difference between individualized collective action and traditional political participation—a distinction I not only agree with, but also deem important.

Having discussed my use of the concept of political action, I now turn to the assessment of the definitions of political action and political participation. From my point of view, none of the conventional definitions entirely serves my purposes. Most existing definitions have been developed from the classic definition introduced by Sidney Verba and Norman Nie in 1972. "Political participation refers to those activities by private citizens that are more or less directly aimed at influencing the selection of governmental personnel and/or the actions they take" (Verba & Nie 1972: 2, see also; Verba, Nie & Kim 1978: 46; Verba, Schlozman & Brady 1995: 38 for similar definitions). Thus, this definition of political participation deals with how citizens, through political action, can influence who is elected or the actions of government. This definition has some elements that are useful for the purposes of my study, since it has a narrow view of political action—that participation has a clear political target. Over time, however, the definitions of political action have become broader, including both a wider repertoire of political action and a broader perspective of the target. One example is the Political Action study, which also included protest actions (Barnes & Kaase 1979: 42; see also Norris 2002: 192f). Surprisingly, the authors of the Political Action

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[8] In the ambitious volume Citizenship and Involvement in European Democracies (van Deth et al. 2007), it is interesting to note that political action is used for denoting action in a small-scale democracy and political participation is used for denoting action in a large-scale democracy. Whether this is a conscious distinction or not remains unclear.

study still used the classic definition of political participation. The addition of non-institutionalized political action, such as political protest, was made empirically rather than in the theoretical definition (for a similar discussion, see Teorell, Torcal & Montero 2007: 335-337). Later definitions of political action have continued to broaden the perspective by defining political action as "actions by ordinary citizens directed toward influencing some political outcomes" (Brady 1999: 737), meaning that actions can be of any form and the target of action can be any actor, be it government, company or organization. Recent studies of political participation usually take this broader perspective of political action by also including illegal protests and political consumerism (Norris 2002; Micheletti & Stolle 2004; Teorell, Torcal & Montero 2007. See also the above discussion about individualized collective action). Even though my study explicitly focuses on actions targeting the welfare state, the Brady definition is interesting because it explicitly mentions political outcomes.

Using a narrower definition of political action than found in recent studies is important if considering the independent variable of this study, dissatisfaction with the welfare state. Even though citizens encounter government policies in the form of political output—in their implemented form, such as health care costs, larger school classes or waiting lists for child care—this is still government politics, where ultimate responsibility rests with the national, regional or local government. When citizens evaluate public services, they also evaluate governmental policies. However, as discussed earlier, the classic definition suffers from an input-bias, since citizens select representatives or try to influence their actions. In other words, the output dimension of politics that citizens react to as a consequence of policy or actual political results is fairly anonymous in the classic definition. Thus, deviation from the "Verbarian" definition is necessary since this study investigates welfare state cause-oriented and welfare state targeted political action.

The research from the various Scandinavian and, later, the European Citizen studies touches upon political action on welfare state issues (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Goul Andersen & Hoff 2001; Goul Andersen & Roßteutscher 2007; Kriesi & Westholm 2007). However, an unfortunate conceptual difference is made between action aimed at influencing large-scale democracy and

action aimed at influencing small-scale democracy. Small-scale democracy refers to politics experienced in everyday life, such as when a citizen tries to control his or her own situation. As a school parent, for example, this is considered to be equal to influencing or acting in response to small-scale democracy; action is carried out below the level of the big issues. The consequence is that participation in small-scale democracy is viewed as something different from "real" participation since citizens act upon something that happens very close to their everyday lives, implying a greater amount of self-interest (Petersson, Westholm & Blomberg 1989: chapter 2; Petersson et al. 1998: chapter 2; Esaiasson & Westholm 2006: 16f; Goul Andersen & Roßteutscher 2007: 222-223).

My argument is that political action on a welfare state issue, addressed to civil servants, politicians or the mass media, is exactly the same as political action on issues such as global warming, human rights or other societal issues. The difference is that issues related to welfare state matters more often have a local political target since most public service institutions (in Sweden) are run locally by municipalities or regions. Instead of using the labels small-scale and large-scale democracy, I argue that political action simply *occurs at different levels* in the modern multi-level democracy. To what extent it is individual self-interest or altruism that drives political action must be an empirical question, tested on political action targeting different levels of the political system. In other words, we cannot assume that self-interest is a more important driving force in local political action than action aimed at higher political levels. Irrespective of the level of democracy, I claim that the important issue to address is the distinction between input and output-oriented political action. Since older definitions of political action suffer from input-bias, I argue in favor of a more output-oriented view of political action. The same line of argument can, somewhat surprisingly, be found in the Goul, Andersen & Hoff study (2001). In their view, actions taken to influence the decision of a street-level bureaucrat should be regarded as traditional political action since this has to do with the outcome or implementation of politics (Goul Andersen & Hoff 2001: 8f).

By combining insights from the definitions just discussed, I have a solid foundation for my own definition. Targeted political action related to the welfare state refers to any legal activity that influences or seeks to

influence, the decision or the outcome of decision of the political system on welfare state matters (see Goul Andersen & Hoff 2001: 10 for a similar definition). By specifying that the actions must be legal I, in accordance with several of the cited studies here, draw a line at actions such as squatting or illegal strikes. By using the term "any activity", I can encompass both actions within channels of representative democracy (such as party activity) and channels outside representative democracy (such as protest actions). Specifying that the outcome must be from the political system means that activities targeted at corporations and organizations are not included. As argued earlier, welfare state political results are indeed an outcome of the political system and discontent ought to be directed toward government. It is important to remember that, as discussed in the introductory chapter, voting is not included in this study despite the fact that it fits into my abovementioned definition. Voting deviates from other forms of political action in two important manners. First, voting is an act that a majority of citizens conduct in most countries. Second, voting takes place within certain regulated intervals and is more institutionalized than any other form of political participation (Verba & Nie 1972: 46). The idea of this study is to capture the effects of dissatisfaction on political action carried out at any time.

## Political action: a multidimensional phenomenon

Aside from defining what political action is, it is also important to discuss the dimensionality of political action—the question of how political action is carried out. The idea that political participation is a multidimensional phenomenon that can be divided into different modes was first expressed by Sidney Verba and Norman Nie. This view of political action as a multidimensional phenomenon has been just as influential as the authors' definition of political action. The main argument behind a division of political activities into different modes, or forms, is that the degree of conflict, the sort of outcome and the initiative the individual needs to take differs considerably across forms of participation (Verba & Nie 1972: chapter 2). Hence, the explanations of political action differ depending on what kind of activity we consider.

   According to Verba and Nie, political participation can be divided into four different modes: voting, campaign activity, contacts and communal

activity. These modes were developed at a theoretical level, and when tested empirically, some adjustments were required. The four modes were subsequently labeled voting, campaign activity, particularized contacts and communal activity. Particularized contacts are contacts with politicians on personal matters, while communal activity consists of organizational work and contacting people on social or more collective issues (Verba & Nie 1972; Verba, Nie & Kim 1978). Even though adjustments and variations of these modes have occurred throughout the years, the discussion on how to differentiate political action is characterized by remarkable stability and agreement. However, I still need to take these adjustments into account.

To start with, one of the participation modes has an American bias in the sense that campaign activity is singled out as a dimension of action. When the four modes of participation are seen in a European context, campaign activity is usually replaced by party activity, since campaigning is less common in Europe compared to the United States (Teorell, Torcal & Montero 2007: 343), even though comparative studies have been performed using the original concept (Dalton 2008). Furthermore, campaign activities are more explicitly connected to the election cycle.

An addition to the original modes is the inclusion of protest activity. What was called "unconventional" forms of political actions in the Political Action study in the late seventies are today included in the standard action repertoire. As a consequence, protest activity has been added to the set of political action forms. Protest action consists of activities such as signing petitions, demonstrating and boycotting—activities that today are far from unconventional (Barnes & Kaase 1979; Norris 2002; Teorell, Torcal & Montero 2007). More recently, political consumerism has been included as a fifth mode of political participation (Stolle, Hooghe & Micheletti 2005; Teorell, Torcal & Montero 2007).

In Swedish research on political participation (inspired by the work of Verba and Nie), the derivation of different modes of activity has been done using two distinctions between, on the one hand, participation through channels of representative democracy and participation through other channels and, on the other hand, individual participation and collective, or organized, participation (Petersson et al. 1998: 74). The four modes that have been singled out are voting, party activity, contacting

and protest activity (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Esaiasson & Westholm 2006; Bäck, Teorell & Westholm 2006). Compared to the original four modes, contacting constitutes its own category and includes both contacts with politicians, civil servants and the media. Also, (legal) protesting has been added a category.

Since the investigation I will carry out deals only with the Swedish context, when treating political action as multidimensional phenomena I find it valid to use the same modes of action as used in the Citizenship studies (i.e., *party activity*, *contacting* and *protest activity)*. As mentioned earlier, for various reasons voting will not be considered. It is important to remember, however, that political action will be treated both as a single phenomenon and as a multidimensional one, because I first wish to test whether institutional design affects the relationship between dissatisfaction with the welfare state and the level of political action and, secondly, if institutional design gives rise to different forms of political action as a consequence of dissatisfaction.

## EXPLANATIONS OF POLITICAL ACTION

This section is devoted to both discussing the frequently used explanations of political action and to put forward arguments on the usefulness of including citizens' evaluations of government performance (that is, satisfaction and dissatisfaction with political results) as explanations for political action. My main argument is that how citizens assess political results is an important explanation for political action and this perspective is neglected in much (but not all) of the central research on political action. Thus, through this subsection I discuss both my main independent variable and the control variables that will be used in the analysis later on.

### Who participates?

The most common answer to the question of who participates is related to socio-economic inequalities across individuals. The question of equality is without doubt the most studied aspect of political participation, and is especially prominent in American studies (Verba & Nie 1972; Verba, Nie & Kim 1978; Rosenstone & Hansen 1993; Verba, Schloz-

man & Brady 1995). One of the best-known results of this research is that, irrespective of country, citizens with ample resources participate to a higher extent than citizens with scarce resources. This general conclusion is well-illustrated by Rosenstone and Hansen: "Over and over again, we have shown that resources, interests and social position distinguishes people who participate in politics from people who do not" (Rosenstone & Hansen 1993: 228).

Although researchers claim to have moved beyond the Socioeconomic Status (SES) model when explaining political participation, one cannot neglect that the SES model has been and still is highly influential in explaining individuals' political action. The traditional causal chain is that individuals with high socioeconomic status are more interested in politics, have a higher feeling of political efficacy and, as a consequence, take part in political activities to a higher extent (Verba & Nie 1972: 128). In other words, the higher the level of education, income and occupation, the higher the level of political participation (see also Verba, Nie & Kim 1978; Verba, Schlozman & Brady 1995). However, through the development of an explanatory model of political participation, it has been pointed out that the SES model stands on weak theoretical ground, since it cannot specify the mechanisms that make citizens with higher socioeconomic status more inclined to participate politically (Verba, Schlozman & Brady 1995: 280). To specify the internal relevance of both social and political explanations of political participation, the Civic Voluntarism Model (CVM) was developed (Verba, Schlozman & Brady 1995).

The CVM consists of three components: resources, motivation and recruitment. Political participation is then a matter of being able to, wanting to, and being asked. The resources an individual has are time, money and civic skills. The more time, money and skills the individual has, the higher the probability that they would engage in political action. The motivation component refers to interest in politics, political information, political efficacy and party identification (i.e., various psychological predispositions or latent political engagement). Citizens with an interest in politics, and citizens who are politically informed and have a higher feeling of political efficacy and party identification are more likely to take political action than citizens scoring low on the same variables. Recruiting networks, finally, means that the individual is part of a context in

which he or she is asked to participate politically. The argument supporting this third component is that although political action can occur without anyone asking you to participate, being asked can function as a trigger for political action (Verba, Schlozman & Brady 1995: 269-273).

In short, the results show that resources, motivation and recruitment, independently and controlled for each other, play a significant role in explaining an individual's political participation. However, what emerges as the strongest determinant of participation is education and political interest (Verba, Schlozman & Brady 1995: 366f, 388-390, 513f). The prominent position of education is, as mentioned earlier, also supported by numerous empirical results from the 1970s and onwards (examples can be found in Verba & Nie 1972; Verba, Nie & Kim 1978; Barnes & Kaase 1979; Rosenstone & Hansen 1993; Verba, Schlozman & Brady 1995; Norris 2002; Teorell, Sum & Tobiasen 2007; Dalton 2008). Besides education, other well-known relevant empirical results from research on political participation are that men participate to a higher extent than women (Kaase & Marsh 1979: 175, 181; Verba, Schlozman & Brady 1995: 254; Norris 2002: 201; Teorell, Sum & Tobiasen 2007: 410)[9], that middle-aged individuals are more politically active than both younger and older people (Verba & Nie 1972: chapter 9, although this trend is adjusted by controlling for e.g. education; Kaase & Marsh 1979: 181; Norris 2002: 89f; Teorell, Sum & Tobiasen 2007: 410), and that people from higher social classes or those with higher income engage in political action to a higher extent than people from lower social classes (Rosenstone & Hansen 1993: 236-238; Verba, Schlozman & Brady 1995: 189-191).

When investigating the different *modes* of participation separately, the empirical results are somewhat mixed. Some find the gender gap concerning campaign activity, contacting, communal activity (Dalton 2008: 64-66) and protest (Norris 2002: 201-202; Dalton 2008: 68) non-existent or very small, while others find that men engage more in protesting, contacting and party activity and women more active in consumer participation (Teorell, Sum & Tobiasen 2007: 393). The young tend to protest more than the old (Teorell, Sum & Tobiasen 2007: 396; Johans-

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[9] Gender differences in political action levels are nowadays very small or non-existent in Sweden, see Bergqvist et al. 2008: 76-77 .

son 2007: 95-96), although there are also examples of a curve-linear pattern (Norris 2002: 201-202). Russell Dalton identifies the impact of ideology when it comes to protest action, namely that citizens who identify ideologically with the left are more inclined to protest than citizens who identify with the right (Dalton 2008: 68). Irrespective of political activity, however, education is consistently a strong predictor (Teorell, Sum & Tobiasen 2007: 396-397). In addition, empirical analysis of Swedish data show that social background, measured using an index of factors such as gender, social class, age, ethnicity and marital status, has a strong effect on both party activity, contacts and protest action, even when variables such as previous participation, incentives and resources (education, political interest) are taken into account (Bäck, Teorell & Westholm 2006: 64). In summary, although there are some exceptions, a general empirical conclusion is that, contrary to what can be theoretically expected, more or less the same social variables affect modes of political action in similar ways, at least in Sweden. This means that patterns of inequality remain across forms of political action (cf. Petersson et al. 1998: 94-95). This makes it even more interesting to investigate whether the design of welfare state institutions can produce different patterns of political action resulting from dissatisfaction.

To be fair, several of the empirical results referred to above are not explicitly linked to the CVM. Nevertheless, the CVM encapsulates an impressive range of variables explaining political action. A strong feature is the addition and specification of motivation variables such as interest and efficacy alongside the social variables. In general, research on political participation provides important factors for consideration when exploring the relationship between dissatisfaction with the welfare state and political action. However, a problem with political efficacy and political interest is their close relationship to what they are meant to explain (political action), which can make it hard to find other explanations of political action that do not include social features or psychological predispositions.

As I will argue throughout this study, despite its success I regard CVM—and many other explanatory models of individual participation—as a non-political model. I believe the model is non-political in two ways. First, *actual policies* and specifically how citizens evaluate and

react to political results, is missing from the explanations presented in the CVM. Policy dissatisfaction *could* fit the framework of the CVM as a motivating factor, but to my knowledge it has not been used as such. By neglecting the fact that evaluations of politics do indeed influence how citizens think, feel and act politically, I believe that some important explanations have been excluded. Few studies in the political participation tradition have actually used evaluations of policy or dissatisfaction with government performance as explanations and motivations of political action (a well-known exception is Barnes & Kaase 1979; see also Blatt 2008).[10]

Second, besides actual politics, *political institutions* are also excluded from the CVM. I argue that the institutional approach, or policy feedback approach, to political action has been ignored, which goes hand-in-hand with the absence of the state in explanations of political action (see Holzner 2004; Mettler & Soss 2004 for a similar argument). Together with the fact that most studies in the political participation tradition present a narrow view on what mobilizes citizens or what could be a mobilizing agency, there is definitely a need for widening the horizon on both what could trigger political action and to what extent "other" institutions besides unions and churches can serve as mobilizing institutions and affect to what extent a citizen identifies a political opportunity. In other words, the state is absent both in terms of how government policy can affect political action (Campbell forthcoming) and how its institutions can create incentives and constraints for political action. As will be argued later in this chapter, there are both theoretical reasons and empirical evidence to suggest that the design of welfare state institutions can affect how and when dissatisfied citizens take part in politics.

### Welfare state support and welfare state dissatisfaction

As discussed in the introductory chapter, dissatisfaction is often viewed as a driving force in society, potentially affecting a variety of social and

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[10] The various Citizen Studies (Petersson et al. 1989; 1998; Goul Andersen & Hoff 2001; van Deth et al. 2007) could also be seen as exceptions to this neglect of the dissatisfaction perspective. However, these studies do not connect citizens' dissatisfaction with circumstances in, for example, public school and health care to government performance and political results. For further elaboration of this argument, see the section entitled "Policy dissatisfaction and political action" below.

political behaviors. Since welfare state politics are central in many democracies, I argue that the political consequences of dissatisfaction with the welfare state are important to discuss. Therefore, this section is devoted to the causes, trends and consequences of support for the welfare state and dissatisfaction with the welfare state.

The concepts of *support for the welfare state and dissatisfaction with the welfare state* embrace a variety of aspects. For the purposes of my study, two main levels of welfare state attitudes are relevant to single out and discuss: 1) the normative support of the welfare state and its various areas (i.e., what the welfare state ought to do), and 2) performance evaluations of different aspects of welfare state programs and services (i.e., what the welfare state actually does). These two aspects are also related to each other; our normative view of the welfare state is dependent on the actual functioning of welfare state programs and services. Thus, welfare states are not sustainable without public support for welfare state politics (Svallfors 1999a; Rothstein 2002; Brooks & Manza 2007).

Dissatisfaction occurs when individuals feel that the reality does not meet expectations, and when demands fail to be fulfilled. This implies that dissatisfaction captures subjective deprivation (Petersson, Westholm & Blomberg 1989: 43; Möller 1996: 80-81; Kriesi & Westholm 2007: 258). In fact, feelings of dissatisfaction on welfare state issues do not even have to be connected to any real objective measures of the functioning of the welfare state itself (Dowding & John 2008: 294). A probable reason behind this is the difficulty in obtaining objective, easily accessible measures of welfare state performance compared to, for example, economic performance (Kumlin 2004). Furthermore, as discussed in the introductory chapter, there are reasons to believe that dissatisfaction with the welfare state is increasing due to the criticism and retrenchment of welfare state politics witnessed over the last 30 years. Thus, the causes of dissatisfaction with the welfare state can both be drawn from personal experiences of subjective deprivation and public discussions in mass media about the (dys)functioning of the welfare state (Svallfors 1996; Johansson 1998; Mutz 1998; Kumlin 2004).

On a normative level, research on welfare state attitudes often uses the concept of welfare regimes as a point of departure (Esping-Andersen 1990). This means that researchers seek explanations for variations in

*support* for the welfare state across countries in how the welfare state is organized. A primary conclusion is that support for the welfare state in terms of attitudes to state intervention is highest among citizens in social democratic welfare regimes, such as the Nordic countries, and lowest among citizens in liberal regimes, such as the Anglo-Saxon countries. (Svallfors 2003a; Edlund 2007; Larsen 2008). Moreover, attitude patterns have been remarkably stable over time (Svallfors 2003a), in spite of the high degree of welfare state retrenchment that has taken place both in services and replacement rates (Clayton & Pontusson 1998; Korpi & Palme 2003; Allan & Scruggs 2004). However, a slow convergence in attitudes has recently been detected where support for the welfare state has increased in liberal-oriented countries (previously recognized by low levels of support for the welfare state), and decreased in countries belonging to the social democratic welfare state regime (usually recognized by high levels of support) (Svallfors 2008; Edlund 2009). Focusing on Sweden, the general picture is that a large majority of Swedes express stable support for high levels of state intervention, that public services should be carried out by public providers and that the welfare state should be collectively financed through taxes. In light of these results, the welfare state still enjoys a high degree of legitimacy in Sweden (Svallfors 2003b).

The picture changes when we shift to what the welfare state actually does—to attitudes and evaluations of various welfare state programs and services. While the normative support for the welfare state remains stable, a slow but increasing level of dissatisfaction with local public services such as health care and elderly care are evident in Sweden (Johansson, Nilsson & Strömberg 2001: ch 7; Johansson & Nilsson 2008). Moreover, few Swedes state that welfare services have improved; rather, a majority maintain the opinion that welfare state services tend to get worse (Kumlin & Oskarson 2000).[11] The increasing dissatisfaction with health

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[11] Kumlin and Oskarson found, based on data from the Society, Opinion and Media of Western Sweden 1999, that only three percent of the respondents marked "improved" when asked about the developments of public services the past 12 months. Fifty percent answered "Neither improved nor got worse" and 47 percent answered "Got worse". Interestingly, these figures are still valid. In the 2004 *national* survey on Society, Opinion and Media, three percent of respondents answered "Improved" and 54 percent answered "Got worse" (own data processing). These results further strengthen the conclusion that citizens continue to support the welfare state on a normative level, although they are quite dissatisfied with its actual performance.

care services in Sweden is also evident from a comparative perspective. Data from the Euro barometer reveals that satisfaction with health care services has not only decreased among the EU-15, but that it has decreased more in Sweden and the most in Denmark (Socialstyrelsen 2005).

  All in all, the results for Sweden show increasing dissatisfaction with the performance of the welfare state, while normative support for the welfare state is stable. As is evident, this is neither a desirable nor sustainable relationship for any modern welfare state, especially since two-thirds of Swedish welfare state services are carried out locally or regionally (Johansson, Nilsson & Strömberg 2001). A situation with increasing performance dissatisfaction is hypothesized as having two diverging consequences (see Kumlin 2007). On the one hand, performance dissatisfaction is believed to call for more state intervention on welfare state politics to secure the future functioning of the welfare state—which further strengthens support for the welfare state. On the other hand, it is presumed that constant dissatisfaction with the performance of the welfare state, in combination with high normative support for the welfare state per se, is untenable. Instead of welfare states being either overloaded (as the first prediction states) or undermined (as in the second prediction), the research suggests that these two processes operate together. While overload processes increase support for state intervention, undermining processes might in the long run potentially erode welfare state support on a higher level (Kumlin 2007: 111). To link this discussion to my study, it could be argued that citizens who raise their grievances on welfare state issues fit the overload prediction. That is, by taking action on welfare state issues, citizens communicate their demands for (at least) no further retrenchments to government, which could then be viewed as an expression of high normative support for welfare state politics.

  In summary, the causes, trends and consequences of dissatisfaction with the welfare state are of immediate political relevance. Not only are welfare state politics a main task of governments; the scope and legitimacy of the welfare state are dependent on the support of its citizens. My central claim is that evaluations of the performance of the welfare state, where citizens most likely compare expectations with delivery, also affect to what extent citizens use means of political action. Whether welfare

state politics also play an important role in citizens' political engagement is then, I argue, an important empirical question.

## Evaluations of government performance

By bringing in the perspective of how citizens evaluate government performance to the study of political action, I provide a framework for why and how we should expect a relationship between welfare state dissatisfaction and political action. The economic voting tradition is useful as a point of departure for research on how government performance, or policy dissatisfaction, matters for citizens' political behavior.

Studies of economic voting using citizens' subjective evaluations, both retrospective and prospective, as explanations of voting behavior have been conducted for some decades now (two well-known representatives from this immense body of literature are Kinder & Kiewiet 1981; Lewis-Beck 1988).[12] In summary, the economic voting studies conclude that negative retrospective evaluations of the economic performance of government imply that the governing party or president loses votes. In other words, a citizen dissatisfied with the way government handled the national economy is less inclined to vote for the incumbent party compared to a citizen satisfied with the economic performance. This means that voters, at least under some conditions, hold the government responsible for the economy.

Another major conclusion from this research is that evaluations of national economic conditions are, in most (but not all) cases, more important to how the citizen casts his or her vote than their own economic situations (Kinder & Kiewiet 1981; Lewis-Beck 1988; Lewis-Beck & Paldam 2000). Also, the incumbent party loses more votes when the economy is perceived as poor compared to how much it gains when voters make positive assessments of economic performance (Klorman 1978; Huseby 2000; Lewis-Beck & Paldam 2000). Although this research tradition has long struggled with weak and inconsistent effects (Lewis-Beck & Paldam 2000; Dorussen & Taylor 2002), the conclusion is that to

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[12] There are also studies investigating the effect of macro indicators of government performance on voting, such as unemployment and inflation. Two well-known articles within this line of economic voting are Goodhart & Bhansali 1970 and Kramer 1971. More recent studies can be found in, e.g., Carlsen 2000; Chappell & Gonçalves Veiga 2000; Dorussen & Taylor 2002; Bengtsson 2004 and in Martinsson 2009.

what extent citizens reward or punish incumbents on economic matters is highly contingent on the citizens' cognitive capabilities and the institutional setting—clarity of responsibility and clarity of political alternatives (Anderson 2007).

How economic evaluations influence other political preferences besides voting started to interest political scientists in the 1990s and political support in particular became popular to study. The idea is that not only does the economy affect how citizens vote, but it also has an effect on an individual's trust and confidence toward politicians, political institutions and the political system. Several studies have investigated the relationship between economic evaluations and political trust or confidence in political institutions (Listhaug 1995; Holmberg 1999; McAllister 1999; Miller & Listhaug 1999; Huseby 2000). A general finding is that negative evaluations of government economic performance have negative effects on citizens' political trust. In other words, citizens who are dissatisfied with government economic performance report lower levels of political trust and confidence in political institutions compared to satisfied citizens. Also, a perceived poor personal economy does not affect political trust negatively to the same extent as evaluations of government economic performance.

The expansion of aspects of government performance and aspects of political preferences or behaviors that has taken place in research on economic voting is of importance for my purposes. Social policy and environmental policy are examples of two additional policy areas that have entered the discussion on government performance (Huseby 2000; Kumlin 2004). An important conclusion from these studies is that not only does the economy matter for individuals' political preferences, but evaluations of areas such as public service matters too. Negative evaluations of social policy output generate feelings of political distrust and render individuals less inclined to support the governing party (Huseby 2000; Kumlin 2004). Empirical analyses also point to the fact that evaluations of personally experienced public services have *larger* effects on political support and government approval than experiences related to personal economy. Moreover, it has also been shown that personal experiences and sociotropic evaluations of public services are more closely

related than "pocketbook" and sociotropic evaluations of the economy (Kumlin 2004).

The findings of Huseby and Kumlin clearly show the relevance of including government performance on welfare state issues when trying to understand citizens' political preferences. I believe this argument is equally valid when talking about how and when citizens take political action. The results, establishing a relationship between evaluations of government output and political preferences, teach us useful insights. In my view, citizens' evaluations of local or regional public services are evaluations of government output but in a more specific sense. In summary, previous research establishes that there is indeed a relationship between political performance, widely defined, and citizens' political preferences.

## Performance dissatisfaction and political action

Even though government performance is far from the most common perspective when studying political action, there is evidence pointing to a connection between policy evaluations and political action. It is important to point out that policy dissatisfaction is expected to make citizens *less* inclined to vote for the incumbent party and develop *lower* levels of political trust, but they are expected take political action to a *higher* extent. I argue that the rationale behind these behaviors is similar, since the political system is the receiver of the grievances, although some grievances are more explicit than others. The difference, however, is that while one can only cast a vote at certain points in time, political action is not dependent on the election cycle. Against the background of a widening and shifting repertoire of actions, together with governmental aims to vitalize representative democracy by increasing the opportunities for citizen participation, I claim that political action beyond voting is an equally important way for citizens to react to politics in practice and to channel frustrations.

In the Political Action study, Farah, Barnes & Heunks (1979) found supporting evidence of policy dissatisfaction having a strong positive effect on protest participation,[13] but a limited effect on traditional or

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[13] The protest potential index included actions such as petitions, demonstrations, boycotts, occupations, rent strikes, blockades, and unofficial strikes. Conventional participa-

conventional political participation. Moving to a more local context, the Lyons and Lowery (1989) study of two American municipalities also found some support for the hypothesis that dissatisfaction with local public service, measured as a combination of retrospective and present evaluations, had a positive effect on local political action such as contacting officials, signing petitions, and attending meetings (Lyons & Lowery 1989). Results from a British study also confirm the relationship between public service dissatisfaction and a higher voice propensity both through individual complaint and through voting and collective action (Dowding & John 2008).

In a similar vein, results from the various Citizen Studies (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Goul Andersen & Hoff 2001; Goul Andersen & Roßteutscher 2007; Kriesi & Westholm 2007) point to the fact that citizens dissatisfied with personally experienced circumstances in health care, child care and public schools are inclined to take political action to bring about improvement. In other words, the level of political action is higher among the dissatisfied compared to the satisfied. It is also noteworthy that satisfied citizens also try to influence matters and that far from all dissatisfied citizens take political action.[14] Moreover, it has also been shown that everyday dissatisfaction negatively affects individuals' loyalties to the state in, but that political action can counterbalance this problem (Esaiasson 2006: 197).

Although the studies discussed above differ in design and scope, the general conclusion to be drawn is that there indeed exists a relationship between policy dissatisfaction and political action. However, it is remarkable that so few studies after the Political Action study make the explicit connection between policy dissatisfaction and political action as in contacting, protesting, campaigning, party work (in other words, po-

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tion consisted of reading about politics in newspapers, discussing politics with friends, work on community problems, contacting politicians or public officials, convincing friends to vote, participation in election campaigns, and attending political meetings.

[14] To exemplify, Goul Andersen & Roßteutscher 2007: 249-250 find that dissatisfaction positively affect political action. The Swedish results in this comparative study show that active discontent is higher than silent resignation on child education issues, while the opposite is true for health care. In an earlier publication, Goul Andersen & Hoff 2001: 145-149 found that action and resignation was equally possible as a consequence of dissatisfaction with circumstances in health care, while action was more common than resignation as a consequence of school and child care dissatisfaction (results for Sweden).

litical action) as in most of the definitions used in this field of research. Given this situation, I argue that it is important to *reconnect* policy dissatisfaction with political action beyond voting and investigate under what conditions dissatisfaction with the welfare state leads to political action.

## POLICY FEEDBACK

To provide a better understanding of when and how citizens dissatisfied with the delivery of welfare state services use means of political action, I argue in favor of a policy feedback approach. This approach can be illustrated by the words of Andrea Campbell: "Citizens' relationships with government, and their experiences at hand of government policy, help determine their participation levels" (Campbell 2003: 2). As discussed in the previous sections, much of our understanding of why and how people engage in politics has thus far centered on the individual and his or her social and cognitive resources. All these explanations lack connection to policies and political results. Using the policy feedback perspective permits me to address the question of under what institutional circumstances issue-specific political action on welfare state matters are a plausible consequence of dissatisfaction with the performance of welfare state services. To put forward the policy feedback argument, the next section sets the foundation by conceptualizing political institutions and policy feedback effects using the institutional argument, followed by a discussion on conditions for policy feedback effects.

### Conceptualizing institutions and policy feedback effects

Political institutions, it is argued, influences not only the strategies of elites and citizens, but also their preferences. They do so by providing formal rules and procedures; that is, they "shape and constrain" the attitudes and strategies of different actors, making some attitudes or actions a more likely outcome than others (Hall & Taylor 1996; Rothstein 1996). Historically, welfare state institutions have formed citizens' interests by maintaining benefit and quality levels—by effectively creating its own support (see Brooks & Manza 2007 for an elaboration). For my purposes, viewing history as a way of understanding why some processes

occur and others do not (especially how policies over time have created interests both among the elite and mass public) (Thelen 1999), is an appropriate way of conceptualizing political institutions. As is evident, the words "policy" and "institution" can be used interchangeably. A reason for equating policy with institutions is that a policy is often the same as a welfare program or a welfare institution. According to Suzanne Mettler, "policies function as institutions, imposing particular norms and rules on recipients" (Mettler 2002: 352). This citation illustrates well the interrelation between the concepts.

To understand how institutions affect the behavior of elites, interest groups and citizens, institutional theory is a relevant point of departure. Research regarding the influence of political institutions and policies on different actors has long been the primary interest for policy studies only. Their focus has been the policy process—why certain policy paths are chosen, why and how policies change or not—and how policies affect future policy-making and governmental action (a few examples being Pierson 1994; Rothstein & Steinmo 2002; Pierre & Rothstein 2003). Hence, institutional theory has been frequently used to explain how policies affect elite action and interest groups. The same line of thought is valid when it comes to effects on citizens' political lives. Just as policies and institutions tend to reproduce themselves and create interests at the elite level, they also create interests at the mass level, affecting citizens' political preferences and political actions. Policy feedback, then, is about how the formal and informal rules of both political and social life affect different actors' political behavior. The policy feedback perspective does not in any way neglect the citizen's perspective, but rather that the research in this field has long focused on policy effects on politicians, bureaucrats and interest groups (Pierson 1993: 595-598).

Establishing that policy feedback effects exist is, however, relatively straightforward. To actually capture these effects, it is necessary to find out "how, when, and where particular effects are likely to occur" (Pierson 1993: 597). Put differently, we should ask how the variation in welfare state arrangements affect individual political behavior, the political distribution of power and the outcomes of political processes (Rothstein 1996). To be more specific, "To understand why policies produce different types of feedback, we need to identify the underlying dimension of

policy variation that have political significance for mass publics: visible vs. hidden, targeted vs. universal, obligations-oriented vs. rights-oriented, participatory vs. non-participatory, supervisory vs. distant, generous vs. stingy, privately provided vs. publicly provided and so on" (Mettler & Soss 2004: 14f). However, what one soon discovers dealing with this body of theory is that institutional theory actually has very little to say what exactly it is in institutional design that produces policy effects. It is basically up to each and every researcher within the policy feedback field to define which aspects of design that potentially have all these consequences the theory prophesizes.

## Conditions for policy feedback effects

The lack of specifications of "how, when and where" policy feedback effects operate has been one target of the theoretical and empirical developments regarding feedback effects on citizens' political behavior (see Mettler & Soss 2004). To investigate under what institutional circumstances citizens raise welfare state grievances through political action, a crucial task is to identify relevant dimensions of welfare state institutional design that are likely to these produce feedback effects.[15] Thus, the attractiveness of the policy feedback perspective is its recognition that the institutional context affects individuals' political behavior.

   Feedback effects are likely to occur within the realms of the welfare state in two different ways. First, by creating both incentives and constraints for political participation, institutions and policies produces feedback effects framing what the individual sees as possible and not (Pierson 1993; Goul Andersen & Hoff 2001; Mau 2003; Holzner 2004; Mettler & Soss 2004). Second, since several aspects of the welfare state reach a wide array of citizens, the welfare state becomes a highly visible public policy and political arena that, in turn, is believed to affect opinions of mass publics as well as political preferences and actions of individuals (Pierson 1993; Soss & Schram 2007). The conditions for these so-called interpretative effects concern the visibility and traceability of policies—that is, the policy information being spread among the public.

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[15] Chapter 3 is devoted to develop the analytical tool, which implies deriving aspects of institutional design that most likely produces feedback effects and affects the relationship between welfare state dissatisfaction and political action.

Thus, citizens must be able to distinguish between different policies as well as to connect a policy outcome to actions taken by government. In other words, to what extent welfare states' policies are likely to give rise to interpretative policy feedback is, among other things, dependent on to what degree citizens directly or indirectly can experience the products of the welfare state through transfers and services (Pierson 1993).

Further development of under what conditions policy feedback effects operate have shown that the *proximity* and *visibility* of a policy area influences to what extent we can expect policy feedback effects (Soss & Schram 2007). Issue mobilization is most likely to occur when an individual's experience matches the sociotropic information produced by mass media (cf. Mutz 1998). According to Soss and Schram (2007), the reason why the electoral support of the Democratic party in the United States failed to increase despite transforming the unpopular Aid to Families with Dependent Children (AFDC) program into the successful Temporary Assistance to Needy Families (TANF) program was due to the low level of proximity and visibility of these programs. Since only a small proportion of American citizens are welfare recipients, misperceptions and fallacies in the mass media and public opinion about the nature of welfare recipients and the functioning of the program remained and, as a consequence, support for the Democrats did not increase. Instead of politicization and mobilization of target groups, the situation is better described as stigmatization and alienation among the welfare recipients and sustained image of undeserving recipients (cf. Schneider & Ingram 1993). In summary, the higher the proximity and visibility of a program, the higher the possibility of feedback effects. Conversely, the lower the proximity and visibility, the lower the possibility of feedback effects.

Political institutions and policies are not only supposed to influence the conditions for *whether* citizens use political action, but also *how*, or which forms of political action they use (Holzner 2004; Campbell forthcoming). How policy feedback conditions choice of political action remains, however, an open question. My argument in favor of using a perspective that takes both individual-level effects and policy feedback effects into account when investigating political action fits well with arguments put forward by, for example, Andrea Campbell and Claudio Holzner. What is interesting is that Campbell and Holzner, despite com-

ing from different research perspectives within political science, arrive at a similar criticism of the American research on political participation conducted by Verba and colleagues. Campbell raises her criticisms from the policy feedback perspective, stating that actual policies are absent from the models traditionally used to explain political participation. This argument is similar to the one I put forward earlier, claiming that both actual policies and political institutions are missing from the traditional explanations of participation such as the Civic Voluntarism Model.

Holzner raises his criticism from the social movement perspective. As he expressively writes, "While needs and preferences are necessary to motivate political activity and factors such as income, education and attitudes certainly matter in explaining who participates and how, a more complete story of political participation must pay attention to the specific ways that institutions enable and constrains citizen activism by affecting the *choice* of possible actions available to citizens and by shaping incentives individuals have for undertaking the different actions available to them." (Holzner 2004: 9). Thus, what is missing in theories and investigations of political participation can be partly found in theories of social movement—a recognition that state institutions can affect citizens' political action (Holzner 2004: 2; Blatt 2008: 391-392). In other words, the state is highly influential when it comes to providing political opportunities for action (Tarrow 1998: 81-85). If I apply the concept of political opportunity structure from social movement theories, the way welfare state institutions are designed induces incentives and constraints that to a varying degree create opportunities for citizens to raise grievances through political action. However, the social movement perspective can also be criticized for being too state-oriented and placing too much emphasis on organizations and collective action; to a large extent this is exactly opposite to the criticism that is directed against political participation studies where the center of attention is always the individual (see Uba 2007: 15-16 for a similar argument). In other words, it appears as though the policy feedback perspective serves as a bridge between research on political participation and research on social movements.

In summary, policy feedback effects influence not only if and what forms of political action citizens view as possible, but also what citizens think is possible to accomplish politically (Holzner 2004: 12, see also;

Schneider & Ingram 1997; Mau 2003; Mettler & Soss 2004; Campbell forthcoming for a similar discussion). Thus, the important development in much of the recent research is the emphasis and specification of policy feedback effects on the public and not just feedback effects dealing with how policies affect the interests and actions of organized groups and political elites (Pierson 1993; 1994; Mettler & Soss 2004; Campbell forthcoming). In addition to having a better understanding of what aspects of institutional design actually matter, we now also have better knowledge about under what conditions feedback effects are likely to occur.

## Chapter conclusion and implications for my study

Throughout this chapter, I have used theories and empirical conclusions from previous research to put forward arguments for an integrative perspective on political actions. To study under what conditions institutional design affects whether and how citizens who are dissatisfied with the welfare state's performance use political action, a number of perspectives are combined. By using theoretical and empirical knowledge from political participation research, I relate and highlight my concept of political action on welfare state issues to the standard definitions of political action. I argue that welfare state-related political action should be viewed as any other political action and not only as small-scale or everyday action. This means that the only principal difference between political action in general and political action on welfare state issues is that I take the target of political action into account. Moreover, by directing criticism to the often non-political explanations of political action, I argue in favor of using *political* explanations, in addition to individual resources and cognitive explanations, to political action. In fact, policy dissatisfaction, broadly defined, is an uncommon explanation for political action in previous research, which highlights the need of elaborating on this relationship. The most comprehensive work on how evaluations of government performance affect political behaviors is the economic voting literature. Through the various developments of this perspective, political scientists today both consider a wider array of policy areas as well political preferences. Thus, this perspective provides arguments for why we should expect policy satisfaction and dissatisfaction as a result of evalua-

tions of welfare state services to affect citizens' political action. The increasing dissatisfaction with welfare state performance—often locally-produced public services—might also undermine normative support for welfare state politics in the long run. As discussed, political action on welfare state issues are expressions against further deterioration of the welfare state, which could be interpreted as support for welfare state politics. Thus, the question of political action on welfare state issues is also connected to the normative support of welfare states.

The argument about why institutional design should affect the relationship between dissatisfaction with the welfare state and political action is based in the policy feedback literature. The policy feedback field stems from new institutional theory and claims that the design of institutions creates incentives and constraints on the political behavior of elites, organized interest and citizens. So far, the policy feedback arguments put forward have dealt with why we should expect feedback effects *at all* from politics due to the design of policies and institutions. But in order to actually make use of the policy feedback perspective, I must put forward arguments on how these processes actually look—that is, what aspects of the institutional design of public service institutions produces the expected feedback effects discussed above. As discussed in Chapter 1, each component of my research model is, in itself, a feedback effect, depending partly on the design of welfare state institutions. How citizens evaluate government performance, or more specifically the quality and availability of public service, is the first feedback effect. Thus, to what extent citizens perceive welfare state services as good or poor, necessary or unnecessary, are partly a consequence of how they experience and comprehend the outcome of policies through political results. To what extent citizens uses means of political action on welfare state issues is a second feedback effect, and partly a function of the institutional incentives and constraints that to a varying degree creates opportunities for political action. The third, and for my purposes the most important feedback effect, is to what extent the design of welfare state institutions influences the relationship between dissatisfaction and political action. From this, it is evident that the variation in design needs to be captured in order to grasp why different policy feedback effects can be expected. Hence, the next step in my study is to specify the mechanisms that help us under-

stand the democratic consequences of welfare state politics in general and, in particular, whether the design of welfare state institutions conditions the relationship between dissatisfaction with the welfare state and political action.

# 3.
# Institutionalized Citizen Empowerment

One of the central claims of my study concerns the policy feedback perspective and its acknowledgement that institutions and policies influence the political thoughts and actions of citizens. To further strengthen the argument that the design of welfare state institutions potentially affects the level and form of political action used to raise grievances about the welfare state, a crucial task is to derive and unravel which design features of welfare state institutions most likely give rise to feedback effects on citizens' political attitudes and behavior (see Mettler & Soss 2004: 64 for similar arguments). The present chapter attempts to open up the black box of welfare state institutional design.

   In this chapter, I develop the theoretical and empirical foundations of the analytical framework. Taking theories on citizen empowerment as my point of departure, I develop theoretical arguments concerning which aspects of institutional design could be expected to have the potential to affect individuals' political behavior. From these theoretically derived aspects of institutional design, I then empirically investigate the extent to which these design features are *actually* present and *how* they differ, using a selection of Swedish welfare state institutions. In the end, I use the empirical findings to develop a general hypothesis about how the degree of institutionalized citizen empowerment affects the relationship between dissatisfaction with the welfare state and political action. In summary, this chapter contributes to a better elaborated explanation as to when and how citizens use political action to raise their dissatisfaction with the welfare state.

## What is institutionalized citizen empowerment?

To determine what aspects of institutional design are most likely to produce feedback effects on citizens' political action, I argue that a perspective that emphasizes the power relationship between the institution and the individual is useful. The main theoretical and analytical tool to be used in this study is *institutionalized citizen empowerment* (Hoff 1993;

Kumlin 2004; see also Schneider & Ingram 1997; Soss 1999; Goul Andersen, Torpe & Andersen 2000 for similar discussions). The concept stems partly from the participatory theory of democracy, in which empowerment is seen as an important tool for the transformation of individuals into democratic citizens (Sørensen 1997). From their outset, an important task of political institutions and policies is to promote active citizenship and democratic values (Schneider & Ingram 1997). As discussed in Chapter 1, there is an ongoing academic and political debate about the consequences of increasing citizens' opportunities for participating in political decision-making. Parallel to this debate, numerous examples can be found where local and national governments encourage citizen participation and action in decision-making (Gilljam & Jodal 2006). In other words, not only are there numerous arguments in favor of more empowering political institutions and policies, such institutions exist already.

Institutionalized citizen empowerment should be understood as a power balance between the individual and the welfare state institution. The higher the degree of influence a citizen has, the higher the degree of empowerment. Conversely, a lower degree of influence, which indicates that the institution has a great deal of control over the individual, equals a lower degree of empowerment (Hoff 1993: 78f; Kumlin 2004: 55ff).[16] Thus, institutionalized citizen empowerment refers to a process where the design of an institution enables individuals, to varying degrees, to exercise power in their own life situation (see Peters & Pierre 2000: 10 for a similar argument). Some institutional arrangements encourage active and involved citizens, others do not. The general argument is that different institutional arrangements have different effects on citizens' political behavior. This expectation can be traced to the argument of

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[16] There are studies comparing aspects of design in welfare state institutions or programs without using the concept of Institutionalized Citizen Empowerment. However, the argumentation on why program design should matter is very similar and hence useful for the purposes here (see Campbell forthcoming). Although I aim to compare public service institutions, some of the relevant aspects of institutionalized citizen empowerment are also highly applicable to welfare state programs (such as in the American context) and social insurance programs for cash benefits. This mix of institutions, policies, programs and social insurance should not be seen as a downside, but merely that this research on feedback effects can be carried out both on different levels and on different aspects of the welfare state (see Soss et al. 2007 for a similar argument).

policy feedback effects: though policies can create incentives for citizens to act in ways that affect their socioeconomic circumstances (Pierson 1993), policies could also affect how citizens think and act towards the political system. Mettler and Soss express this as "/.../policy designs shape citizens' personal experiences with government and hence influence processes of political learning and patterns of political belief" (Mettler & Soss 2004: 62). This indicates that citizens generalize their encounters with the welfare state to government as a whole (see Soss 1999; Kumlin 2004). When encountering a welfare state institution, the citizen becomes more or less empowered depending on the institutional design, which I argue should affect the relationship between dissatisfaction and political action. Thus, the effect of dissatisfaction on political action should vary with the degree of empowerment. Institutionalized citizen empowerment is, then, my definition of the mechanism through which feedback effects operate.

The degree of institutionalized citizen empowerment is closely connected to the extent that institutional design promotes democratic citizenship: "People can come away from encounters with government feeling informed and empowered or helpless, ignorant and impotent" (Schneider & Ingram 1997: 79). The extent to which citizens can exercise power in encounters with public institutions is then connected to the degree to which "policy designs encourage active responsible citizenship by providing arenas for participation and expectation that citizens will become involved" (Schneider & Ingram 1997: 80). Thus, the design of an institution can be more or less empowering for the individual and, as a consequence, policy feedback effects vary with institutional design. This implies that the design of an institution can have both positive and negative feedback effects.

To understand why citizens take action or not on evaluations of policy outputs, it is important to investigate relevant dimensions of institutional design that could be more or less empowering for the individual. Past research has relied upon a variety of institutional design features. Common features are the distinction between *universal* and *selective* institutional arrangements, especially a distinction between institutions with varying degree of *bureaucratic discretion* (Soss 1999; Mettler 2002; Campbell 2003) *or* the presence of *exit* and *voice* opportunities (Sørensen

1997; Goul Andersen & Hoff 2001; but see Kumlin 2004 for a combination of discretionary power and exit options). My aim is to provide a more comprehensive picture of the character of welfare state institutions by bringing together more dimensions of institutionalized citizen empowerment than what is usually done. It is unlikely that *a single* aspect of institutional design create policy feedback effects. Rather, I argue that it is important to provide a more comprehensive picture of the nature of citizen empowerment of welfare state institutions to be able to assess potential policy feedback effects. My analytical framework guiding the comparison of the degree of institutionalized citizen empowerment in Swedish public service institutions consists of five empowerment dimensions: *universalism, bureaucratic discretion, exit options, voice opportunities* and *legal rights*.[17] Below, I first provide a theoretical elaboration of these central dimensions before discussing the empirical evidence of policy feedback effects of institutional design found in previous research.

## Universalism

The distinction between universal and selective welfare state programs is one of the most powerful distinctions in terms of political consequences (Hadenius 1986; Rothstein 1998; 2003). The legitimacy of the welfare state in general, and universal programs in particular, are dependent on support from the citizens, and especially the middle class. In its position as a core constituency, the middle class is highly affected both economically and politically by welfare state policy (Esping-Andersen 1990; Rothstein 1998; Svallfors 1999b).

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[17] It is also important to highlight why other potentially relevant aspects from the literature are *not* included. In a review article by Campbell (forthcoming; see also Campbell 2007), five aspects of institutional design of welfare state programs are discussed: universalism, program funding, program administration, duration of benefits and interest group mobilization. Universalism and program administration (bureaucratic discretion) are topics discussed above. Although the three remaining aspects are interesting, I nevertheless argue that they are of less importance for my purposes. I argue that program funding, whether it is about tax subsidies, payroll contributions or national insurance contributions, is partly captured by the universalism aspect (see Rauch 2007: 251) . Duration of benefits is not applicable when comparing the institutional design of public *services*. Finally, interest group mobilization is something I view as a *consequence* of institutional design rather than as an aspect of institutional design.

Although *universalism* can be defined in several ways, the concept usually denotes features such as compulsory legislation, entitlement to service by residence (and not by need or financial situation), equal accessibility and uniformity in benefits across individuals, and tax financing (Sainsbury 1988: 339; 1996: 18-19; Rothstein 1998: 18; see also Anttonen 2002: 77; Rauch 2007: 251).[18] Thus, a universal welfare state program is accessible to everyone and not dependent on income or eligibility. Universal programs enjoy special status; many citizens have their own personal experiences of such welfare state programs, hence proximity is high. Universal programs are also highly visible in the public discussion, which together with the proximity dimension make policy feedback effects likely to occur (Soss & Schram 2007). In summary, universal institutions are associated not only with social justice, but also with a wide range of positive political consequences in terms of democratic citizens.

Selective programs are the exact opposite of universal programs. They are targeted at certain groups and criteria in terms of needs and means must be met to gain access. The proximity and visibility of these programs, and hence the support for selective programs, are generally lower compared to universal programs. Selective programs are often accompanied by a discussion on whether the target populations deserve the program, which in turn causes stigmatization (Schneider & Ingram 1997; Rothstein 1998).

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[18] Since universalism consists of several aspects and few welfare state programs or cash benefits are truly universal, it is legitimate to talk about the degree of universalism (see Rauch 2005: 4 for a similar discussion). Although the degree of universalism may sound counterintuitive, real welfare state programs and cash benefits are indeed universal to different extents. A universal public service might be targeted at a certain group (such as child care or child allowances in Sweden), while accessibility is universal within this group. In the same way, universal public services financed by taxes could still have (limited) user fees or client co-payments. Thus, the level of user fees also influences the level of universalism. What we are dealing with are really two different dimensions. The first is whether a welfare state policy is universal or selective and the second is whether the provision of service is allocated generally or is discretionary (see Hadenius 1986; Rothstein 1998). Here, I make use of both distinctions by treating universalism and bureaucratic discretion as two separate dimensions. It should also be pointed out that to Rauch (2005), universalism is an all-embracing category that includes aspects such as legal rights and the (absence) of discretionary power. In the literature on policy feedback and empowerment referred to above on, many of these aspects are discussed as separate dimensions.

## Bureaucratic discretion

The degree of *bureaucratic discretion*—to what extent caseworkers have the power to interpret loosely formulated laws regulating a public service area (Soss 1999; Kumlin 2004)—is a central, but not necessary, feature of many selective programs. The more discretionary power a caseworker has, the lower degree of empowerment for the individual. According to Lipsky (1980), the citizen runs a greater risk being subject to arbitrary judgments in a situation where loosely formulated laws or informal practice exists. Hence, in such situations, the transparency of the process is heavily diminished, which is disempowering to the individual (see also Peters & Pierre 2000). The more an individual encounters street-level bureaucrats, the lower their degree of empowerment due to the risks of arbitrariness and a situation where one is dependent on the assessments of a caseworker. Conversely, the citizen becomes more empowered in an encounter surrounded by high degree of bureaucratic rationality and transparency (Soss 1999; Campbell 2003; forthcoming)[19]. Thus, there is a trade-off between citizen empowerment and discretionary power: if citizens are to be empowered through an increase in influence over their own situation, bureaucrats need to have some room for maneuver, which makes a certain degree of discretion necessary (Peters & Pierre 2000).

To nuance the discussion, I believe it is important to highlight different forms of discretionary power. To be fair, all street-level bureaucrats, such as teachers, doctors or social workers, exercise discretionary power; to which extent this power is exercised, however, differs between welfare state institutions. Therefore, one should "distinguish between needs-testing that represents an application of professional norms (as when a physician prescribes a certain treatment for a patient) and needs-testing done in order to determine the individuals' ability to pay, i.e., *means-testing*" (Rothstein 1998: 19). In addition to this, I argue that one must also distinguish between needs-testing carried out to gain access to public service and needs-based testing carried out after access is gained. In other words, bureaucratic discretion is used in one way in admission tests for

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[19] Interestingly, the empowerment of civil servants is characterized by *increasing* their discretionary power, hence increasing the freedom to adapt the situation to the welfare user/client. In other words, the mutual empowerment of citizens and civil servants implies conflicting ends (Peters & Pierre 2000).

selective welfare state programs, and in another way in the daily work of a doctor or a teacher. Furthermore, it is also important to distinguish between a single admission test and repeated case reviews, as is the case for American welfare recipients (Soss 1999). For my purposes, and what I argue primarily affects empowerment, bureaucratic discretion refers to means- or needs-testing carried out to assess whether an individual qualifies for the provision of a service or not (i.e., how to gain access). The absence of bureaucratic discretion could therefore imply the application of professional norms.

## Exit

Although modeled in the commercial context, the typology of exit, voice and loyalty developed by Albert Hirschman (1970) has proven highly influential in the theoretical work on the relationship between the citizen and the public sector. The typology has, among other things, been used in discussions about institutionalized citizen empowerment (Hoff 1993; Möller 1996; Goul Andersen & Hoff 2001; Kumlin 2004).

The presence of *exit options* provides citizens with an alternative when they feel dissatisfied with current service conditions; the threat of alternatives could also influence the institution toward taking better care of its users. Thus, exit options are assumed to increase citizens' influence, since their opinions are regarded as more important by the institution (Möller 1996; Kumlin 2004). Exit occurs, *in theory*, either to a different service provider (public or private), or through a complete exit, where no other service alternative exists (Hirschman 1970; Lyons & Lowery 1986; 1989; Dowding et al. 2000; Dowding & John 2008). Complete exit cannot, however, be considered as something that contributes positively to empowerment, but rather the opposite. Therefore, I only consider whether real exit options are present or not. If exit options are present, the citizen experiences a higher degree of autonomy, which empowers the individual. Exit can, however, be obstructed by emotional attachments and feelings of loyalty (Sørensen 1997). Thus, the presence of exit options does not immediately imply that citizens "vote with their feet" when they are dissatisfied. It is also equally possible that the exit alternative can be used as a threat against the institution, which then would empower the citizen to express discontent through political action.

## Voice

*Voice opportunities* comprise formal mechanisms of citizen influence. Although voice in Hirschman's typology refers to "…any attempt at all to change, rather than escape from, an objectionable state of affairs, whether through individual or collective petition to the management directly in charge, through appeal to a higher authority with the intention of forcing a change in management, or through various types of actions and protests including those that are meant to mobilize public opinion" (Hirschman 1970: 30), voice is also a dimension of institutionalized citizen empowerment tested in previous research (Goul Andersen & Hoff 2001: 139-141). This implies that voice could not only be seen as a course of action, but also as a form of formalized citizen influence.

Improving voice opportunities is commonly used to make public institutions more open and to increase citizens' influence  (Sørensen 1997; Peters & Pierre 2000). Thus, the presence of voice opportunities is believed to further empower the citizen vis-à-vis the welfare state institution in question. This view is highly inspired by participatory democratic theory where real influence, through user boards for example, fosters democratic, responsible citizens who will then increase their participation in politics in general (Pateman 1970; Sørensen 1997; Jarl 2005). Suffice to say, voice opportunities do not only imply user boards but also other, perhaps less politically connected, ways of exerting influence, such as the presence of complaint structures or influence over the actual service provision—something that increases the empowerment of the individual during their encounter with the welfare state (see Jarl 2001; Janlöv 2006 for a similar discussion).

By treating welfare clients and users like customers and by enhancing the dialogue between the welfare state institution and the individual, citizens are believed to experience increased empowerment (Sørensen 1997; Peters & Pierre 2000; Goul Andersen & Hoff 2001; Kumlin 2004). When facing a grievance, the presence of exit and/or voice opportunities empowers the citizen vis-à-vis the public authority and forces the welfare state institution to take clients' and users' dissatisfaction seriously. It is evident that the *combination of exit and voice* is strong in terms of

citizen empowerment since it both enhances possibilities of influence and autonomy (Hirschman 1970; Sørensen 1997).[20]

## Legal rights

The broad implications of the research referred to above are the same; contact with institutions with a more empowering design characterized by universalism, absence of bureaucratic discretion, exit options and voice opportunities furnish citizens with power resources which then should positively affect democratic citizenship. Even though there are good reasons to settle on the abovementioned design aspects, it is important to develop the concept of institutionalized citizen empowerment and add further dimensions.

In the discussion on universalism, I find the dimension of *legal rights* particularly interesting (see Rauch 2007). The dimension of legal rights has, to my knowledge, not been explicitly discussed in relation to citizen empowerment. I argue that legal rights should not only be seen as a measure of universalism, since it can exist for both highly universal and highly selective welfare state regulations. Legal rights to certain public services serve as a mechanism of accountability. The presence of legal rights in laws regulating public service areas strengthens the power of the individual vis-à-vis the public service area. If the law includes individual rights, the individual can claim these rights when encountering an institution; if dissatisfied, the citizen can appeal decisions on, for example, entitlement (Karlsson 2003). Thus, I argue that legal accountability can be compared to mechanisms of political accountability (see for example Taylor 2000; Anderson 2007), as stated legal rights to public service clarifies the lines of responsibility, which in turn empowers the citizen. Legal rights might enhance political action not only because the political target becomes clearer, but also because there exists a guiding rule for

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[20] It should be pointed out that exit and voice could both be seen as citizen empowerment that potentially influences political behavior, and as political behavior per se. That is, while I use the exit/voice typology to illustrate institutional design that to varying degrees empowers citizens, exit and voice can also be analytical categories of political action (see for example Lyons & Lowery 1989; Petersson et al. 1989; 1998; Dowding et al. 2000; Goul Andersen & Hoff 2001; Goul Andersen & Roßteutscher 2007; Kriesi & Westholm 2007; Dowding & John 2008).

what the individual, according to the law, is entitled to in terms of service.

## Empirical evidence of policy feedback effects of institutional design

American studies of the democratic effects of policy design have mostly discussed *universalism* and *bureaucratic discretion*. By comparing two means-tested American welfare programs, Soss (1999; 2002) found that the design of welfare programs affected how individuals receiving welfare thought and acted, not only within the program, but also in politics generally. The degree of discretionary power and clients' influence in the assessment process influenced the individual's perceptions of political efficacy; low levels of empowerment negatively affected recipients' beliefs in the effectiveness of participation and their trust and view of government's responsiveness. Conversely, a high degree of empowerment had positive effects on political action, trust, and sense of political efficacy. Andrea Campbell's comparison of Social Security, the most universal American welfare program, and other non-means-tested and means-tested American welfare programs, confirms the conclusions from Soss' study. Interestingly, she also found that, in controlling for age, income, and other resources, recipients of universal programs had higher participation levels than recipients of means-tested programs, which she concluded was due to the institutional design of the welfare programs (Campbell 2003). Campbell's conclusion indicates that explanations of political action are not just a matter of individual background features, but also the actual design of welfare state institutions.[21]

There is some empirical evidence in support of the importance of *voice opportunities*. By comparing Denmark, Sweden and Norway on, among other things, the relationship between dissatisfaction and political action,

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[21] By comparison, Verba, Schlozman, and Brady (Verba et al. 1995) also investigated the participation level among recipients of non-means-tested welfare programs (Social Security, Veteran's Benefits, Medicare, and student loans), finding that they participated to the same extent as other American citizens. They also investigated recipients of means-tested welfare programs (AFDC, Medicaid, Food Stamps), finding that they had considerably lower levels of political participation. The authors' explanation of this pattern does not include welfare program design. Instead, they find the explanation in the individual characteristics of the recipients. Campbell's work (Campbell 2003) indicates that individual level explanations are not enough; also, there are institutional explanations due to the feedback mechanisms at work.

Goul Andersen & Hoff (2001; see also Goul Andersen & Roßteutscher 2007) found that the relationship between dissatisfaction with public schools and political action was strongest in Denmark, which the authors concluded had to do with the well-established user board channels of influence in Denmark. However, these results concern political action taken in everyday situations (see discussion in chapter 2). The question is how well this conclusion applies when we are dealing with political action on welfare state issues—that is, regular political action but on a specific issue.

The argument of the participatory effects of voice opportunities can, of course, be contested by the fact that the exact opposite argument is also valid. Empirical research investigating the participatory process has found that the learning process that is taken for granted in participatory democratic theory is much more complicated in reality (Jarl 2004; 2005; Adman 2008). Jarl's study indicates that positive experiences of participation in user boards in public schools increase parents' interest and sense of efficacy both in school issues and in politics in general, but does not increase their level of participation in general politics. Thus, the participatory learning process is not complete. The presence of user boards also increased internal political efficacy among parents *not* participating in user boards, but otherwise few signs of a learning process could be witnessed in this group (Jarl 2004: 185-186, 204-206).

To further evolve this argument, the presence of formal voice opportunities might lead to a situation where citizens do not need political action to raise grievances. Thus, strong internal mechanisms of influence might be able to handle discontent, and as a consequence, dissatisfaction would not spill over into more general or "external" welfare state political action. If this argument is correct, the existence of voice opportunities should, first and foremost, imply lower general political action on welfare state issues among *users*, since they are immediately affected. However, I argue that whether the presence of internal voice opportunities leads to external political action or not, mechanisms of influence must still be regarded as an empowering design feature. At a minimum, the presence of voice mechanisms addresses grievances internally, but there are also good reasons to assume that it empowers citizens to voice grievances externally, through means of political action. Either way, power leans

toward the individual vis-à-vis the institution, something that in the long run is expected to have positive political consequences in terms of political interest, efficacy and action. Furthermore, since voice opportunities will be taken into account together with other aspects of institutional design, the general assessment is that on a more aggregated level, empowering design leads to positive feedback mechanisms regarding the extent to which dissatisfaction with the welfare state affects political action.

Empirical arguments put forward in previous studies confirm that the presence of *exit options* increases citizens' possibilities for exerting influence, and that exit combined with voice is a powerful mechanism (Möller 1996; Goul Andersen & Roßteutscher 2007). It should be noted that most of these studies investigate exit (and voice) as potential ways for exerting influence per se, and not as a feature of institutional design (Petersson, Westholm & Blomberg 1989; Möller 1996; Petersson et al. 1998). By combining the degree of discretionary power and the degree of exit options, Kumlin (2004) classified Swedish public service institutions into three categories: customer institutions (high degree of empowerment), user institutions (medium degree of empowerment) and client institutions (low degree of empowerment). Kumlin's main finding was that experiences with customer institutions had positive effects on political trust, while experiences with client institutions had exactly the opposite effect (Kumlin 2004). In summary, the empirical evidence at hand supports a view where exit options contribute to an empowering institutional design.

## The black box

It is argued that the five dimensions of empowerment discussed so far encourage democratic citizenship in general and political action in particular. But the mechanisms behind the process of empowerment to political action are still inside the black box. In what ways does institutional design empower citizens? What signals do individuals receive and what lessons are learned from different institutional settings? This section is devoted to shedding light on the causal mechanisms, such as political

efficacy, autonomy and knowledge, hinted in the above theoretical and empirical discussion about empowerment.[22]

Although each empowerment dimension can theoretically encourage active citizenship, my main argument is that these dimensions should be viewed comprehensively. An environment characterized by selectivity, a high degree of discretionary power, no channels of influence and no exit options sends totally different signals to the individual and the surrounding society in contrast to a universal institution allowing individual influence and where exit options exist. However, to reach this comprehensive picture, I first need to discuss the design features and mechanisms individually.[23]

As I discussed earlier, *universal* welfare state institutions send citizens signals of inclusiveness and fairness, which is supposed to render not only high degrees of support but also feelings of entitlement and deservingness. To be more or less unconditionally entitled to public service is, I argue, one key to citizen empowerment. The knowledge that a welfare state service is universally distributed not only increases feelings of inclusion and fairness but also citizens' own view of their political capabilities (internal political efficacy). Dissatisfaction with universal public service implies that more is at stake, and why political action—through the process of empowerment just described—is a more likely outcome.

Universality is often contrasted with its counterpart, selectivity or needs-based testing. As described in earlier sections, selectivity implies targeting, which creates stigmatization and a sense that the target group does not deserve the service, which could then be argued to reduce citizens' internal and external political efficacy. The presence of needs-based or means-testing, and as a consequence *bureaucratic discretion*, are of special importance. Through discretion, the institution exerts a greater amount of control over the individual, which further fuels the individual's feelings of powerlessness, both regarding their own capabilities to express their points of view and their beliefs about the responsiveness of the system. In other words, citizens are expected to generalize their ex-

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[22] The causal mechanisms are discussed on a theoretical level to specify how empowerment works at the level of the individual. I do not aim to test these mechanisms empirically since this would require panel data with which these processes can be traced.

[23] Since the discussion here is an attempt to summarize and further elaborate the mechanisms of empowerment already discussed, formal references are omitted.

periences with the welfare state and apply them to the government or the political system as a whole. Thus, bureaucratic discretion reduces citizen empowerment through low political efficacy, which is then associated with a lower degree of political action. As also discussed earlier, bureaucratic discretion has been shown to hinder political engagement, which is why I argue that it also works as a barrier for citizens to express their dissatisfaction through political action.

The possibility of choosing a different service provider, i.e., the existence of *exit options*, makes citizens less vulnerable to a single public authority. I argue that this strengthens individual autonomy and indirectly increases influence, since the institution is more likely to take citizens' opinions into consideration. The knowledge that options exist strengthens individuals' general self-confidence in their encounters with the welfare state. As shown in the previous section, while exit options per se make exit a more likely outcome than actually raising grievances, the possibility of exit nevertheless strengthens the power balance in favor of the individual through mechanisms of autonomy and self-confidence.

The mechanism leading the presence of *voice opportunities* to political action are similar to those discussed for universalism. However, the theoretical work on the mechanisms between voice and action are, as discussed above, more articulated, particularly through participatory democratic theory. One assumption from participatory democratic theory is that voice opportunities not only increase citizens' political efficacy, but also their knowledge of the political process or, more explicitly, how political decisions are made. Thus, the presence of voice opportunities also equip citizens with knowledge and administrative capacities about how the work of the public service institution is carried out and how lines of responsibility work.

The regulation of the provision of a public service through individual *legal rights* is assumed to work in ways that are similar to the dimensions discussed above. While knowledge about legal rights might be unevenly distributed across individuals, I argue that the existence of legal rights further strengthens the individual's ability to pressure the public service institution, since lines of legal responsibility are clearer. Legal rights then become yet another dimension of institutionalized citizen empowerment that increases individuals' self-confidence and political efficacy.

As should be clear from the discussion so far, several of the empowerment dimensions previously mentioned strengthen empowerment through the same mechanisms. Political efficacy is a central mechanism, but individual autonomy and knowledge are also important. Together, they shed light on how the design of welfare state institutions can to a varying degree empower citizens, which also implies consequences for democratic citizenship. That several dimensions of citizen empowerment work similarly further strengthens my assumption and argument about a comprehensive approach to citizen empowerment. Thus, focus should be primarily directed at the *combination* of empowering features and to what *extent* citizens are empowered, rather than trying to isolate the policy feedback effect of each mechanism. When certain features are combined, the degree of institutionalized citizen empowerment can be significantly raised or lowered. As is evident, the concept of institutionalized citizen empowerment is very useful since it allows a combination of several different aspects of institutional design.

One additional assumption that I make concerns why institutionalized citizen empowerment even matters for citizens' political attitudes and behavior. As briefly touched upon above, the central claim is that citizens generalize their experiences from encounters with welfare state institutions (Soss 1999; Kumlin 2004). Thus, how the work of welfare state institutions is carried out matters not only for how citizens view a welfare program in particular and the welfare state in general, but also how they view their own political capabilities and the political system itself. Although my discussion so far has centered on the effects of institutional design on citizens in direct contact with welfare state institutions, I argue that these effects can be extended to the general public.

In support of my argument is the fact that it is hard *not* to experience the Swedish welfare state—either directly as a user of public service or as an employee of the public sector, or indirectly as a taxpayer or as a consumer of media (Johansson 1998; Johansson, Nilsson & Strömberg 2001; Kumlin 2004; Edlund 2007; Nilsson 2008).

Support for my argument can also be found in research on the politicization of political issues. As shown by Soss and Schram (2007), a policy or a program must be both visible and proximate to the general public to be politicized, and able to affect public opinion and citizens' political

behavior. This standpoint rests on the notion that the public can learn lessons from welfare programs, even when they are not experiencing them directly: "Even without direct experiences with policy, the language and symbols contained in policy sends messages about what kind of people count as important, whose interests are likely to be taken seriously, and whose problems will probably be ignored. Policies are lessons in democracy" (Schneider & Ingram 1997: 79). Through mass media, citizens become aware of circumstances in public schools, waiting lines in health care centers, and the deterioration of elderly care. If such circumstances are viewed as a collective problem, rather than a problem for the single individual, political action is more likely to occur (Mutz 1998: 103). Research also shows that public service issues are frequently reported in Swedish local news media, and that health care, elderly care and public school are all highly ranked public service areas in terms of media attention (Johansson 1998: 66-71). Why I aim to test a hypothesis on how institutional design conditions the relationship between dissatisfaction with public service and political action among *all* citizens can be attributed to the fact that most Swedish citizens have personal and/or collective experiences of welfare state institutions. Whether patterns of dissatisfaction and political action differ between citizens in direct contact (users) or indirect contact (non-users) of welfare state institutions is then a question I address empirically.

## THE SELECTION AND COMPARISON OF INSTITUTIONS

It is time to move from the derivation of the analytical framework to its actual use, by beginning to assess Swedish welfare state institutions regarding the degree of institutionalized citizen empowerment they provide. As discussed in the introductory chapter, keeping the country context constant facilitates the comparison of welfare state institutional design. By performing comparisons of public service institutions within a welfare regime, I do not have to take national variations and cultures into account which makes the argumentation about the impact of feedback effects on the relationship between dissatisfaction with the welfare state and political action more straightforward. In this sense, I compare different welfare state institutions and potentially also different groups of citi-

zens (depending on the target population of a public service), while comparisons of welfare programs such as pension systems across countries implicate a comparison of equivalent groups, albeit in different countries. Alternative explanations and group effects will be discussed further in the next chapter, in relation to the empirical analysis.

To perform the comparison of welfare state institutions vis-à-vis their degree of universalism, discretion, exit, voice and legal rights—and to do so in a manageable way—it is necessary to make a selection of institutions. To qualify for selection, the institutions in question must provide a *public service*. Thus, this disqualifies institutions that handle social insurance and cash benefits. Choosing only public service institutions makes the comparison more straightforward. The Swedish context provides a variety of publicly-financed services and includes everything from public transportation to child care, schools, cultural activities, health care, dental care and elderly care.[24] The guidelines for my selection of institutions are that they should differ in terms of their design and that the institutions are core public service institutions in the Swedish welfare state. This implies that prior knowledge about the functioning of these institutions is important in order to avoid choosing institutions that are too similar in terms of their degree of institutionalized citizen empowerment. The theoretical and empirical discussion above regarding how institutional design produces feedback effects provides some hints in this respect.

Four public service institutions have been singled out from the variety of public service institutions in Sweden: public schools, hospital care, primary care (local health care centers) and elderly care. These institutions have been shown to differ in terms of design regarding the degree of institutionalized citizen empowerment based on discretionary power and exit options (see Kumlin 2004: 60).[25, 26]

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[24] In Swedish research on citizens' evaluations of locally provided public service (Nilsson 2008), over 20 different specific public services are usually included. Services that differ greatly, such as public transportation, housing availability, environmental care, health care, child health care, dental care, schools, elderly care, social assistance, care for the disabled, sports grounds, libraries, and tourism, are all aspects of Swedish service democracy.

[25] Public schools are not investigated in Kumlin's study. Primary care and hospital care were both labeled as user institutions while elderly care was labeled as a client institution.

Furthermore, I argue that the differences in design, *together* with the fact that these institutions constitute the core of Sweden's welfare state services and are therefore highly visible and proximate to most Swedish citizens, provide a solid ground for inferences about the likelihood of policy feedback effects. This implies that there is a strong possibility of actually capturing these feedback effects. Swedish surveys confirm that health care, elderly care, education/schooling and employment are among the top four issues perceived as important social problems (Holmberg & Weibull 2007a: 19). In summary, public schools, primary care, hospital care and elderly care are visible, proximate and politically salient to most Swedes.

The material used in the comparison is collected from various sources. In addition to academic books and articles, I used documents and investigations from the National Board of Health and Welfare, official reports, statistics from the Swedish national statistics organization, and other documents from the National Agency of Education and the Swedish Association of Local Authorities and Regions. In addition, I have also used the different acts regulating areas of public service. Thus, all of the materials used are official documents, often published on the web and accessible to anyone. My intention is to use statistics and documents that are as up-to-date as possible.[27]

In the process of mapping institutional design, I have read the various reports and documents to search for information that describes relevant elements of the four public service institutions that can be assigned to any of the five dimensions of institutionalized citizen empowerment. The mapping is conducted at a more general policy level and for its implications for the everyday practice and functioning of the public service institution. Thus, there are limits to the detail with which the features of public service institutions can be described: when it comes to actual practice there are differences not only between different regions of Sweden

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[26] It should be pointed out that choosing institutions using prior knowledge does not disqualify my own analysis of institutional design, since I intend to compare more aspects of institutionalized citizen empowerment than has previously been completed. Thus, while prior knowledge is crucial to making a selection, my in-depth analysis using several dimensions of empowerment could render different results.

[27] "Up-to-date as possible" implies that the most recent documents I have used are from 2004- 2006, since the surveys I make use of in Chapters 4 and 5 were conducted in 2004 and 2006.

(Johansson Sevä 2009), but also across schools or hospitals. Thus, policy feedback effects can occur on *at least* three levels: welfare state regimes, welfare state institutions and local welfare regimes. However, I argue that it is necessary to choose a more general level of analysis to be able to perform the comparison at all. In any case, my comparison of schools, primary care, hospital care and elderly care will be more detailed than what an equivalent comparison at the regime level would have been. Thus, all comparisons, regardless of level of analysis, can be questioned from a contextual point of view. The achievement of my study, as compared to those focused on mapping differences between welfare regimes, is that my mapping increases the understanding of actual functions— that is, which aspects of the institutions are empowering for the citizens and which are not. Ultimately, my study contributes to a better understanding of how institutional design produces feedback effects on citizens' political behavior.

To be able to determine the degree of institutionalized citizen empowerment in public service in Sweden, I now turn to empirical analyses of the actual design features of public schools, hospital care, primary care and elderly care, using the five dimensions of institutionalized citizen empowerment derived from previous research: universalism, discretionary power, exit options, voice opportunities and legal rights.

## INSTITUTIONALIZED CITIZEN EMPOWERMENT IN SWEDISH PUBLIC SERVICE

### Universalism

Regarding universalism, there is no doubt that public schools, hospital care and primary care are universal institutions. No formal needs-based testing takes place to assess who is eligible for the service in question, and all three institutions are primarily financed by taxes. This means that everybody has access to both public schools and the health care system, a feature that distinguishes them from elderly care.

*Public schools* (nine years of compulsory school) are completely free of charge. There are no tuition fees, no costs for books and school lunches are free. Even though availability is not a problem with public schools, cutbacks are primarily noticed in larger classes. While these problems do

not change the basic principle of universalism, they do affect the quality of the service.

Health care enjoys a special status in its position as a strong "public good" (Pettersson 2007). Not only do most citizens have regular contact with the health care sector during their lives, the health care sector has long enjoyed the highest level of confidence among welfare state institutions (Holmberg & Weibull 2007b). When encountering *primary care* or a *hospital*, a patient fee must be paid. In general, however, this fee is considered to be low. If a citizen has frequent encounters, health care becomes free of charge after a certain amount of paid patient fees (high cost protection schemes). However, there are problems of both perceived and actual availability of health care, such as long wait times at both local health care centers and emergency rooms, and in particular, months or sometimes years of waiting for specialized medical care such as surgeries (Socialstyrelsen 2002; 2004).

Swedish elderly care differs fundamentally from public schools and health care. All forms of *elderly care* are selective and assessed on a needs basis. Two examples include public home help service (which is the most common care), and residential care (retirement homes). Here, I focus upon these two features of elderly care since they are provided "on a regular and long-term basis" (Rauch 2007: 253). Citizens aged 65 years or older must apply for care, and receive a level of care in accordance with their needs, depending on their health status (Janlöv, Rahm Hallberg & Petersson 2006). The threshold for qualifying for home help service is lower compared to retirement homes. Both programs have undergone changes regarding the application process, meaning that the criteria for receiving elderly care have been tightened (SOU 2001:79: 113; SCB 2006: 416; Sveriges kommuner och landsting 2006b: 20). As such, elderly care is only provided to those who need it the most (Janlöv, Rahm Hallberg & Petersson 2006; SCB 2006: 413). Thus, over time, the degree of needs-based testing has increased, since economic restraints, together with a growing number of old people, has made it more difficult to meet the criteria for receiving elderly care. Even though elderly care is mostly funded through public taxes, user fees must also be paid. The fee is decided by the municipality using national guidelines, and is based on the scope of the individual's need for care and their means of paying for

it. However, maximum fees are in place that limit the costs for the individual (see Göteborgs stad 2008 for an example).

In summary, the individuals in contact with public schools, hospital care and primary care encounter universal institutions, whereas the individuals in need of elderly care encounter not only selective institutions, but must also experience a needs-based assessment—a procedure that clearly balances power in favor of the institution.

## Bureaucratic discretion

Neither *public schools, primary care* nor *hospital care* can be said to have caseworkers in the strict sense of the term. Of course, teachers have considerable power over their pupils, in the same way as a physician has power over a patient. Even though matters dealt with by teachers and physicians are of extreme importance, they do not have to interpret loosely formulated laws in order to judge whether an individual is eligible to receive the service in the first place. However, I would argue that regardless of discretionary power, given the strength of the profession, a doctor has considerable power over the individual seeking medical treatment (Statskontoret 2007:19). Following a similar line of argument, a teacher also has great power over a pupil through the evaluations and grading that takes place, as well as through decisions on remedial training.[28]

Since *elderly care* is subject to needs-based testing, the decision on whether an individual fulfils the requirements is taken by a home help officer. Since the 1990s, the number of persons receiving public home help service has increased, while the number of persons living in retirement homes has decreased (SCB 2006: 411). In general, though, the number of people aged 65 years and over receiving elderly care has decreased. The main reason for this is improved health, but families and

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[28] See the discussion in the section "Universalism" above. To elucidate, in schools and in health care, there are a variety of situations where teachers and health care personnel exercise power. There are, for example, important decisions that need to be taken, such as priorities among patients requiring a specific kind of surgery or whether a pupil needs remedial training. These decisions, however, differ from the discretionary power in a needs-based testing process when a person is being assessed for their eligibility to receive a service to begin with. This form of needs-based testing, and the discretionary power of a caseworker that usually follows, does not take place for schools or for health care. For an illustrative discussion about teachers as street-level bureaucrats, see Fredriksson 2007.

close relatives have also taken on greater responsibility for their care. In addition, the economic resources available for elderly care, relative to the population of older people, are smaller today (SCB 2006: 411, 413, 418, 421). Today, potential support from close relatives and the individual's own economic situation are included in the needs assessment (Szebehely 2000: 197), which indicates that the degree of needs-based testing has increased.

In addition, only those with the greatest need will receive home help service, as the service itself has changed in character. Services such as housekeeping, food shopping and walking are now less common, and in some cases municipalities have ceased offering them (SOU 2001:79: 113, see also my discussion in the section Legal rights).

A study of older citizens' experiences of their influence on the provision of care, (Janlöv, Rahm Hallberg & Petersson 2006: 27-33) confirms the perception of an unequal distribution of power in the assessment process. For example, many older people feel that they have no option but to accept the help that is offered; in other words, the scope of individual consideration is very limited. Knowledge is unequally distributed, since older people usually have no information on their rights or what help is available, which further limits their potential influence on the assessment process. Furthermore, the study by Janlöw et al. (2006) also shows that professionals are seldom keen on the idea of sharing power, even though it is a well-known fact that power-sharing makes the client feel more empowered, instead of resigned and disempowered. The applicant is also dependent on the decision the social worker will take, which makes the person applying for help even more disempowered. All told, "[b]oth older persons and family members lacked knowledge about the aims, structure and procedures of the needs assessment process. None of them could identify the actual needs assessment, how it was performed, grounds for the decisions, their rights or obligation which probably makes participation [in the assessment process] difficult" (Janlöv 2006: 78).

In conclusion, as a consequence of the universal characteristics of public schools, hospital care and primary care, there are no caseworkers with the power to assess an individual's eligibly for service, which strengthens the individual's sense of empowerment. Thus, even though selectivism

and discretionary power do not have to coincide, this is, in fact, the case in the four institutions investigated here. The only needs-based institution, elderly care, is also characterized by a high degree of bureaucratic discretion. However, other forms of assessment processes do take place within the three universal institutions as well, ranging from decisions taken by principals and teachers in public schools, to nurses and doctors in primary care, to the highly needs-based tested procedure for determining the recipients of specialized medical care. With regard to elderly care, both objective indicators such as legal rule and subjective indicators such as user surveys and interviews point to the fact that the home help officer needs to interpret a loosely formulated law, which, as a consequence, creates a relationship based on unequally distributed power. Many users also talk about their lack of influence. In terms of institutionalized citizen empowerment, the presence of caseworkers deciding who is entitled to elderly care reduces the individuals' degree of empowerment.

## Exit options

In theory, exit options within the school system and within the health care system are fairly good. This conclusion is also confirmed by other studies (Goul Andersen & Hoff 2001; Statskontoret 2007:19).

Regarding *public schools*, the law regulating the school system in Sweden clearly states that the parent/guardian has the right to choose a public school for the child within the municipality/district, and that the municipality should obey this wish so long as it does not interfere with the placement of other children or has negative economic consequences (Skollag 1985:1100: 4 ch, 6 §). However, this opportunity is often constrained by budgetary restrictions and is far less evident when it comes to actual practice. The exit opportunity outside the public system is attending a so-called charter school. These are schools where the municipality is not the responsible authority, but where financing comes from public funds. Exit to charter schools has increased and is today relatively common. In 2005/2006, Sweden had 596 charter schools (nine years of compulsory schooling) in 173 municipalities. Eighty-eight municipalities had charter high schools. However, roughly 100 of 290 Swedish municipalities lack charter schools, implying that exit options differ regionally (Skolverket 2005). The proportion of pupils in charter schools has in-

creased from one percent in 1992 to just over seven percent in 2005. In 2005, 15.5 percent of pupils in Sweden's major cities went to charter schools, compared to two percent in sparsely populated municipalities. One-third of all charter schools are located in the Stockholm region (Skolverket 2008). In a report from the Swedish Agency for Public Management, exit options within the school system are, on an overall level, judged to function fairly well, given the usually limited number of times that citizens make these choices (Statskontoret 2007:19: 92).

Turning to *hospital care* and *primary care*, around one-quarter of the visits at local health care centers in Sweden are visits to health care centers where the care provider is private, but publically funded (Sveriges kommuner och landsting 2005). Although it is hard to compare figures, a rough estimate is that ten percent of all doctor appointments in primary and special care are appointments with private doctors. However, if the full range of alternative care providers (e.g., private doctors, foundations, and cooperatives) is included, 7.3 million of 24.8 million appointments in the health care sector are carried out by health care providers other than those run by regional governments or city councils (Landstingsförbundet 2004; Sveriges kommuner och landsting 2005).[29] With regard to exit options within the health care system, the law prescribes that a citizen can choose to receive his or her medical treatment from any health care center and hospital within the county council or, under certain conditions, from health care providers in other councils (Hälso- och sjukvårdslag 1982:763; Statskontoret 2007:19). In the annual survey on health care, 52 percent of the respondents reported having the opportunity to choose which hospital within the region they would be treated in (Vårdbarometern 2002). More exit options are available for basic medical treatment in primary care compared to the highly specialized care that can only be carried out at hospitals. The formal right to choose is, however, evident in both cases. Irrespective of the type of health care, the choice of exit is circumscribed, since the need for medical treatment often occurs unexpectedly (Statskontoret 2007:19: 49).

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[29] These figures can be nuanced by the fact that 80 percent of private doctors in primary care follow a national system of patient fees, which means that seeing a private doctor does not have to cost any more than visiting a public doctor (Sveriges kommuner och landsting 2005). This situation can, to some extent, be compared with the funding of charter schools.

   Exit options in terms of consumer choice within *elderly care* are a fairly new phenomenon and have existed only since the early 1990s. Nevertheless, exit options are considered to be restricted (Statskontoret 2007:19). A consumer choice system means that the municipality decides to let private companies compete with the public care provider, and that the user can choose between different care providers. The consumer choice system is heavily debated and public support for letting private actors provide elderly care services is low (Nilsson 2004a). At the end of 2006, 27 of 290 municipalities had introduced consumer choice systems for elderly care services (retirement homes and/or home help service), and 24 municipalities reported having plans to introduce consumer choice in, primarily, home help service. In 2005, 11 percent of those aged 65 and older and receiving elderly care received this care from a private care provider. Consumer choice is a phenomenon both in large and small municipalities (Socialstyrelsen 2007: 7-10). Since the guidelines about who is entitled to elderly care have been tightened due to general budget restrictions, an increase in care from close relatives and private service alternatives can be witnessed (SOU 2001:79: 113; SCB 2006: 416). It is also noticeable that public cash benefits for informal care have decreased at the same time as informal care has increased (SCB 2006: 458).

   In summary, exit opportunities must still be regarded as very limited with regard to care provision for the elderly, even though the consumer choice system is spreading rapidly. In contrast, exit opportunities exist both within and outside the public school system and also to some extent within the health care sector (primary care and hospital care). As concluded by the Swedish Agency for Public Management, "[t]he conditions to receive information and to make conscious choices are therefore considered to be better within the field of education than within for example health care and elderly care where need can appear unexpectedly." (Statskontoret 2007:19: 92). This points to the fact that despite regional variations/deviations, exit options are easiest within the public school system, lowest within elderly care and medium within health care. In other words, the more market-like the solution, the higher degree of institutionalized citizen empowerment (see Kumlin 2004: 60, 214 for a similar argument).

## Voice opportunities

Voice opportunities in this context indicate the degree to which citizens or users of public services can be a part of decision-making and exert influence over the service institution. There are numerous ways citizens can use their voices. The most regulated form is the so-called user board. Another example of mechanisms of influence is the formal complaint board.

In Sweden, a number of different forms of user boards exist. A common feature is that the responsible authority, usually the municipality, delegates power to the users and employees. The most common (but also least powerful) type of user board is a form of cooperation between users and employees. The most far-reaching forms of user influence are the so-called self-governance boards, where users, to varying degrees, have the power to run an entire institution (Jarl 2001). User boards are nowadays a quite common phenomena within the *public school* system. Ninety-five percent of Swedish municipalities report having some form of user boards, and roughly half of these municipalities reported having both user boards and local self-governance boards (Statskontoret 2002:14; see also Jarl 2001).[30] It is important to point out that the "users" are not primarily the children, but their parents/guardians. Furthermore, parents and teachers meet through regular parent-teacher meetings and there are formal mechanisms for filing complaints at the national level through Swedish National Agency for Education. Hence, the public school system has several arenas within which users and teachers, principals and other decision-makers interact.

Compared to public schools, *health care* is the public service area where user boards have had the most difficulty in being established. This difference, of course, mirrors how citizens encounter the two institutions. As a parent, your child is in the compulsory public school system from age seven to 16, while the contact of either a parent or a child with a hospital or a health care center may last from only twenty minutes to several

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[30] The development of user-boards in foremost the Swedish public school system has been relatively rapid since the late 1990s as a consequence of legal change and encouragement from the National Agency for Education (Jarl 2001). In a Scandinavian comparative perspective, user-boards were prior to late 1990s far less developed in Sweden compared to e.g. Denmark where development of user-boards took place in the 1970s (Lindbom 1995).

months. Since a majority of individuals have fairly short encounters with health care, it is much harder to establish user boards in this area. Also, people usually need special skills to manage and plan health care, which also works as a barrier to any increase in empowering structures within the health care system (Schlesinger, Mitchell & Elbel 2002; Yang & Callahan 2007). Instead, efforts made so far by the county councils to empower the individual in his or her encounters with health care have been more in line with the possibility of choosing a health care provider and improving complaint structures (Jarl 2001). Interestingly, the number of complaints received by the Patient Advisory Committees that exist all over Sweden has increased heavily in recent years, attracting considerable media attention (some examples of this media attention are Landstingsvärlden 2004-04-08; Östersunds-Posten 2004-06-17; Västerbottens-Kuriren 2004-07-26; Borås Tidning 2005-02-02; Göteborgs-Posten 2005-02-03).

In this comparison, user influence in *elderly care* service is fairly common. In 2001, 74 percent of Swedish municipalities reported they had some form of established channels of user influence in the elderly care sector. In spite of this, it is perceived as difficult to establish voice opportunities for the elderly since many feel dependent on the nursing staff (Jarl 2001: 75, 83), and that many of the users are incapable of expressing their views due to illness or senility (Ds 2002:23: 14). In addition, 77 percent of Swedish municipalities have formal complaint boards to which citizens dissatisfied with elderly care, care for the disabled and family care can turn (Sveriges kommuner och landsting 2006a: 8). Another way of mapping users' attitudes is to ask them about various aspects of the care. Investigating the attitudes of users and their close relatives is increasingly common among municipalities. Surveys show that users of elderly care in general are dissatisfied with their lack of influence regarding which kind of assistance or help one needs and the inflexibility of the service provider in changing the kind of care received to other than was first agreed (Socialstyrelsen 2006a: 10, 31, 42). Many also perceive that they have no influence in the assessment process. This means that even if voice opportunities exist from the start in theory—and is explicitly outlined in law, it is seldom exercised in practice (Janlöv, Rahm Hallberg & Petersson 2006: 34). It is important to point out that much

of the user influence in elderly care services concerns individual means of influencing the actual care being provided (Möller 1996; Socialstyrelsen 2006a; 2007). Even though the possibility of choosing how the service should be carried out is very important, it is interesting that while voice opportunities within public schools refers to collective action through user boards, voice opportunities within elderly care often means to what extent the individual can choose or adapt the service provision to his or her needs. Thus, the *actual* voice opportunities within the elderly care sector have been difficult to establish (Jarl 2001: 124-125).

   Comparing voice opportunities in public schools, hospital care, primary care and elderly care, it is evident that users of the public school system not only have more voice arenas but also much greater real opportunities to exert influence and participate in decision-making than users of the health care system. User-influence within elderly care is also present but here emphasis is often placed on the individual's opportunities to influence care provision and not collective user boards. Nevertheless, the established mechanisms of voice within the elderly care sector are evidently more common compared to health care. While both user boards and formal complaint structures exist within schools and elderly care, complaint structures only exist for users of primary or hospital care. However, this conclusion needs to be nuanced by the fact that many elderly experience a lack of influence. Despite this, my conclusion is that voice opportunities are clearly lower within the health care system. In terms of institutionalized citizen empowerment, the power balance leans toward the individual to a higher extent in public schools, to a lesser extent in health care encounters, and to a medium extent in encounters with elderly care.

## Legal rights

As mentioned above, the existence of a rights dimension in laws is believed to strengthen the individual's position when dealing with an institution. Legal individual rights to public service in official acts are usually stated as individual rights and/or public obligations to deliver service (Karlsson 2003; Socialstyrelsen 2006b). According to Karlsson (2003: 14-17), it is only when individual rights are accompanied by public obligations that we can talk about a *true* dimension of legal rights. An indi-

vidual can only claim his or her rights and hold decision-makers accountable when the act states a combination of rights for the individual and obligations for the public authorities. When both rights and obligations are stated, the individual is seen as a legal entity with the right to appeal in an administrative court. Thus, the co-existence of individual rights and public obligations makes legal accountability possible, providing the individual with additional power resources.

Comparing individual rights in public schools, health care and elderly care, it is clear that the rights dimension is more strongly stated in the law regulating schools, compared to the law regulating health care. The obligation to attend *schools* co-exist with a right for the citizen to be educated—every child between seven and 16 years of age has both an obligation and a right to attend school (Skollag 1985:1100: 3 ch, 1 §). More importantly, the individual right to be educated is accompanied with stated obligations for municipalities to provide schooling. The *Health and Medical Service Act* (1982:763) regulating *health care* only states obligations for the various regions to provide health care, and these obligations are formulated as aims to be reached. No explicit statement on individual rights can be identified (see also Karlsson 2003). This indicates that the degree of empowerment through individual rights is higher and more strongly formulated within the public school system than in health care, since the individual is, to a higher degree, a legal entity in the former case.

Turning to *elderly care*, the emphasis on individual rights is evident in the *Social Service Act* (2001: 453) which also regulates elderly care. According to the law, an individual has the right to seek assistance and receive service if he or she has difficulties satisfying basic needs in life and if these needs cannot be met in other ways (Socialtjänstlag 2001: 453: ch 4, 1 §; Socialstyrelsen 2006b: 15). As discussed in the section on bureaucratic discretion, the criteria to be met have been tightened and the individual's financial and social situation is included in the assessment. As an individual, you have the right to appeal a care decision taken by the local social welfare board through the administrative court (Socialtjänstlag 2001: 453). The law also states that the social welfare boards in the municipalities should work to give older people the possibility of living independently under safe conditions, and that good housing as well as

support and help in the home should be provided if necessary (Socialtjänstlag 2001: 453: 5 ch, 4 §). "Work to" is clearly a weaker statement compared to statements of public obligations. Arguments are also put forward that legal rights to elderly care are weakly formulated and that the absence of a stated service guarantee " … has given Swedish municipalities immense discretion in their admission procedures" (Rauch 2007: 260). Also, as mentioned earlier, many older persons dissatisfied with the assessment process have poor knowledge of their rights to appeal decisions on care provision (Janlöv, Rahm Hallberg & Petersson 2006: 31, 33). Moreover, it has also been argued that the differences between the stated obligations for public authorities to provide health care as outlined in the *Health and Medical Care Act* and the stated individual rights to receive elderly care in the *Social Service Act* are of little consequence in practice (Socialstyrelsen 2006b).

The discussions about legal rights to public service seem to render two opposing opinions. On the one hand, there are arguments about the importance of individual service rights for exercising legal accountability. On the other hand, there are arguments that the actual practice of legal service rights is illusory or impossible to achieve, and that the presence of public obligations are just as good. It is beyond doubt that the co-existence of individual service rights and public service obligation contributes to increasing citizen empowerment, since it provides guidelines for entitlement and information on political responsibility. When both rights and obligations are present, power leans toward the citizen vis-à-vis the public service institution. This is the case for public schools. How to determine the presence of legal rights for primary care, hospital care and elderly care is more difficult, as it is clear that Swedish citizens do not have any formal rights to health care and hence no possibility of holding decision-makers legally accountable. The *Health and Medical Service Act* only states that counties and municipalities are obligated to provide health care. However, for elderly care services, the possibility of appeal is stated in the *Social Services Act*, while public obligations for providing care are more weakly formulated. From a citizen's point of view, the legal right to appeal must be considered as a stronger empowerment mechanism than the public obligation to provide service, which brings me to the conclusion that legal rights are undoubtedly strong in public schools,

of medium strength with regard to elderly care services, and absent for health care services such as primary care and hospital care.

## SUMMING UP: THE DEGREE OF INSTITUTIONALIZED CITIZEN EMPOWERMENT

To provide a concluding answer on the degree of institutionalized citizen empowerment present in public schools, primary care, hospital care and elderly care, I aim to summarize the discussion into one measure of the degree of empowerment. As argued earlier, it is the *combination* of empowering design that is of primary interest. It is a difficult and not necessarily desirable task to discuss which aspects of institutional design give rise to policy feedback effects; rather, I argue, it is the combination of design features that produces them.

From the empirical mapping of the institutions, it is evident that universalism and bureaucratic discretion are mutually exclusive in the four Swedish public service institutions analyzed here. The least universal institution also comprises the discretionary power of caseworkers. However, while bureaucratic discretion and universalism is impossible to combine, needs- or means-testing can be carried out with a low degree of bureaucratic discretion (see Campbell 2003). Since I build my analytical framework on dimensions used in both Swedish/European and American studies, my analytical tool is transferable between the two contexts; the dimensions of institutionalized citizen empowerment could be used to compare welfare state institutions and programs both between and within countries. Even though it would make sense to combine universalism and bureaucratic discretion into one dimension in my specific case, I keep them separate for the sake of generalization. To keep the comparison as simple as possible, I assess each dimension and, depending on the nature of the empowerment dimension, I label them as low, medium or high for each public service institution. For parsimonious reasons, I weigh the dimensions equally.

**Table 3.1**      Presence of institutionalized citizen empowerment in Swedish public service institutions

| Dimensions of empowerment | Public school | Hospital care | Primary care | Elderly care |
|---|---|---|---|---|
| Universalism | High | High | High | Low |
| (Absence of) bureaucratic discretion | High | High | High | Low |
| Voice opportunities | High | Low | Low | Medium |
| Exit options | High | Medium | Medium | Low |
| Legal rights | High | Low | Low | Medium |
| Degree of institutionalized citizen empowerment | High | Medium | Medium | Low |

*Comment:* The table is based on the findings from my investigation of empowerment in Swedish public service institutions. To summarize on a single scale, the dimension "Bureaucratic discretion" is reversed. High indicates "High absence of bureaucratic discretion" and Low indicates "Low absence of bureaucratic discretion", i.e. that discretionary power exists to a large extent.

The results of the summary discussion are formalized in Table 3.1 above. The table clearly shows how the degree of institutionalized citizen empowerment varies from a high degree (public school) to medium degree (primary care and hospital care) to a relatively low degree (elderly care). The position of public schools is clear: each of the empowerment dimensions are assessed as high. At the other end, for elderly care *none* of the dimensions are assessed as high.

Two further comments on the table are required. First, as the reader would have noticed, primary care and hospital care were often collapsed into health care in the discussion about dimensions of empowerment. This is due to the fact that the regulations surrounding these public services are identical. Still, I treat these two institutions independently in the following analysis as intended, since what they actually do differs, as the scope and specialization is much larger at a hospital compared to a smaller center for primary care. Also, local health care centers providing primary care exist in every municipality (or in cities, where there are several, usually one for each district), while hospitals serve a region (naturally, the concentration of hospitals is much higher in larger cities).

Second, the difference between hospital care, primary care and elderly care may sometimes be perceived as small. I argue that even though the dimensions voice opportunities and legal rights are present in elderly care services, it is evident that neither voice opportunities nor legal rights are viewed as strong empowerment mechanisms in elderly care. As a whole, the empowering mechanisms are weaker and a *highly* empowering mechanism is clearly absent.

## Where to go from here? Formulating the hypothesis

Citizens encountering public schools or elderly care not only become empowered to a different extent, they also learn different lessons about the nature of a welfare encounter and the nature of politics and democratic citizenship. So does the general public, albeit in an indirect way. Following the discussion about politicization and policy feedback effects, it is likely that the general public receives these different signals about the functioning of public service institutions.

From the institutional mapping undertaken, it is evident that none of the public service institutions lack institutionalized citizen empowerment. The objective then is not to distinguish whether empowering structures exist or not, but rather to what *degree* they exist. The varying degree of empowering institutional design leads to varying direct and indirect experiences of these institutions, which then are expected to produce feedback effects on citizens' political behavior and preferences. My argument rests on the fact that the relationship between dissatisfaction with public services and political action is *strengthened* with the degree of institutionalized citizen empowerment. Through features such as universalism, and the presence of exit options, voice and legal rights, individuals are provided with a sense of deserving the service, autonomy, knowledge and high political efficacy—which increases citizens' willingness to express dissatisfaction through political action. Through selectivity, bureaucratic discretion, lack of exit options and mechanisms of influence, citizens run the risk of stigmatization, dependency and low political efficacy, which then would make political action a less likely outcome in the face of dissatisfaction. In other words, the higher the degree of empowerment, the higher the probability that dissatisfaction is expressed through political action. Thus, I can now formulate a general hypothesis on how the institutional design should affect the relationship between public service dissatisfaction and political action:

> *The higher the degree of institutionalized empowerment, the stronger the positive effect of public service dissatisfaction on political action.*

In Chapters 4 and 5, I aim to specify my hypothesis even further, as I return to my research questions about the *level* and *form* of political action.

So far in this study, I have presented theoretical and empirical evidence on how evaluations of government performance matters, what the important explanations of political action are and how policy feedback effects work. I have also investigated these feedback effects empirically through a mapping of empowering institutional design in public schools, primary care, hospital care and elderly care. The present chapter also provided a combined theoretically/empirically derived hypothesis to specify how feedback effects, through mechanisms of institutionalized citizen empowerment, condition the relationship between dissatisfaction with public services and political action. It is now time to conduct the empirical tests of the hypothesis.

# 4.
# Welfare State Dissatisfaction and the Level of Political Action

One of the empirical truths arising from research on political participation is that participation is not equally distributed across citizens (a few examples are Rosenstone & Hansen 1993; Verba, Schlozman & Brady 1995; Petersson et al. 1998; Norris 2002; Strömblad 2003; Holmberg & Oscarsson 2004; Bäck, Teorell & Westholm 2006). But the equality between citizens in terms of their political engagement cannot be explained only by differences in financial and cognitive resources. The context surrounding the individual, such as recruiting networks and the socio-economic conditions of their neighborhood, also matters (Verba, Schlozman & Brady 1995; Strömblad 2003).

In a similar vein, welfare state institutions are contexts within which individuals interact, and that to a varying degree provide structures of political opportunity. As discussed earlier, citizens in contact with less empowering welfare state institutions tend to think less about themselves in terms of their political abilities, whereas citizens in contact with more empowering institutions have higher levels of political efficacy and political participation (Soss 1999; Campbell 2003). These results suggest that institutional design creates feedback effects, providing the individual with constraints and incentives regarding what is seen as politically possible or not.

Swedish public service institutions differ with regard to the degree of institutionalized citizen empowerment, which I argue conditions whether and to what extent political action is used. In this chapter, I aim to address the question of feedback effects on citizens' *level* of political action, as a consequence of dissatisfaction with a public service. Hence, the present chapter aims to answer the first research question: *Does the relationship between welfare state dissatisfaction and the level of political action vary depending on the institutional design of welfare state institutions?* Furthermore, the chapter aims to address whether the pattern of dissatisfaction and political action differs between citizens in direct and indirect contact

with public services. Finally, the chapter aims to shed light on the explanatory performance of a set of well-established determinants of participation.

## THE COMPARISONS AND THE HYPOTHESES

The core assumption I make in my study is that institutional design conditions the relationship between dissatisfaction and political action. Thus, the extent to which evaluations of public service delivery affect citizens' political action varies due to the degree of institutionalized citizen empowerment. This expectation was formulated as a general hypothesis in Chapter 3: *The higher the degree of institutionalized empowerment, the stronger the positive effect of public service dissatisfaction on political action.*

To answer the research question and to test the hypothesis, a number of empirical analyses will be carried out. After the initial exploration of the main variables, the *first* set of analyses maximizes the available institutional variations by comparing the relationship between evaluations of *public service delivery* and political action on issues related to public schools, hospital care, primary care and elderly care. Using the concept of institutionalized citizen empowerment, several important differences and similarities were highlighted between the four public service institutions. In terms of the degree of institutionalized citizen empowerment, public schools ranks as number one. A citizen encountering public schools is in contact with a highly empowering institution that should positively affect the extent to which dissatisfaction is expressed through political action. Both hospital and primary care were ranked as public service institutions with a medium degree of institutionalized citizen empowerment. Elderly care showed the lowest degree of empowering institutional design. A lower degree of empowerment is supposed to produce a lower effect of dissatisfaction on political action. Combining the core assumption of my research model with the general hypothesis enables me to further specify my hypothesis. The specific hypothesis to be tested states that *the effects of public service dissatisfaction on political action is expected to be strongest for public schools, lowest for elderly care, and intermediate for hospital care and primary care.*

In the *second* set of empirical analyses, I aim to expand the dissatisfaction repertoire. As will become clear in the next section on measures of my central variables, I use evaluations of the *availability of public service* as an independent variable. The institutions to be compared are primary care and elderly care. Since municipalities are obligated by law to provide schooling, availability is a not an issue regarding public schools, and hence less relevant in a comparison where availability is included. As evident from the discussion in Chapter 3, primary care and hospital care share many of the features I compared regarding institutionalized citizen empowerment. Primary care was ultimately chosen due to its higher level of proximity—more citizens encounter primary care compared to hospital care (see Table A.4.1 in the Appendix). Hence, the expansion (and also the indirect comparison) of dissatisfaction measures is carried out using one institution with a medium degree of institutionalized citizen empowerment and one institution with a low degree. Due to this limited comparative design, the variation in the degree of institutionalized citizen empowerment is reduced, which constrains the empirical generalizations.

The extension of the hypothesis to be tested regarding dissatisfaction with availability and political action is equivalent to the hypothesis about public service delivery—that the degree of institutionalized citizen empowerment should affect the relationship: *The effect of dissatisfaction with the availability of public services on political action is expected to be stronger for primary care compared to elderly care.*

To discuss possible outcomes of the two specific hypotheses, if institutional design does matter, the positive effect of dissatisfaction on political action will be different, depending on the institution in question and ranked after degree of institutionalized citizen empowerment. If institutional design does not matter, I will only find effects of individual-level explanations on political action and no differences between the institutions (the different public service areas) regarding the effect of dissatisfaction on the level of political action. Thus, the evaluation of the explanatory power of traditional explanations of participation on welfare state-oriented action plays a significant role.

There could also be effects due to neither individuals nor systematic institutional differences. These effects are *institution-specific*, or context-specific, and cannot be understood in a systematic way. This problem is

equivalent to the problem of comparing countries—there are always nation-specific effects that we cannot account for (Jowell 1998). There might also be systematic effects, or alternative explanations, which I will not be able to control for, due to the fact that the public school is special in some ways, and that health care and elderly care are special in others.

*Composition effects* are one alternative explanation. Here, it refers to the fact that the target population for the different public service areas differs, implying that different individuals encounter the various public services. Public school is a question for "healthy parents" while the target group of health care is people with various medical and health-related conditions and the target group for elderly care is the old and frail. Even though all empirical analyses are controlled with the same set of individual characteristics, composition effects could still be present.

Related to composition effects are *selection effects*. Public school issues are evidently more salient for parents with children, making it more relevant for them to answer questions on public school issues, while people with few concerns about public school issues might abstain from answering those questions. The same argument is valid for health care and even more so for elderly care, which is the institution in this study that respondents had the fewest encounters with (see Table A.4.1 in the Appendix).

The issue of salience can be explicitly connected to a third alternative explanation: *politicization effects*. Although all public service institutions are highly politicized, some public service areas probably regularly receive more media attention than others, which increases the salience of that public service area and thereby rendering it more politicized. The politicization of an issue is most powerful when our personal perceptions of a political issue match collective opinion. Just as the "spiral of silence" is believed to be at work when citizens perceive their attitudes to be in the minority, public expression on an issue is a more likely outcome as a consequence of high politicization (Mutz 1998).

In summary, I do not have any opportunities to address and test the question of politicization effects. What I can test, however, is one aspect of selection effects: whether a citizen is in direct contact with a public service institution and if their own experience of an institution affects dissatisfaction and political action.

Through the general hypothesis and its specifications presented above, the research question on the relationship between dissatisfaction and level of political action will be answered. By doing this, I aim to establish if we can discuss policy feedback effects regarding to what extent citizens raise grievances on welfare state issues through political action.

## MEASURES OF CENTRAL VARIABLES

Although the results of the institutional mapping exercise provide an important theoretical and empirical contribution on its own, it is insufficient for testing my hypothesis. Rather, it is a prerequisite for being able to *combine* the perspective on policy feedback effects with analyses of political action. Survey material is then crucial to perform the empirical analyses testing the hypothesis regarding the extent to which institutional design affects the relationship between dissatisfaction with public service and political action. As discussed in the introductory chapter, I had the opportunity to collect unique primary data through collaboration with the annual national survey on Society, Opinion and Media (SOM), carried out by the SOM institute at University of Gothenburg, Sweden. In this chapter, data from 2004 and 2006 will be used. In both surveys, I designed the questions used as my dependent variables and in the 2006 survey I also designed the availability question. [31]

### Measuring political action

To capture political action explicitly linked to welfare state institutions and public service issues implies that other measures of political action are needed than what is commonly included in national and international surveys. Thus, it is important to design survey questions that simultaneously ask about political action and the targeted issue.

A common way to ask about political action is to list a number of participation forms and ask whether the respondent has engaged in any of those activities during the last 12 months (e.g., the European Social Survey (ESS)) or a question distinguishing manifest and latent political action (e.g., World Value Survey (WVS) and the International Social Sur-

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[31] See Chapter 1 and Nilsson 2005; 2007 for more information about the surveys.

vey Program (ISSP))[32]. Sometimes, a follow-up question asking what political issues the respondent has used means of political action on is included (Petersson et al. 1998)[33]. To a large extent, researchers have been interested in political action per se and not the targeted issue. In surveys conducted by the Citizenship, Involvement, Democracy Network (CID), there are questions that connect action to political issues but these surveys use a perspective where action is connected to everyday situations, such as the workplace, health care or education—situations where the citizen encounters the welfare state[34] (see van Deth, Montero & Westholm 2007; especially Goul Andersen & Roßteutscher 2007; Kriesi & Westholm 2007). In this literature, the issue-specific measures of action are a mix of action forms emphasizing "internal action", such as turning to person in charge or to others in the same situation, actions that do not fall under the established definitions of political action, and "external political action" such as contact with politicians and political parties (Goul Andersen & Roßteutscher 2007). Hence, the measures of action used in these everyday situations that *are* in fact political actions is, strangely enough, seen as something different than trying to influence politics and society on non-specific political issues. Large regression models explaining general or non-specific political action (in terms of political issues) with traditional individual-level variables is seen as political action belonging to the large-scale democracy while explanations of mixed action forms that connect action to actual political institutions and policies and that also takes citizens perceptions of these institutions into account are attributed to the small-scale democracy (see all chapters in part III and IV in van Deth, Montero & Westholm 2007). As I ar-

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[32] See questionnaires on www.europeansocialsurvey.org, www.worldvaluesurvey.org and www.issp.org.

[33] The results of the political action agenda show that health care issues are the most common agenda for political action; 15 percent of respondents reported that the agenda for political action was health care issues. School and education ranked 7 (at seven percent) and child care services ranked 8 (at four percent) out of 15 areas. However, these agendas were not connected to the evaluation of policy. Moreover, the authors clearly marked that these agendas should not be seen as personal matters, but rather as more general aims (recall their distinction between small-scale and large-scale democracies) (Petersson et al. 1998: 99 ).

[34] In other words, the CID network continues in the tradition established in the Swedish and Scandinavian Citizenship studies, see Goul Andersen & Hoff 2001; Petersson et al. 1998; 1989.

gued in Chapter 2, I do not support this definition since it reduces political action connected to welfare state issues to something smaller, when the exact opposite is true. My point is that this highly interesting research misses something important in viewing political action differently depending on scale of democracy when in fact all political actions are part of the same multi-level democracy.

The question I use to capture welfare state-oriented political action should be seen as an attempt to bridge the gap between questions on political activities without connection to a political issue and the questions about the everyday perspective from the Citizenship surveys. The original question asked in the national SOM survey 2004 and 2006 is "Have you, during the last 12 months, expressed your point of view about any of the following public institutions?" The institutions are: Public school, Hospital care, Primary care and Elderly care, and the action alternatives are No viewpoints expressed, Contacted civil servant, Contacted politician, Contacted mass media, Work in action group/organization, Signed petition, Demonstrating, Work in political party.

The different forms of political action included in the survey question are chosen to correspond to the elements of political participation asked for in previous research (Petersson et al. 1998; Norris 2002; Bäck, Teorell & Westholm 2006; Teorell, Torcal & Montero 2007; Johansson 2007), bearing in mind that voting, consumerism and illegal forms of action have been excluded for the purposes of my study and that I use a smaller repertoire of political action (see Chapter 2). My approach to political action is issue-specific but nevertheless emphasizes that political action targeting the welfare state is a case of general political action; hence my choice of political action forms.

My dependent variable then consists of an *index* of political action, one for each of the four public service institutions. For every institution, an index has been created where the value 0 indicates no action and value 1 action, irrespective of which and how many forms of action were used. I have chosen a one-dimensional dichotomous index since it is interesting to first investigate the dissatisfaction effect on the *level* of general political

action.[35] General refers to any political action used to influence a welfare state institution, but through channels that are outside of the institution itself. In other words, complaining about a situation to the teacher, the nurse or even through internal complaint structures do not constitute political action, bearing in mind that these acts are not seen as less important. I do not regard political action as something cumulative—the interesting and important line of division is between those who use political action and those who do not. By including various forms of action into one index, I achieve a good indicator of the action level.

## Measuring dissatisfaction

Citizens' evaluations of government output in general and of the welfare state in particular have proven to be important explanations of political attitudes and voting (see discussion in chapter 2). Furthermore, while normative support for the welfare state has remained relatively stable over time, an increasing dissatisfaction with particular public services and programs is evident. Since a large majority of welfare state services are carried out at the local or regional level in Sweden (Johansson, Nilsson & Strömberg 2001), I argue that it is more likely that the effects of dissatisfaction with the welfare state on political action should be found at the sub-national welfare state level.

To test the hypothesis about the relationship between dissatisfaction with the welfare state and political action, I use two measures of dissatisfaction with specific public services. First, I rely on the established measure of service delivery dissatisfaction used in many Swedish studies—comparisons of citizens' evaluations of various public services have been performed since the early 1990s (some examples from this research are Johansson 1998; Johansson, Nilsson & Strömberg 2001; Nilsson 2004b; 2008). The measure captures general assessments of public service performance and is thus a more general view of public service institutions and the services they provide. This is very useful for my purposes, since I want to match the evaluation of a public service institution with political action about the very same public service issue. Thus, the independent variable I first use to test the hypothesis uses respondents' *evaluations of*

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[35] The question of what forms of political action that citizens use to raise grievances with public service delivery will be answered in Chapter 5.

*public service delivery* for different institutions. The question asks: "What is your opinion about the service in the municipality you live in on the following areas?" The answer options ranges from Very satisfied (1) to Very dissatisfied (5) and a Don't know answer, which has been removed from the analysis below.

Taking service evaluations into account is only one out of many possible ways of measuring citizens' evaluations of government performance on welfare state issues. Availability is another major important aspect of public service evaluations, together with more specific aspects such as experiences of distributive justice and voice opportunities during the encounter (Kumlin 2004: chapter 8 & 9). To complement the picture of dissatisfaction with public service, the second measure I use examines evaluations of public service *availability*. Availability distinguishes itself from the more general service measure by being more specific. Questions of availability arise before the quality and delivery of service comes into question. Hence, availability emerges earlier in the process and touches upon a crucial issue: the possibility of receiving/using a public service in the first place. A likely scenario could be that citizens are satisfied with public service delivery once they have access to it, but at the same time perceive the availability as poor. Even though this scenario is likely, I see service performance and availability as inter-related. Together, they examine evaluations about the quality and functioning of public service, with the service measure being the more general aspect and availability a more specific one.

### Control variables

The most obvious control variable to include is the distinction between those who encounter the public institution in question and those who do not. Studies show that users are more satisfied with public service than non-users (see for example Nilsson 2008: 102-103),[36] and that there are good reasons to believe that users in general are more politically active since they are affected directly by the institution. At the same time, wel-

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[36] Research also shows that users of public services make different assessments of media reports on public service compared to non-users. Users of public service assess media reports on hospital care as more accurate than non-users, while the opposite is true for elderly care, where users find media reports more misleading. Media reports of public school are assessed equally (Johansson 2008: 117).

fare state politics in general and public service issues in particular are highly politicized, perceived as important political issues and directly and/or indirectly experienced by a majority of Swedes.

Even though I aim to perform the analyses among all respondents, it is important to capture their own experiences and institutional contact with public services. For this purpose, I use a variable distinguishing between users and non-users of public service (see Nilsson 2004b)—a distinction between those who have direct experience of the actual welfare state output through service delivery and those who do not. In this way, the user variable also emphasizes the output side of politics (Kumlin 2004: 25). To be able to compare the four institutions, I use the same definition of public service user across institutions. A user denotes a person who is a user of the specific public service in question or is a next-of-kin to someone who uses the public service. This definition is necessary, since both parents and pupils count as users of public schools; a similar argument can be made about elderly care, where commitment and help from close relatives are of importance (Jarl 2001: 65; Janlöv 2006: 17-18; Socialstyrelsen 2006a: 22). In the analysis, I test the influence of being a user together with the evaluation variable (model 2), before including the rest of the control variables (models 4 and 5).

The other control variables included in the analysis are derived from previous research on political participation. Many variables associated with resources have an impact on political participation. To test the explanatory power of these traditional explanations of political action, I include them both as independent variables (model 3) and as control variables (models 4 and 5)

Education has proven to be the most prominent explanation among the resource variables, but income is also of importance. Age has also proven to have an impact, but the effect varies both across studies and across forms of participation. In general, younger citizens do not participate less, but uses more expressive or cause-oriented forms of political action. There are mixed results concerning the importance of gender; sometimes there are differences—higher participation rates among men, for example—and sometimes there are not. Among the politically-oriented variables, I have chosen to include political interest which, along with education, is the most important explanation of political action, as

well as position on the political left-right scale. With regard to left-right position, studies have shown that citizens on the left often are more politically active (see Chapter 2, section Who participates? for discussion and references). It is important to highlight the fact that interest in politics is a problematic variable when explaining political action. The causal distance between interest and action is very small; since political interest can be seen as latent engagement, I run a risk of over-controlling my analysis. To manage this potential problem, I have chosen to use two full models; one without political interest (model 4) and one including political interest (model 5).[37]

## Statistical technique

Since the dependent variable is dichotomous, I use logistic regression with Maximum Likelihood estimation as the statistical technique. The logistic regression model is non-linear and s-shaped, which makes the interpretation of the coefficients more complicated compared to linear regression models. In a linear regression model, the effect on the dependent variable is the same, irrespective of the value on the independent variable;—the partial derivates are the same. In a logit model, "the effect of a unit change in a [independent] variable depends on the values of all the variables in the model and is no longer simply equal to a parameter of the model." (Long 1997: 5). To simplify the interpretation of the results, predicted probabilities can be calculated in order to generate more straightforward interpretations. In all tables based on logit analyses, predicted probabilities of political action among satisfied and dissatisfied respondents are calculated and presented.[38] As both the dependent and the independent variables are institution-specific, the institutional comparison is carried out by simply comparing the dissatisfaction effect.

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[37] I have also performed a regression analysis with the evaluation variables as dependent variable. See Table A.4.2 in the Appendix.
[38] In such a calculation, all other variables are held constant at their means. I have also calculated predicted probabilities for all significant control variables. These results are presented in Tables A.4.4-A.4.7 in the Appendix.

## EXPLORING EVALUATIONS AND ACTIONS

Before I test the hypotheses and analyze the relationship between dissatisfaction with public service and political action, the distributions of the key variables are presented below.

Table 4.1 displays the results of political action in the four welfare public service areas. There are two important conclusions to be drawn. First, the level of political action is low. Second, the levels of action do not differ much.

**Table 4.1      Political action about different public service issues (percent)**

| Political action to express point of view about institutions | Yes | No | Total | N |
|---|---|---|---|---|
| 2004 | | | | |
| Public school | 10 | 90 | 100 | 1667 |
| Hospital care | 10 | 90 | 100 | 1667 |
| Primary care | 7 | 93 | 100 | 1667 |
| Elderly care | 7 | 93 | 100 | 1667 |
| 2006 | | | | |
| Primary care | 7 | 93 | 100 | 1538 |
| Elderly care | 6 | 94 | 100 | 1538 |

*Comment:* Source: the Swedish SOM survey 2004 & 2006 (both years for primary care and elderly care, only 2004 for public school and hospital care. The survey question reads as follows: "Have you, during the last 12 months, expressed your point of view about any of the following public institutions? For every public institution, mark with a cross in what ways you have expressed your viewpoints." For every public service institutions, the action alternatives are 'No viewpoints expressed', Contacted civil servant, Contacted politician, Contacted mass media, Work in action group/organisation, Signed petition, Demonstrating, Work in political party. The Yes answer of all the alternatives but No viewpoints expressed have been put together into an index and corresponds to the Yes column in the table above.

For both public school and hospital care, 10 percent of the respondents engaged in political action. Seven percent have expressed viewpoints about primary care and elderly care through political action. Interestingly, the results cannot be understood from a policy feedback perspective. We do not see a significantly higher degree of political action on public school issues and we do not see significantly lower political action on elderly care issues, which would have been expected considering the degree of institutionalized citizen empowerment. The replicated results from 2006 for primary care and elderly care reveal that the observed low action levels from 2004 were not an isolated case.[39]

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[39] In the parallel questionnaire in the 2004 National survey on Society Opinion and Media, a different set of questions asked about the respondents' political activity (see Amnå 2008, Chapter 3 for some of the results of these questions). First, the respondent

Turning to evaluations of public service institutions, the results indicate some interesting differences (see Table 4.2). First, Swedish citizens are, to a higher extent, satisfied than dissatisfied with the service in schools, health care and elderly care. This is demonstrated by the overall positive opinion balance. Second, public schools, hospital care and primary care enjoy a high degree of positive service evaluations. Swedish citizens are most satisfied with hospital care (+53), followed by public schools (+45) and primary care (+43). The service evaluations of elderly care are in this respect much more critical and the opinion balance is only +6. These differences reflect a well-known pattern established in previous research. It is, however, also important to emphasize that Swedes over time have become much less satisfied with public services such as schools and health care (Nilsson 2004b; 2008; Socialstyrelsen 2005; Johansson & Nilsson 2008).

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marked if and how regularly he or she had participated in a number of action forms (petition signing, demonstration, party work, organization work, contact or participate in mass media, internet campaign, boycott/boycott and economic contribution to non-profit organizations). Second, the respondents were asked to mark what political area or issue the activity was about (school, child care, health care, traffic, environment, foreign policy, peace/human rights, foreign aid and animal rights).

My own comparison of the different action questions in the two questionnaires reveal interesting differences. Using the five comparable participation forms (petition signing, demonstration, party work, organization work and mass media), the level of participation on school issues is 14 percent in Amnå's questions (n=1533), compared to the five percent (n=1667) I found. For health care, the participation level is 16 percent (n=1533) compared to my eight percent (n= 1667, political action on hospital care issues and primary care issues combined). Both examples show that my observed level of political action targeting the welfare state is only half of what can be observed in Amnå's results, but also that political action on public school issues is higher in Amnå's questions compared to the seven-years-older Swedish Citizen study (Petersson et al. 1998: 99 ). A plausible explanation is the more general question formulation in this other set of questions. Moreover, if the five different political activities in Amnå's questions that correspond to the political activities I ask for are summarized, irrespective of issue target, 50 percent of Swedes report that they use political action through these forms. The equivalent result for my questions, irrespective of form and institutions, is 12 percent.

This comparison highlights that welfare state issues are part of, but naturally far from, political action in society as a whole. The conclusion drawn from this comparison is that my survey question, through its precise wording, underestimates the action level or at least does not overestimate it.

**Table 4.2      Service evaluations of four public service institutions (percent)**

| | Very satisfied | Some-what satisfied | Neither satisfied nor dissatis-fied | Some-what dissatis-fied | Dissatis-fied | Total | Opinion balance | N |
|---|---|---|---|---|---|---|---|---|
| Public school | 12 | 47 | 27 | 11 | 3 | 100 | +45 | 1076 |
| Hospital care | 17 | 47 | 23 | 9 | 4 | 100 | +53 | 1456 |
| Primary care | 15 | 45 | 23 | 12 | 5 | 100 | +43 | 1599 |
| Elderly care | 6 | 28 | 38 | 21 | 7 | 100 | +6 | 909 |

*Comment:* Source: the Swedish SOM survey 2004. The questions read as follows: "What is your opinion about the service in the municipality you live in on the following areas? The answering options are Very satisfied (coded as 1), Fairly satisfied (2), Neither satisfied nor dissatisfied (3), Fairly dissatisfied (4), Very dissatisfied (5) and Don't know. The option Don't know has been excluded in the analysis. The amount of Don't know answers are 36 percent for public school, 13 percent for hospital care, six percent for local health care and 46 percent for elderly care. The opinion balance ranges between -100 (all dissatisfied) 100 (all satisfied) and is calculated by subtracting somewhat + very dissatisfied from very + somewhat satisfied.

Once again, the results are not entirely in line with what could be expected using the degree of institutionalized citizen empowerment; public school and health care institutions are evaluated similarly. But we do see a clear distinction in satisfaction between the universal services public school and health care on the one hand, and the selective and needs-tested elderly care on the other, where the latter is evaluated much more negatively than the former. Universal institutions not only enjoy a high degree of normative support, citizens are also more satisfied with their service delivery.

The comparison of service and availability in Table 4.3 shows that Swedish citizens continue to have more positive evaluations of primary care services (+30) than elderly care services (-2) (data from 2006). In general, the availability is viewed in a more positive way than service delivery and evaluations of availability of elderly care (+11) is less positive than availability evaluations of primary care (+42). It should, however, be pointed out that almost 39 percent of the respondents do not have an opinion about elderly care services. For evaluation on elderly care availability, the amount of Don't know answers is 52 percent. When including the Don't know answer, only the opinion balance for availability of elderly care becomes somewhat modified (from +11 to +5).[40]

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[40] A comparison of different groups of respondents and the degree of valid and invalid answers can be found in Table A.4.3 in the Appendix. The difference in valid and invalid answers in different groups is most pronounced on evaluations of elderly care, followed

The fact that citizens make similar assessments of service delivery and service availability are also evident using correlation analysis. The correlations (Pearson's r) between the two evaluation measures are as high as .72 for primary care and .69 for elderly care, which means that citizens making negative evaluations of service make negative evaluations of availability to a high extent.[41] It is evident that citizens do not separate their evaluations of service delivery from evaluations of availability.

**Table 4.3      Service and availability evaluations of primary care and elderly care (percent)**

| Service | Very satisfied | Some-what satisfied | Neither satisfied nor dissatis-fied | Some-what dissatis-fied | Dissatis-fied | Total | Opinion balance | N |
|---|---|---|---|---|---|---|---|---|
| Primary care | 13 | 41 | 22 | 17 | 7 | 100 | +30 | 1461 |
| Elderly care | 5 | 24 | 40 | 22 | 9 | 100 | -2 | 947 |

| Availability | Very good | Fairly good | Neither good nor bad | Fairly bad | Very bad | Total | Opinion balance | N |
|---|---|---|---|---|---|---|---|---|
| Primary care | 21 | 42 | 16 | 15 | 6 | 100 | +42 | 1487 |
| Elderly care | 6 | 33 | 33 | 20 | 8 | 100 | +11 | 732 |

*Comment:* Source: the Swedish SOM survey 2006. See Table 4.2 for wording of the service question. The question on availability read as follows: "What is your opinion on the availability to the following in the municipality you live in? The answering options are Very good (coded as 1), Fairly good (2), Neither good nor bad (3), Fairly bad (4), Very bad (5) and Don't know. The option Don't know has been excluded in the analysis. The amount of Don't know answers on service evaluations are six percent for local health care and 39 percent for elderly care. The amount of Don't know answers on availability evaluations are six percent for primary care and 52 percent for elderly care. The opinion balance ranges between -100 (all dissatisfied) 100 (all satisfied) and is calculated by subtracting somewhat + very dissatisfied/bad from very + somewhat satisfied/good. If the Don't know answer is included, the opinion balance is +27 for service evaluations of primary care and -1 for elderly care, +39 for evaluations of availability to primary care and +5 for elderly care.

So far, we know that citizens do not take a lot of institution-specific political action and that they in general are more satisfied than dissatisfied with the perceived availability of service and the service actually received. But these results say nothing about the relationship between the two, and to what extent there are any institutional differences, which is the core assumption to be tested in this study.

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by public schools—the two institutions that respondents have had direct contact with the least.

[41] If the correlations are run with the same restriction as in the logit regression models (using only respondents who have valid answers on all variables as in model 5), the correlation between service and availability evaluations are very similar as reported in the above text: .72 for primary care and .67 for elderly care.

To get an initial idea of how the relationship between evaluation of public service and political action behaves, I believe it is illustrative to make a somewhat simplified picture before moving on to the regression analyses. Imagine four possible outcomes or combinations of evaluations and action. First, there is the group of satisfied citizens who have not engaged in any political action, a group that expresses loyalty through their preferences and inaction. Second, there are those who are satisfied but nevertheless have used means of political action to put forward their points of view. A possible interpretation could be that they are satisfied with the service delivery but have acted in order to prevent the closure or deterioration of service facilities. However, even though this is a very plausible process, this type of dissatisfaction is not captured by my measurements. Third, there is the most central group, those that have experienced dissatisfaction and are actually transforming grievances into political action. This group is empowered and uses this empowerment to raise grievances. Finally, there is the most problematic group—the dissatisfied who have not used means of political action. Citizens in this group experience silent resignation and run the risk of political alienation (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Goul Andersen & Hoff 2001; Goul Andersen & Roßteutscher 2007; see also Lyons & Lowery 1989; Dowding et al. 2000; Dowding & John 2008). Although at this point I do not aim to analyze more closely which citizens the different groups consist of, the categorization of possible outcomes is an illustrative way of displaying differences regarding how institutional design produces a variation in the relationship between evaluations of public service and political action.

Table 4.4 below indicates several interesting results. First, it is obvious that a large majority of citizens, whether satisfied or dissatisfied, do not use means of political action. Second, there are institutional differences consistent with the hypothesis. The difference between satisfied and dissatisfied citizens' level of political action is 21 percentage points for public school issues, 11 for primary care, 13 for hospital care, and two for elderly care. Also, all results except for elderly care reveal that dissatisfied citizens use political action to a higher extent than satisfied citizens. Although just a simple bivariate relationship, the effect of dissatisfaction on political action is evidently highest on public school issues, an institu-

tion with the most empowering institutional design, and lowest for elderly care issues, an institution with the least empowering design. As expected, hospital care and primary care take an intermediate position.

**Table 4.4** **Evaluations of public service and political action (percent)**

| | | Evaluation of public school | | Effect | | Evaluation of primary care | | Effect |
|---|---|---|---|---|---|---|---|---|
| | | Satisfied | Dissatisfied | | | Satisfied | Dissatisfied | |
| | Yes | 13 | 34 | -21 | Yes | 6 | 17 | -11 |
| | N | 624 | 139 | | N | 925 | 269 | |
| Political action | | Evaluation of hospital care | | Effect | | Evaluation of elderly care | | Effect |
| | | Satisfied | Dissatisfied | | | Satisfied | Dissatisfied | |
| | Yes | 9 | 22 | -13 | Yes | 13 | 15 | -2 |
| | N | 915 | 180 | | N | 302 | 247 | |

*Comment:* See Tables 4.1 and 4.2 for the wording of the questions and coding of the political action variable. The table consists of four separate bivariate crosstabs, but the No answers have been excluded. N is the number of respondents answering Yes and No, and equals 100 percent. The evaluations variables have been dichotomized by collapsing the categories Very and Somewhat satisfied into one category and Somewhat dissatisfied and Very dissatisfied into another. The middle category, Neither satisfied nor dissatisfied has, together with the Don't know answer, been omitted in this more simplified version. This contributes to the lower N-values displayed in the table, compared to the original tables (4.1-4.2). The effect is calculated in the same way as opinion balance in previous tables. In this case, the effect refers to the proportion of satisfied citizens who have used political action minus the proportion of dissatisfied citizens who have used political action.

Primary care and hospital care both show high levels—over 90 percent—of loyal citizens that are satisfied with the service delivery, and who do not see any reason for engaging in political action. Public schools and elderly care see the highest level of satisfied citizens engaging in political activities on these issues. A plausible interpretation is that this could be a consequence of internal voice opportunities, which provide citizens with knowledge about how to contact civil servants and politicians.

So far, the results are consistent with the hypothesis. Swedish welfare state institutions providing public services produce different feedback effects that affect citizens' propensity to raise their grievances through political action. It is noteworthy that this pattern did not arise until dissatisfaction and political action were examined together. Although a majority of citizens are satisfied with service delivery and do not use political action, the illustration of the relationship revealed both differences between satisfied and dissatisfied citizens' political activity, as well as interesting institutional differences that can be interpreted as feedback effects. The next section provides a critical test of the hypothesis and an

elaboration of the presumed relationship between dissatisfaction with public service and political action.

## DISSATISFACTION, POLITICAL ACTION AND INSTITUTIONAL FEEDBACK EFFECTS

To test the hypothesis that the effect of dissatisfaction on political action truly differs between institutions as a consequence of their empowering design, four separate analyses are carried out and presented below. To compare them, I have chosen to use the same set of control variables for each analysis. This allows me to also discuss to what extent well-known explanations of political participation extends to political action targeting the welfare state.

### Public schools

Public schools are, as shown in Chapter 3, the institution with the most empowering design among the Swedish welfare state institutions compared in this study. Not only is it a universal institution, it also provides its users with opportunities to voice opinions and participate in decisions through channels of user-influence. Good exit opportunities exist and the right to receive education is stated in the law. Thus, the level of institutionalized citizen empowerment is high, which is assumed to have positive political effects on citizens. How does all this influence to what degree citizens dissatisfied with public schools engage in political action to raise these grievances?

As expected, the results in Table 4.5 clearly show that evaluation of public school service has a positive effect on political action on public school issues (.41). The probability of taking political action increases from .09 to .33 as we move from a very satisfied to a very dissatisfied individual (model 1)—a result very similar to what the simpler bivariate results in Table 4.4 indicated. Interestingly, this initial bivariate relationship remains more or less unchanged as I include control variables.

When the full model (model 5) is run, the predicted probability of taking action is .06 for a citizen satisfied with public school service and .31 for dissatisfied citizen. Besides evaluation of service, being a user of a

public school is of importance: users of public schools engage in political action on public school issues to a much higher extent than non-users.

**Table 4.5**    **Effect of service evaluation on political action about public school issues (unstandardized logit coefficients)**

| | Dependent variable: Political action index (0-1) | | | | |
|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
| Evaluation of public school (1-5, 5=Very Dissatisfied) | .41*** | .48*** | | .49*** | .48*** |
| User of public school (0-1) | | 1.32*** | | 1.28*** | 1.30*** |
| Education (1-4, 4=High education) | | | .24** | .35*** | .29*** |
| Age (Age 15-29 reference category) | | | | | |
|   Age 30-49 | | | .49* | .54* | .45 |
|   Age 50-64 | | | -.22 | .22 | -.00 |
|   Age 65-85 | | | -.73 | -.32 | -.69 |
| Income (1-7, 7=High income, ≈ €73 000) | | | .06 | .05 | .04 |
| Gender (Woman reference category) | | | -.10 | .05 | -.09 |
| Left-right placement (1-5, 5=Far to the right) | | | .01 | -.05 | -.02 |
| Political interest (1-4, 4=Very interested) | | | .48*** | | .47*** |
| Constant | -2.77*** | -3.90*** | -3.84*** | -5.31*** | -6.01*** |
| | | | | | |
| Pseudo $R^2$ | .02 | .07 | .06 | .11 | .12 |
| N | 906 | 906 | 906 | 906 | 906 |
| | | | | | |
| P(action) if satisfied | .09 | .07 | | .06 | .06 |
| P(action) if dissatisfied | .33 | .34 | | .32 | .31 |
| P(action) if satisfied user of public school | | | | | .10 |
| P(action) if dissatisfied user of public school | | | | | .42 |
| P(action) if satisfied non-user of public school | | | | | .03 |
| P(action) if dissatisfied non-user of public school | | | | | .16 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on the political action variable and the evaluation variable, see Tables 4.1 and 4.2. The question for the *user* of public services is: "Have you or a close relative used any of the following services the last 12 months?". The answer options are: Yes, I have used it my self, I don't use it myself, but a close relative does and No, neither myself nor a close relative uses it. The category User (coded as 1) in the table above refers to both people who are users themselves of the particular welfare service and people where a close relative is a user. "The question on *education* is: "What level of education do you have?". Eight different options are included in the question, but are transformed into four categories (Low education (1), Medium low education (2), Medium high education (3) and High education (4)). The category Low education corresponds to Not completed compulsory school/completed compulsory school and the category High education corresponds University degree/Ph.D. degree. *Income* refers to household income. The wording in the questionnaire is "Please mark with a cross the box that corresponds to the approximate annual income of all members in your household (including pensions and study allowances). Category 1 corresponds to Less than SEK100,000 (approx. €10,700) and 7 corresponds to More than SEK700,000 (approx. €73,000). The question of *left-right placement* is: Sometimes one can talk about placing political attitudes on a left-right dimension. Where would you place yourself on a left-right dimension? 1=Far to the left, 2=Slightly to the left, 3=Neither left nor right, 4=Slightly to the right, 5=Far to the right. The question on *political interest* is "How interested are you in general in politics?" The options are Very interested (1), Somewhat interested (2), Not that interested (3) and Not at all interested (4).

To examine whether well-known explanations of participation extend to political action targeting the welfare state, model 3 includes education, age, income, gender, left-right placement and political interest. Somewhat surprisingly, few of the control variables show a direct effect on

political action. The results indicate that the higher the education and political interest, the higher the level of political action. Citizens between 30 and 49 years of age show a somewhat higher level of action compared to the youngest. When evaluation of public schools and user of public schools enters the analysis again in model 4 and 5, the effect of education and political interest remain relatively unchanged, while the effect of being between 30 and 49 years old disappears in model 5. In sum, the overall pattern is sustained in model 5 and there is only a moderate reduction in the level of political action as a consequence of dissatisfaction.

So far the results indicate what was expected, that is, that dissatisfaction causes a higher level of political action compared to satisfaction. The well-known effects of education and political interest are also visible and it is also evident that users of public schools are more politically active on public school issues, although in comparison the effect of dissatisfaction is larger. The predicted probability of political action increases from .05 to .17 between a non-user and user of public schools, from .08 to .17 between citizens with low and high education and from .06 to .20 between citizens with little and great interest in politics (see Table A.4.4 in the Appendix). The differences in the relationship between dissatisfaction and political action can also be illustrated by comparing users and non-users of public schools. As also shown in Table 4.5, the predicted probability of political action is .42 among dissatisfied users of public schools, compared to .16 among non-users. The average among all respondents is, as mentioned above, .31. Although the propensity to engage in political action increases with dissatisfaction in all three groups, the increase is significantly higher among users of public schools compared to non-users.

## Hospital care

As shown in the discussion in Chapter 3, hospital care takes an intermediate position in terms of empowerment. The institution is universal and exit options exist to some extent. However, channels of influence are relatively poor and the law only states obligations to provide health care, with no corresponding right for citizens to receive care. Therefore, I expect a somewhat weaker dissatisfaction effect on political action with regard to hospital care issues than compared to public school issues.

Table 4.6      Effect of service evaluation on political action about hospital care issues (unstandardized logit coefficients)

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| Evaluation of hospital care (1-5, 5=Very Dissatisfied) | .28*** | .29*** | | .35*** | .34*** |
| User of hospital care (0-1) | | .89*** | | .99*** | 1.00*** |
| Education (1-4, 4=High education) | | | .10 | .18* | .09 |
| Age (Age 15-29 reference category) | | | | | |
|    Age 30-49 | | | .57* | .75** | .69** |
|    Age 50-64 | | | .71** | 1.13*** | .94*** |
|    Age 65-85 | | | .47 | 1.14*** | .83** |
| Income (1-7, 7=High income, ≈ €73 000) | | | -.10* | -.09 | -.10* |
| Gender (Woman reference category) | | | -.33* | -.11 | -.31 |
| Left-right placement (1-5, 5=Far to the right) | | | -.00 | -.03 | .00 |
| Political interest (1-4, 4=Very interested) | | | .57*** | | .56*** |
| Constant | -2.81*** | -3.56*** | -3.48*** | -4.42*** | -5.28*** |
| | | | | | |
| Pseudo R² | .01 | .03 | .04 | .05 | .07 |
| N | 1236 | 1236 | 1236 | 1236 | 1236 |
| | | | | | |
| P(action) if satisfied | .07 | .07 | | .06 | .06 |
| P(action) if dissatisfied | .20 | .19 | | .21 | .19 |
| | | | | | |
| P(action) if satisfied user of hospital care | | | | | .07 |
| P(action) if dissatisfied user of hospital care | | | | | .23 |
| | | | | | |
| P(action) if satisfied non-user of hospital care | | | | | .03 |
| P(action) if dissatisfied non-user of hospital care | | | | | .10 |

\* p<.10 \*\* p<.05 \*\*\* p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on variables and coding, see Tables 4.1, 4.2 and 4.5.

As in the case of public schools, Table 4.6 reveals that dissatisfaction with hospital care is positively related to political action on hospital care issues. However, the relationship is somewhat weaker, as indicated by an average action probability of .20 among dissatisfied citizens, compared to .07 among satisfied citizens. In the full model (model 5), the probability for political action when an individual is dissatisfied with hospital care is three times larger compared to a satisfied individual, although this difference is smaller compared to public schools. As expected, being a user of hospital care increases the probability of political action (model 2).

Taking only the control variables into account, model 3 shows that age, income and political interest directly affect political action on hospital care issues. Citizens between 30 and 64 years of age report higher level of political action about primary care issues relative to those between 15 and 29 years of age. Interestingly, income shows a weak negative effect; that is, the higher the income the *lower* the propensity to take political

action. Surprisingly there is no significant effect from education, as is the case with public schools. The lack of an education effect on political action on hospital care issues is quite extraordinary given the position this variable enjoys in political participation research. Again, the high level of satisfied, non-action taking citizens could be a possible explanation.

When all variables are put together in model 5, the significant effects of dissatisfaction, user, age, income and political interest remain, while the coefficient of being 65 years old or older, relative to being under 29 years, gains significance. As earlier, there is no effect of gender or left-right position. The predicted probabilities reveal that evaluation of hospital care and political interest have the strongest effect on political action on hospital care issues. The predicted probability of political action on hospital care issues increases from .06 to .19 between a satisfied and dissatisfied citizen, respectively, and from .04 to .18 between citizens with no and significant interest in politics, respectively (see Table A.4.5 in the Appendix). The difference between political action by users and non-users as a consequence of dissatisfaction is also evident on hospital care issues. The difference between the two groups is less compared to public school issues. The predicted probability of political action on hospital care issues is .23 among dissatisfied users and .10 among non-users.

## Primary care

Just as in the case of hospital care, primary care is a welfare state institution with a medium degree of empowerment. However, I would characterize the exit options slightly better for primary care due to its lower specialization compared to the range of care available at a hospital. These and other similarities between the two are also evident if we look at the results—the size of the effect of dissatisfaction on political action is close to the one I found regarding hospital care. As with public schools and hospital care, I find that dissatisfied citizens engage in political action to a higher extent than satisfied citizens. The predicted probability of action increases from .03 to .18 when comparing satisfied and dissatisfied individuals (see Table 4.7, model 1). As indicated earlier, the user/non-user distinction is relevant. Being a user of primary care means a higher lever

of political action (model 2). However, the user effect is only significant at the 90 percent level when the full model is run.

**Table 4.7**     Effect of service evaluation on political action about primary care issues (unstandardized logit coefficients)

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| Evaluation of primary care (1-5, 5=Very Dissatisfied) | .44*** | .45*** | | .52*** | .49*** |
| User of primary care (0-1) | | .78** | | .76** | .74* |
| Education (1-4, 4=High education) | | | .25** | .31*** | .22** |
| Age (Age 15-29 reference category) | | | | | |
|   Age 30-49 | | | .36 | .40 | .37 |
|   Age 50-64 | | | .40 | .72* | .57 |
|   Age 65-85 | | | .74* | 1.38*** | 1.09*** |
| Income (1-7, 7=High income, ≈ €73 000) | | | -.16** | -.14** | -.15** |
| Gender (Woman reference category) | | | .03 | .23 | .06 |
| Left-right placement (1-5, 5=Far to the right) | | | .00 | -.07 | -.03 |
| Political interest (1-4, 4=Very interested) | | | .60*** | | .54*** |
| Constant | -3.75*** | -4.47*** | -4.62*** | -5.65*** | -6.48*** |
| | | | | | |
| Pseudo $R^2$ | .03 | .04 | .05 | .07 | .09 |
| N | 1359 | 1359 | 1359 | 1359 | 1359 |
| | | | | | |
| P(action) if satisfied | .03 | .03 | | .03 | .03 |
| P(action) if dissatisfied | .18 | .18 | | .19 | .16 |
| | | | | | |
| P(action) if satisfied user of primary care | | | | | .03 |
| P(action) if dissatisfied user of primary care | | | | | .18 |
| | | | | | |
| P(action) if satisfied non-user of primary care | | | | | .01 |
| P(action) if dissatisfied non-user of primary care | | | | | .10 |

\* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on variables and coding, see Tables 4.1, 4.2 and 4.5.

Looking at the results in model 3, two of the common explanations of political participation seem valid for political action about primary care issues. Citizens with high education and a great interest in politics have engaged in political action to a higher extent than citizens with low education and low political interest. These results are in line with the predictions from the Civic Voluntarism Model. Moreover, as is the case with hospital care, there is a negative relationship between income and political action. In other words, those with low incomes seem to have expressed their points of view on primary care issues to a higher extent than those with high income. Lastly, retired citizens report higher levels of political action compared to other age groups.

Including all variables of interest in the analysis (model 5), the general picture remains the same. Once again, we see the positive impact of dissatisfaction, being a user, education, being retired and having high political interest, and the negative effect of income. Comparing the predicted probabilities for all significant coefficients, dissatisfaction is the variable that has the strongest predicted effect on political action, followed by age and political interest (see Table A.4.6 in the Appendix). Taking a closer look at users and non-users of primary care, it is evident that the relationship between dissatisfaction and political action do not differ that much. The predicted probability of political action is .10 among dissatisfied non-users and .18 among dissatisfied users. That the difference is not more distinct is probably a consequence of the high degree of primary care users (see Table A.4.1 in the Appendix), leading to less variation and weaker significance in the user variable.

## Elderly care

The fourth institution of interest is elderly care. Compared to public schools, hospital care and primary care, elderly care is characterized by a relatively low degree of institutionalized citizen empowerment. This is evident through features such as needs-based testing and bureaucratic discretion. At the same time, elderly care is an area with some established forms of user-influence and an emphasis on individual rights in the relevant legal acts. My hypothesis states that we should find the weakest relationship between institution-specific dissatisfaction and political action to influence elderly care. Thus, the policy feedback effect from the institutional design of elderly care is expected to be less positive (although not entirely negative) compared to the other three public service institutions.

The results in Table 4.8 confirm the hypothesis. Evaluation of elderly care initially shows no significant effect on political action on elderly care issues. The insignificant effect is also shown by the small difference in predicted probability between a satisfied and dissatisfied citizen (model 1). However, as other variables are included in the analysis, the effect of evaluation of elderly care on political action reaches significance (model 4 and 5). Such a behavior indicates the presence of a suppressor variable.

**Table 4.8** Effect of service evaluation on political action about elderly care issues (unstandardized logit coefficients)

|  | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
|  | Dependent variable: Political action index (0-1) | | | | |
| Evaluation of elderly care (1-5, 5=Very Dissatisfied) | .13 | .19 |  | .28** | .30** |
| User of elderly care (0-1) |  | 1.33*** |  | 1.49*** | 1.49*** |
| Education (1-4, 4=High education) |  |  | .05 | .16 | .06 |
| Age (Age 15-29 reference category) |  |  |  |  |  |
|    Age 30-49 |  |  | .50 | .98** | .89* |
|    Age 50-64 |  |  | .86* | 1.43*** | 1.21** |
|    Age 65-85 |  |  | .88* | 1.76*** | 1.40*** |
| Income (1-7, 7=High income, ≈ €73 000) |  |  | -.05 | -.03 | -.06 |
| Gender (Woman reference category) |  |  | -.54** | -.38 | -.61** |
| Left-right placement (1-5, 5=Far to the right) |  |  | -.07 | -.12 | -.08 |
| Political interest (1-4, 4=Very interested) |  |  | .56*** |  | .56*** |
| Constant | -2.50*** | -3.30*** | -3.18*** | -4.20*** | -5.02*** |
| Pseudo $R^2$ | .00 | .06 | .05 | .10 | .12 |
| N | 747 | 747 | 747 | 747 | 747 |
| P(action) if satisfied | .09 | .06 |  | .05 | .04 |
| P(action) if dissatisfied | .14 | .13 |  | .14 | .13 |
| P(action) if satisfied user of elderly care |  |  |  |  | .11 |
| P(action) if dissatisfied user of elderly care |  |  |  |  | .29 |
| P(action) if satisfied non-user of elderly care |  |  |  |  | .03 |
| P(action) if dissatisfied non-user of elderly care |  |  |  |  | .08 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on variables and coding, see Tables 4.1, 4.2 and 4.5.

A test to elaborate the relationship indicates that the dissatisfaction effect reaches significance when controlling for age (all age dummies). In other words, age accounts for the initial lack of relationship between dissatisfaction and political action on elderly care issues (Rosenberg 1968: 84-86; Aneshensel 2002: 97). To further elucidate the age effect, Table A.4.2 in the Appendix clearly shows that citizens between 50 and 65 years of age and citizens older than 65 years of age make more positive evaluations of elderly care in comparison to citizens younger than 29 years of age. This result could be interpreted as a closeness or user effect. However, the results in the Appendix also show that the age effect is larger than the user effect on evaluations of elderly care. In both cases, being older than 50 years of age and being a user implies a more positive evaluation of elderly care service. Taking the result in Table 4.9 (model 3-5) and Table A.4.2 together, we seem to have a case where older citizens make more positive evaluations of elderly care while also reporting

higher political action levels on elderly care issues. Together with relatively low mobilization on elderly care issues among the citizenry, the relationship becomes insignificant. It is not until we remove the effect of age by including it as a control variable that a significant dissatisfaction effect on political action on elderly care issues appears. A further explanation of the results could be the age bias among the valid respondents; a somewhat higher degree of citizens 50 years or older has answered the question about evaluation of elderly care (see table A.4.3 in the Appendix).

The direct effects of the control variables presented in model 3 show that men have taken political action to a lower extent than women. Lastly, we recognize the stable and well-known result that those interested in politics take action to a higher extent than those with little interest in politics. When evaluation of elderly care and users of elderly care are added to the analysis again, all age groups have a higher level of political action, compared to those between 15 and 29 years old. Also, the difference between men and women's level of action disappears in model 4 but in model 5 it appears as a significant difference.

Comparing the relative size of the effect, evaluation of elderly care does not display the strongest effect. Instead, being a user, age and political interest all prove to affect political action on elderly care issues to a higher extent. The predicted probability of political action increases from .04 to .13 between a satisfied and dissatisfied citizen, from .05 to .18 between a non-user and user, compared to from .06 to .20 between the youngest and the oldest and finally between .03 and .16 between those uninterested and interested in politics (see Table A.4.7 in the Appendix). The strong user effect is also illustrated by the predicted probabilities in Table 4.8. Dissatisfied elderly care users are more than three times inclined to engage in political action on elderly care issues compared to dissatisfied non-users (.29 compared to .08). It seems as if the selective and needs-based testing nature of elderly care further restrains the average citizen's propensity to engage in elderly care issues compared to those directly experiencing this public service institution.

## The importance of institutionalized citizen empowerment

The argument put forward throughout this and previous chapters states that the degree of institutionalized citizen empowerment in public service institutions *does* affect to what extent citizens dissatisfied with circumstances in public service use political action to express these grievances. The feedback processes thus vary depending on the degree of empowering design. To be more precise, the hypothesis tested is that the relationship between (institution-specific) dissatisfaction and political action is strongest for public schools, weakest for elderly care and intermediate for hospital care and primary care. The results clearly support my hypothesis.

**Figure 4.1**   Effect of service evaluation on political action about public school, hospital care, primary care, and elderly care issues (predicted probabilities)
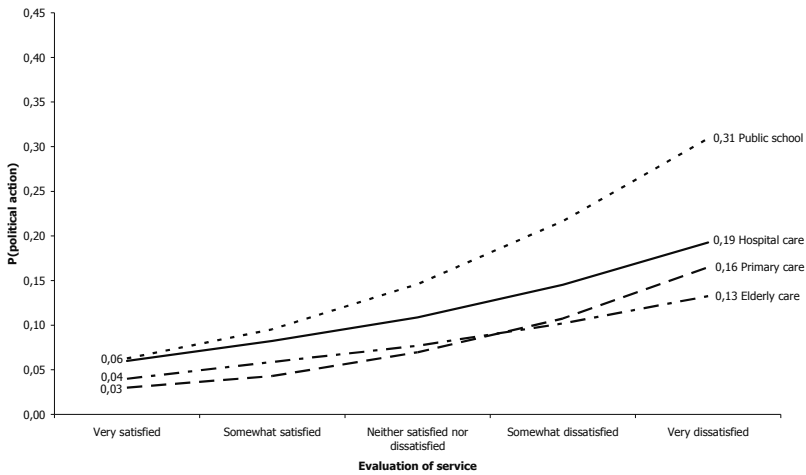


*Comment:* Source: the Swedish SOM study 2004. The figure is based on the predicted probabilities calculated in model 5 in Tables 4.5-4.8.

An illustration of the differences between the institutions regarding the dissatisfaction effect on political action is displayed in Figure 4.1.[42] A

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[42] There are, to my knowledge, no ways of formally judging whether these differences are statistically different from each other, since they are predicted probabilities from different regression models. The picture in Figure 4.5 is, however, fairly similar to the one in Table 4.4. A simple statistical test of the difference between the two proportions using the

citizen dissatisfied with public school service uses political action more than twice as much as a citizen dissatisfied with elderly care. To be fair, the relationship between dissatisfaction with public service and welfare state political action in the case of public schools holds an exceptional position in comparison to hospital care, primary care and elderly care. If we translate the predicted probabilities into percentage points, the difference in level of political action as a consequence of dissatisfaction, is 12 percentage units between public schools and hospital care, 15 percentage units between public schools and primary care, and 18 percentage units between public schools and elderly care.

Of all the included variables, being a user of public service is an important explanation irrespective of the institution. Being a user of public service is also an important explanation of evaluation (see Table A.4.2 in the Appendix), which implies that being a user affects political action both directly and indirectly, through dissatisfaction. These effects, however, work in different ways: users both make more positive evaluations and are more politically active on public service issues. As a consequence, the direct effect on political action of being a user is reduced by the indirect effect of their more positive evaluations (see Table A.4.9 for an elaboration).[43] Moreover, as shown by the predicted probabilities in the tables above, the degree to which dissatisfaction is expressed through political action differs between users and non-users of public service. The results are illustrated in Figure 4.2 below.

numbers in Figure 4.1 indicate that the probability of political action among those dissatisfied with public schools are statistically different from each other (one-tailed test, $p<.05$).

[43] I have also performed analysis with an interaction term between evaluation*user. For public schools, primary care and elderly care, the interaction variable is insignificant, but nevertheless affects the significance of other variables in the model. For hospital care, the interaction term is negative and significant, indicating that satisfied non-users, rather than dissatisfied users, take political action (see Table A.4.7 in the Appendix). An explanation for this result is that users are more satisfied with service performance (see discussion in the text above and Table A.4.9 in the Appendix). If, instead, separate regressions of the relationship between dissatisfaction and political action are run among users and non-users, the results are equivalent to what I have presented so far in this chapter.

Figure 4.2    Effect of service evaluation on political action about public school, hospital care, primary care, and elderly care issues among users and non-users (predicted probabilities)
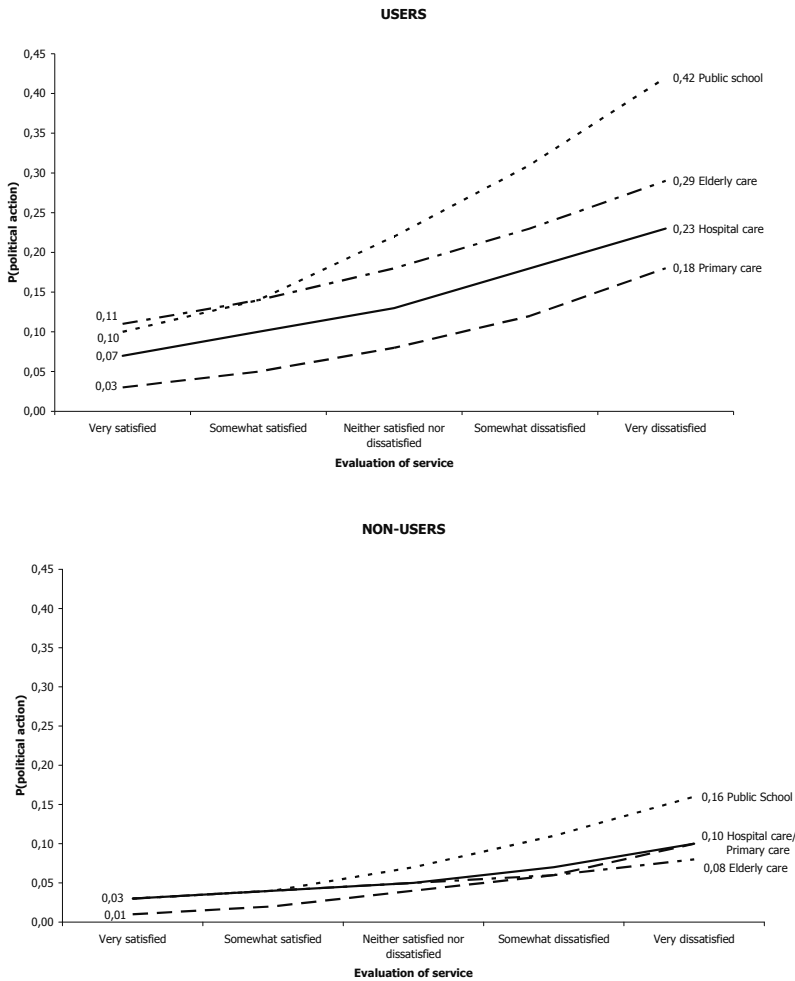


Comment: Source: The Swedish SOM study 2004. The figures are based on the predicted probabilities calculated in model 5 in Tables 4.5-4.8.

Dissatisfaction produces higher levels of political action among users of public service (Figure 4.2). The level of political action is undoubtedly highest among dissatisfied public school users, followed by dissatisfied users of elderly care, dissatisfied users of hospital care and, finally, dissat-

isfied users of primary care. This means that the ranking of the institutions differs from the average pattern seen in Figure 4.1. It seems as if elderly care and primary care switched places, since the effect of dissatisfaction on political action is now higher on elderly care issues. Thus, the pattern is different from what was expected from a perspective of institutionalized citizen empowerment. I will return to this discussion in the chapter conclusion. Among non-users of public service (Figure 4.3), the ranking of the relationship between dissatisfaction and political action matches the average pattern from Figure 4.1, although action levels are lower.[44]

Another important conclusion concerns the relative unimportance and mixed results of several of the individual-level variables that previous research pointed out as important explanations of political action. Thus, in terms of equality, who you are matters to what extent you would use political action targeting the welfare state, but which individual aspects are of importance depends on the institution in question. Only interest in politics shows a stable and consistent effect on political action. The higher the level of political interest, the higher the level of political action targeting the welfare state. It is also noteworthy that there are no indirect effects of political interest on political action, since political interest only weakly affects evaluations of public service (see Table A.4.2). To my surprise, education is not the clear-cut explanation previous research

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[44] To confirm that patterns of dissatisfaction and political action among users and non-users are valid, I present three-way cross tabulations in the Appendix (Table A.4.10). These reveal that the level of political action is significantly higher among dissatisfied users of public school compared to non-users and that the increase (effect) in political action between satisfied and dissatisfied respondents is larger among users. For hospital care, the level of political action is higher among dissatisfied non-users and the effect on political action is also higher among non-users compared to users. The number of respondents among dissatisfied non-users of hospital care is only 30, making the estimation less valid. For primary care, the dissatisfaction effect is very similar among users and non-users and dissatisfied users' level of political action is not much higher compared to dissatisfied non-users. The effect of dissatisfaction among elderly care users is low and a consequence of the high level of political action among satisfied elderly care users. Dissatisfied users of elderly care do, however, take political action to a higher degree compared to dissatisfied non-users. In sum, patterns of dissatisfaction and political action among users and non-users of public services are less clear-cut than what was shown through the predicted probabilities. However, the results do confirm that the dissatisfaction effect on political action is higher among public school users and elderly care users, compared to non-users of the equivalent institutions.

indicates, and shows effect only for public schools and primary care. In other words, the level of an individual's education does not affect his or her propensity for political action aimed at hospital care and elderly care.

There is an age effect in the case of hospital care, primary care and elderly care, where older citizens, in comparison to younger citizens, show a higher level of political action. All age groups but the youngest also show a higher level of political action on hospital care and elderly care issues. Household income is also an explanation that generates mixed results. The effect of income, when significant, is weak and has the opposite effect than what could be expected from previous research; as income increases, the level of political action targeted at hospital care and primary care actually decreases somewhat. In other words, money—or in this case the lack of money—is not an important explanation of action targeting the welfare state. As in other studies, the gender effect is mixed; it appears for hospital care and elderly care only. When it does appear, the results reveal somewhat higher political action for women compared to men, a pattern that could be explained by women's higher dependency on the welfare state: women both use public services and are employed by public institution to a higher extent compared to men (Oskarson & Wängnerud 1995). Left-right placement is the only explanation that consistently lacks effect on political action.

A systematic comparison of models 3 and 5 in the above tables reveals that very little happens with the standard explanations of participation (model 3) when included together with dissatisfaction (model 5). For example, none of the variables explaining political action loses significance between models 3 and 5. In fact, what happens in most cases is that the effect of age on political action, especially the effect of being retired compared to being less than 30 years old, *increases* when dissatisfaction is included side-by-side.

Except for discussing the importance of different competing explanations of political action, I believe it is valuable to say something about the relative strength of all the included explanations. For public schools, hospital care and primary care, evaluations of service have the strongest effect on political action. This means that the *difference* in the level of political action between a satisfied and a dissatisfied individual is larger compared to the difference between, for example, a non-user and user or

between someone uninterested and interested in politics. It also means that the dissatisfied have the highest *level* of political action. To be fair, political interest is as important as dissatisfaction in the case of hospital care. The result for elderly care differs in this sense. Instead of dissatisfaction, being a user, being between 65 and 85 years old, and political interest are the most important variables in terms of size of effect. Judging from the results, it is also evident that few variables have indirect effects.

## DISSATISFACTION WITH AVAILABILITY AND POLITICAL ACTION

So far, it is evident that the relationship between dissatisfaction with public service and political action not only varies across welfare state institutions, but also that dissatisfaction with service is an important explanation for political action targeting the welfare state. I have also argued that evaluation of public service is a reliable and useful measure that captures central aspects of how we comprehend the functioning and delivery of public service. However, there are also other aspects of public service that potentially affects political action that are not captured by service evaluations alone. In this second empirical section of the chapter, I broaden the dissatisfaction perspective by introducing evaluations of availability.

The problems with the availability of public services have been covered extensively by Swedish media as a means of illustrating the flaws of the Swedish welfare state. Alarming reports of municipalities' shortage of day care facilities (leading to long wait times), of hospitals that do not meet guarantees of limited waiting periods for people seeking care, problems in reaching primary care centers via telephone to make medical appointments, the shortage of available medical appointments, and the lack of homes for the elderly are all part of the everyday image of the welfare state in Sweden (a few examples of the media attention are Svenska Dagbladet 2002-12-20; Falu Kuriren 2004-12-14; Göteborgs-Posten 2005-07-13; 2007-10-02; Sydsvenskan 2005-04-30; 2007-08-15; Västerbottens-Kuriren 2006-11-29). Thus, to also include evaluations of availability as an explanation for political action implies a perspective that is of immediate interest and that can be addressed from both a theoretical and societal point of view. As mentioned earlier in this chapter,

the comparison here will be limited to primary care and elderly care, which restricts the scope of the conclusions.

The earlier discussion and the results from Table 4.3 indicate that assessments of service and availability are highly related both theoretically and empirically. The evaluations of primary care service highly resemble evaluations of public service availability. The same pattern was evident for elderly care. The question remains, however, as to what extent evaluations of the availability of public service affects political action. Does the strength in the relationship vary with the degree of institutionalized citizen empowerment?

## Primary care

Evaluations of the availability of primary care affects political action; the level of political action increases with dissatisfaction (Table 4.9, model 1). Being a user of primary care initially shows no effect on political action, but the effect reaches significance (90 percent level) as more variables are included. In the full model (model 5), there is an effect on political action of being between 50 and 64 years of age or older than 65 years of age, relative to citizens under 29 years of age. Finally, citizens with political interest show a higher level of political action than citizens uninterested in politics.

Throughout the models, the effect of dissatisfaction with availability is stable and even increases somewhat. The probability of political action increases from .03 to .16 if we move from a citizen satisfied with availability of primary care to a citizen dissatisfied with primary care (model 5). The pattern of dissatisfaction and political action among users highly resembles the average for all respondents, while the predicted probability of political action is lower for non-users of primary care. In addition, issues of availability simply do not engage non-users; this pattern can be a consequence of the fact that there are some possibilities to exit and choose a private physician or a private health care center.

Table 4.9    Effect of availability evaluations on political action about primary care issues (unstandardized logit coefficients)

| | Dependent variable: Political action index (0-1) | | | | |
|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
| Availability evaluation primary care (1-5, 5=Very bad) | .37*** | .37 *** | | .42*** | .42*** |
| User of primary care (0-1) | | .66 | | .75* | .74* |
| Education (1-4, 4=High education) | | | -.07 | -.01 | -.07 |
| Age (Age 15-29 reference category) | | | | | |
|    Age 30-49 | | | .47 | .39 | .39 |
|    Age 50-64 | | | .84** | .94** | .89** |
|    Age 65-85 | | | .65 | 1.00** | .90** |
| Income (1-7, 7=High income, ≈ €73 000) | | | -.05 | -.04 | -.05 |
| Gender (Woman reference category) | | | .11 | .13 | .08 |
| Left-right placement (1-5, 5=Far to the right) | | | -.04 | -.07 | -.06 |
| Political interest (1-4, 4=Very interested) | | | .29* | | .28* |
| Constant | -3.54*** | -4.17 *** | -3.53*** | -4.79*** | -5.32*** |
| | | | | | |
| Pseudo R$^2$ | .03 | .03 | .02 | .05 | .05 |
| N | 1316 | 1316 | 1316 | 1316 | 1316 |
| | | | | | |
| P(action) if satisfied | .04 | .04 | | .03 | .03 |
| P(action) if dissatisfied | .15 | .15 | | .16 | .16 |
| | | | | | |
| P(action) if satisfied user of primary care | | .04 | | .04 | .04 |
| P (action) if dissatisfied user of primary care | | .16 | | .17 | .17 |
| | | | | | |
| P(action) if satisfied non-user of primary care | | .02 | | .02 | .02 |
| P(action) if dissatisfied non-user of primary care | | .09 | | .09 | .09 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2006. For information on variables and coding, see Tables 4.1, 4.2, 4.3 and 4.5.

## Elderly care

Table 4.10 shows that evaluations of the availability of elderly care also affect political action on elderly care issues (model 1). In contrast to users of primary care, users of elderly care have a remarkably high level of political action (model 2). In model 3, which tests the explanatory power of the traditional explanations of political action, a weak negative effect of education is evident. There is also a weak positive effect of ideology, implying that citizens who identify with the right have a higher level of political action, but this effect disappears when evaluation of availability is included (model 4 and 5). In the full model, there is a positive effect on political action due to dissatisfaction with the availability of elderly care among citizens 65 years or older and an interest in politics, and a weak negative effect of education. The predicted probability of action

increases from .05 among satisfied citizens to .20 among dissatisfied citizens. Among users of elderly care dissatisfied with availability, the predicted probability of action is .37, compared to .14 among dissatisfied non-users.

**Table 4.10    Effect of availability evaluations on political action about elderly care issues (unstandardized logit coefficients)**

|  | Dependent variable: Political action index (0-1) | | | | |
|  | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| Availability evaluation elderly care (1-5, 5= Very bad) | 49*** | .51*** |  | .50*** | .49*** |
| User of elderly care (0-1) |  | 1.20*** |  | 1.26*** | 1.28*** |
| Education (1-4, 4=High education) |  |  | -.25* | -.21 | -.27* |
| Age (Age 15-29 reference category) |  |  |  |  |  |
| Age 30-49 |  |  | .68 | .59 | .53 |
| Age 50-64 |  |  | .67 | .57 | .52 |
| Age 65-85 |  |  | .82 | 1.11** | 1.00* |
| Income (1-7, 7=High income, ≈ €73 000) |  |  | .10 | .13 | .11 |
| Gender (Woman reference category) |  |  | -.23 | -.30 | -.34 |
| Left-right placement (1-5, 5=Far to the right) |  |  | .19* | .11 | .12 |
| Political interest (1-4, 4=Very interested) |  |  | .39** |  | .39** |
| Constant | -3.58*** | -4.17*** | -3.77*** | -4.79*** | -5.47*** |
|  |  |  |  |  |  |
| Pseudo $R^2$ | .04 | .09 | .04 | .11 | .12 |
| N | 613 | 613 | 613 | 613 | 613 |
|  |  |  |  |  |  |
| P(action) if satisfied | .04 | .04 |  | .04 | .04 |
| P(action) if dissatisfied | .25 | .23 |  | .21 | .20 |
|  |  |  |  |  |  |
| P(action) if satisfied user of elderly care |  | .08 |  | .08 | .08 |
| P(action) if dissatisfied user of elderly care |  | .39 |  | .38 | .37 |
|  |  |  |  |  |  |
| P(action) if satisfied non-user of elderly care |  | .03 |  | .03 | .02 |
| P(action) if dissatisfied non-user of elderly care |  | .16 |  | .15 | .14 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2006. For information on variables and coding, see Tables 4.1, 4.2, 4.3 and 4.5.

## Empowerment, availability dissatisfaction and political action

Several insights can be drawn from the inclusion of the evaluation of availability of primary care and elderly care in the models. Availability proved to be of importance, but the patterns are not as clear-cut as in the analysis of service evaluations and political action earlier in this chapter.[45]

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[45] If the 2006 results are analyzed with the restriction that both the question of service and the question of availability should have a valid answer, the relationship between

The previously established pattern where the level of political action as a consequence of dissatisfaction was lowest on elderly care issues is not entirely valid for dissatisfaction with availability. In fact, the effect of dissatisfaction on political action is very similar for citizens dissatisfied with the availability of elderly care compared to citizens dissatisfied with the availability of primary care. This time, however, the effect of dissatisfaction with the availability of elderly care is slightly (although probably not significantly) higher compared to dissatisfaction with the availability of primary care. Even though the difference is too small to draw any solid conclusions, it is evident that the effect of dissatisfaction on political action on primary care issues is similar regardless of the measurement, while the effect of dissatisfaction with the availability of elderly care affects political action to a higher extent than dissatisfaction with the service received. Thus, it seems as if the lower level of institutionalized citizen empowerment suppresses, to a higher extent, political action to raise grievances about service delivery than political action to raise grievances about service availability.

A comparison of the results for service and availability are illustrated in Figure 4.3. For primary care, the effect of being dissatisfied with availability on political action highly resembles the results found for service delivery earlier: the predicted probability of political action is .16 among citizens dissatisfied with availability. What differs compared to the results about service delivery is the effect of dissatisfaction with availability on political action regarding elderly care issues, which this time is higher when compared to primary care. The predicted probability of political action is .20 among citizens dissatisfied with elderly care issues. Without

dissatisfaction with elderly care service and political action increases somewhat, and equals the effect of dissatisfaction and political action about primary care issues (17 percent among the dissatisfied have used political action on primary care issues and elderly care issues, respectively). Without this restriction and as shown in Chapter 5 and in Table A.5.2, the comparison of 2004 and 2006 reveals remarkable stability. The predicted probability of political action is 16 percent among those dissatisfied with primary care and 11 percent among those dissatisfied with elderly care in 2006, compared to 17 and 13 percent, respectively, in 2004. Tightening the restriction for inclusion in the 2006 analysis makes the number of answers drop even further (recall the initial high degree of invalid answers on the question about availability in elderly care in Table 4.3 in this chapter), while the relationship for elderly care strengthens.

more institutions in the comparison, however, the generality of these results are hard to validate.

Figure 4.3      Effect of availability evaluations of primary care and elderly care on political action (predicted probabilities)
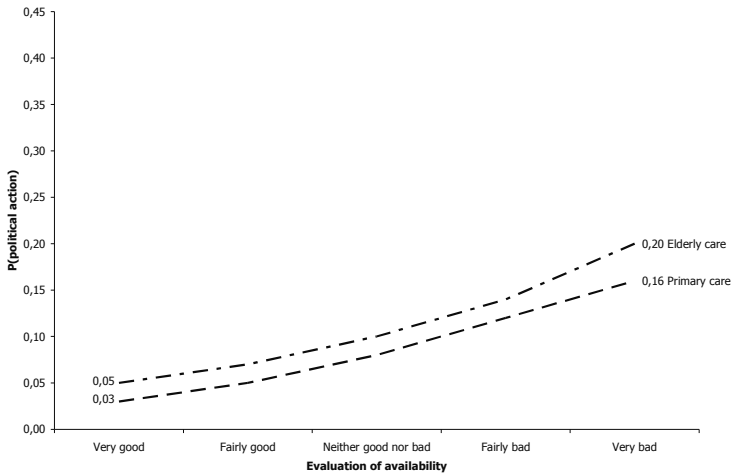


*Comment:* Source: the Swedish SOM study 2006. The figure is based on the predicted probabilities calculated in Tables 4.9 and 4.10 (model 5).

A result that stands out is the relatively high degree of political action among users of elderly care. As shown in Figure 4.4, the predicted probability of political action is .37 among dissatisfied users of elderly care, compared to .14 among dissatisfied non-users of elderly care. The action pattern among users of primary care highly resembles the pattern among the average respondent Thus, the relatively high level of political action among dissatisfied elderly care users is further strengthened when the issue at heart is service availability. Despite the high degree of bureaucratic discretion in the assessment process, questions about availability render users of elderly care to engage in political action—which is not expected from a policy feedback point of view. The question is whether these results could be a consequence of exit options and voice opportunities. I will further discuss this result in the concluding section below.

**Figure 4.4**     Effect of availability evaluations of primary care and eld-
erly care on political action among users and non-users
(predicted probabilities)
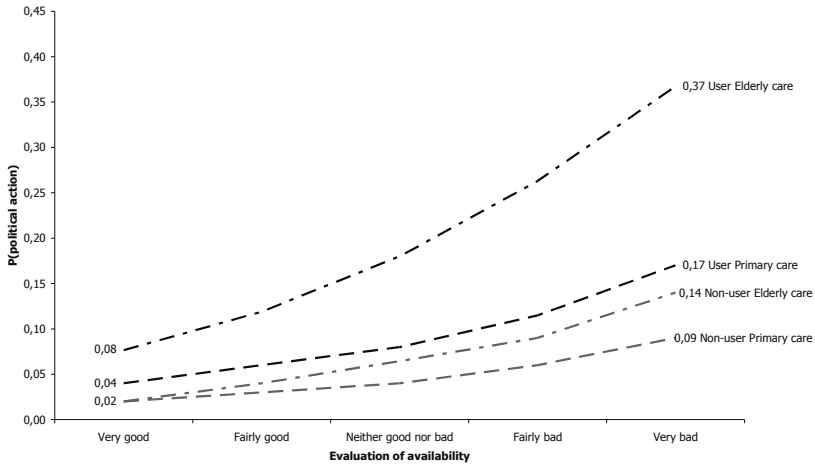


*Comment:* Source: the Swedish SOM study 2006. The figure is based on the predicted probabilities calculated in
Tables 4.9 and 4.10 (model 5).

## CONCLUSIONS

The main conclusions from this chapter can be summarized as strong
support for the general hypothesis about the effects of dissatisfaction on
political action, but where the different specifications of the hypothesis
did not follow the same path. Using the policy feedback perspective, the
relationship between *public service dissatisfaction and political action* work
in the predicted ways: the effect of service delivery dissatisfaction on the
level of political action is highest on public school issues, lowest for eld-
erly care issues and intermediate for hospital care and primary care issues.
In other words, the feedback effects are strongest or most positive for
public schools where a high degree of institutionalized citizen empower-
ment is evident, and less positive for elderly care where the degree of
institutionalized citizen empowerment is relatively low. Even though the
action pattern was different in the test of the hypothesis about dissatisfac-
tion with availability and political action, the limited comparison con-

ducted here does not alter the overall conclusion found in the analyses of dissatisfaction with service delivery and resulting political action.

The main reservation concerns the results differentiating between citizens in direct and indirect contact with public service institutions. While the rank of public service institutions with regard to dissatisfaction effects on political action levels was the same among non-users as among all respondents, the relationship between dissatisfaction and political action was slightly different among *users* of public service. The level of political action was clearly highest among dissatisfied public school users, second highest among dissatisfied elderly care users, followed by hospital care users and, lastly, primary care users. Following the hypothesis on institutionalized citizen empowerment, the result deviates from the expected pattern.

Moreover, equivalent results were found in the analyses of *availability* dissatisfaction, where dissatisfied users of elderly care also showed a high level of political action. As briefly touched on, these results could be explained by the presence or lack of exit options and voice opportunities. Exit options are relatively more common within primary care than elderly care, while the opposite is true for voice opportunities. If dissatisfaction with availability arises, it is easier (although circumscribed) to change to a different public or private primary care provider. For citizens with continuous contact with elderly care, exit is not an option, while there are some voice opportunities that could explain why political action is used at some point even if legal rights to appeal exist: they simply do not have any choice. Once again, the validity of this explanation is restrained due to the limited comparison.

The argument about cumulative welfare state experiences could also be an explanation of these results (see Kumlin 2004: 188-196). As stated in Chapter 1, the Swedish welfare state accompanies its citizens from the cradle to the grave. As further discussed in Chapter 3, when citizens encounter elderly care, they bring experiences from various welfare state institutions used during the course of their lives. These experiences vary, from universal, highly empowering institutions to more selective, needs-based services and benefits. Overall, the average Swede has met more universal institutions such as schools and health care than institutions with needs-based testing and bureaucratic discretion (Kumlin 2004:

188). Thus, why structures of institutionalized citizen empowerment do not condition dissatisfaction effects on political action levels among users of elderly care in the expected way could be a consequence of former positive welfare state experiences with more empowering institutions. Discussing the dissatisfaction effect on political action among elderly care users a bit further, the nature of the encounters might also be of importance. As with users of public schools, users of elderly care services often experience more long-term encounters. Even though the duration naturally differs, the average elderly care user is in more continuous contact with the service provider, compared to the average primary care or hospital care user. The point is that some encounters could be short and sometimes also frequent, as for primary care. Other encounters are more continuous, as with public schools and to some extent elderly care; since more is at stake, it becomes more important for the individual to raise grievances.

On the other hand, why dissatisfaction effects on political action levels are low among the average Swede or among non-users of elderly care could be explained by the politicization argument. As discussed in Chapter 3, economic restraints on elderly care services has lead to increasing difficulties for the aged to gain access to elderly care services and, to a lesser degree, has affected the level of service being provided. The general image of the state of elderly care in the media is probably quite negative and users of elderly care found media reports more misleading than other groups (Johansson 2008). Together with the fact that selective welfare state institutions enjoy a lower degree of support, and have a lower degree of individuals in direct contact with the service, the message sent to the general public is to not mobilize on elderly care issues (Mutz 1998; Soss & Schram 2007). I will return to this discussion in the concluding chapter.

The traditional explanations for political action are worth a final mention. It is obvious that they perform poorly compared to what could have been expected. It is also obvious that dissatisfaction is a stronger determinant by several times. In other words, my results generate some good news, since political action on welfare state issues does not seem to be structured by the same deep patterns of inequality as political action in general. This question will also be further investigated, as the next chap-

ter continues the specification of feedback effects by exploring what forms of political action citizens prefer using when raising welfare state grievances.

# 5.
# Welfare State Dissatisfaction and Forms of Political Action

So far, it is evident that the way a public service institution is designed affects the extent to which citizens raise grievances about service *delivery* through political action. As concluded in Chapter 4, variation in the degree of institutionalized citizen empowerment is an important feedback mechanism that affects to what extent political action is used as a consequence of dissatisfaction with public service delivery. Besides establishing the fact that institutional feedback effects partly account for the different levels of political action observed on welfare state issues, there are good reasons to believe that feedback effects also affect which *forms* of political action that are used. In other words, different institutional designs have the potential to affect not only *whether* citizens engage in political action, but also *how* (Campbell forthcoming; Holzner 2004) The aim of the present chapter is to test whether dissatisfaction is expressed through different forms of political action, and if the choice of form can be understood from the perspective of institutionalized citizen empowerment. Thus, the present chapter aims to answer the second research question: *Does the relationship between welfare state dissatisfaction and different forms of political action vary depending on the institutional design of welfare state institutions?* The chapter also aims to further specify the general hypothesis by launching a hypothesis about policy feedback effects on the relationship between dissatisfaction with the welfare state and forms of political action.

## POLICY FEEDBACK AND FORMS OF POLITICAL ACTION: A HYPOTHESIS

Advocates of research on both policy feedback effects and social movements acknowledge the potential of institutional design in providing citizens with opportunities to engage in political action. The way welfare state institutions are designed shape and constrain citizens' choices as to whether to act or not, and also what form of action is more suitable for

the purposes in question (Pierson 1993; Mettler & Soss 2004). Here, I argue that the integration of a policy feedback perspective with research on the multidimensionality of political action serves my purposes. Research on explanations to political action has, since the seminal work by Sidney Verba & Norman Nie in Participation in America (1972), distinguished different modes of action. Due to differences in the degree of conflict, the outcomes from different action forms, and the individual initiative required, we should distinguish between modes of political action since the explanations for them most likely differ (Verba & Nie 1972). In other words, the action of voting is a completely different type of action and way of influencing politics compared to, for example, contacting politicians, protesting, or working in a political party (Esaiasson & Westholm 2006).

There are advantages by combining insights from policy feedback theory with those from modes of participation theory. What both perspectives have in common is the notion that explanations for why citizens use different forms of political action are not the same. From the modes of participation perspective, we learn that activities such as contacting individuals and protesting are essentially different, implying that the causes of them—as well as the goal—probably differ. From the policy feedback perspective, we learn that the way institutions are designed might influence how citizens view the costs of political action, such as the degree of conflict and individual initiative, making some forms of action more or less likely or suitable to use.

It is, however, one thing to acknowledge that institutions produce feedback effects that make some forms of political action more suitable or available than others. To actually create and test an explicit hypothesis about policy feedback effects on what forms of action citizens use to voice their grievances is more difficult. Past research provides few hints as to which forms of political action are viewed as more preferable depending on the institutional design. Therefore, an important contribution of this study is to formulate a hypothesis synthesizing modes of participation with policy feedback—thereby further specifying the political consequences of institutional design.

Institutionalized citizen empowerment can be hypothesized to influence which *forms* of political action citizens use to raise grievances with

the welfare state. It could be argued that a highly empowering institution would encourage citizens to engage in political action through *contacts* with responsible politicians and civil servants, since these pathways are more clearly enhanced. Through mechanisms of universalism, voice opportunities, the presence of an exit option, and legal rights, citizens increase their political efficacy, learn who is responsible for what, and how to direct their dissatisfaction, since numerous links between the citizen and decision-makers exist. Institutions providing individuals with a low degree of empowerment through bureaucratic decisions and a lack of influence and exit options might, in a similar way, *discourage contacting*, since citizens are more dependent on the decisions of responsible civil servants. The prediction about dissatisfaction effects on the level of contact on issues related to hospital care and primary care takes an intermediate position as a consequence of the medium degree of empowerment observed in these institutions. Thus, predictions about empowerment, dissatisfaction and contact action follow the pattern established in the general hypothesis.

To what extent *protest* action is encouraged by institutionalized citizen empowerment is harder to predict. Protest action is, as discussed in Chapter 2, strongly associated with dissatisfaction. But the question remains whether the relationship between dissatisfaction and protest action form a pattern that follows the degree of empowerment or if this pattern is altered. On the one hand, I expect patterns of dissatisfaction and protest action to follow the degree of empowerment as assumed in the general hypothesis. The higher degree of empowerment, the more likely that dissatisfaction is expressed through protest. On the other hand, it could be expected that political action through protest is preferred for expressing dissatisfaction in situations where there is a low degree of empowerment. An expressive but still indirect way to voice dissatisfaction might then be preferred, since protesting does not expose the individual to decision-makers to the same extent as other forms of political action. This could, however, be turned over by the general claim from the policy feedback literature that citizens in contact with less empowering institutions are more likely to abstain from political action, no matter the form. However, the results in the previous chapter do show that political action is used to express dissatisfaction on elderly care issues and that action

levels among users of elderly care are relatively high, which partly contradicts expectations. The most plausible explanation to expect, however, is that a higher degree of empowerment also encourages a higher degree of protest action as an expression of dissatisfaction. Irrespective of the degree of empowerment, traditional political action through *political parties and organizations* is probably not preferred as a pathway for raising grievances with the welfare state, since it is often viewed as a less effective way of influencing decision-makers on specific issues (Norris 2002).

From the discussion above, the specific hypothesis to be tested in this chapter states that: *The positive effect of public service dissatisfaction on contact action should be strongest on public school issues, weakest on elderly care issues and intermediate on hospital care and primary care issues.* At this point, I abstain from specifying hypotheses about protesting and traditional party work, since these expectations are more difficult to extract from a policy feedback point of view. In summary, through the analysis in this chapter, I aim to further develop the understanding on how a more or less empowering design of welfare state institutions shapes and constrains how citizens choose to express dissatisfaction.

## MEASURING FORMS OF POLITICAL ACTION

The present chapter extends the comparison further by comparing policy feedback effects on institutional design on different *forms* of political action. To do this, I use the same set of institutions as in the previous chapters: public schools, hospital care, primary care and elderly care. To distinguish between forms of political action, I use knowledge on how to classify these different action modes from research in the political participation tradition. I use a typology stemming from Verba and Nie, but that has been modified to better suit the European context. Four or five different modes of participation are usually singled out: voting, contacting, party work, protesting and, nowadays, political consumerism (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Stolle, Hooghe & Micheletti 2005; Esaiasson & Westholm 2006; Teorell, Torcal & Montero 2007). My aim is to construct modes that are as similar as possible, using different forms of political action targeted at the welfare state. The argument behind this is that although I investigate issue-specific political action, the actual activities I am interested in are highly

inspired by the concept of participation modes. The important difference is that my measure of political action includes the target issue in question.

The dependent variables used in this chapter are based on the same survey question as the dependent variables used in Chapter 4 (see section Measures of central variables). From all the action forms asked for in relation to public service areas, I created three modes of action. The first variable is *Contact* and refers to contact with a civil servant, politician or mass media. The second dependent variable is *work in organization/political party* and consists of work in an action group/organization or a political party. *Protest* is the third dependent variable, and refers to signing a petition or demonstrating. As in Chapter 4, the dependent variables are connected to the four specific public service areas. Due to the low levels of reported action (see Table 5.1.) and the fact that very few engage in more than one form of action, I dichotomize all indexes.[46] For my purposes, the most important distinction is between those who use an action form and those who do not, and not between different levels of political activity among the already active. Another risk with the low degree of political action is having variables that are overly skewed, with very few respondents in some of the sub-groups. Thus, the available empirical variation to explain is limited. Since I replicated part of my investigation from 2004 in the 2006 Swedish SOM survey, the analysis of primary care and elderly care in this chapter rests on a merged data set containing information from 2004 and 2006 while the analysis of public school and hospital care is carried out using data from 2004 only. By combining the datasets when possible, my analysis is based on more respondents, making the different regression models more stable. As will be shown below (Tables 5.1 and 5.2 and Table A.5.1 in the Appendix), the data from these two years are strikingly similar in terms of evaluation and action levels of primary care and elderly care. This is comforting given the fact that 2006 is an election year (see discussion in Chapter 1).

As explained earlier, to measure dissatisfaction with public service, the independent variable used asks for evaluations of public service and in

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[46] Using the dataset combining 2004 and 2006, only 1.5 percent and 0.9 percent of respondents have engaged in more than one activity on primary care issues and elderly care issues, respectively.

this chapter I rely on the measurement of service delivery only. The control variables used are also identical to the ones used in Chapter 4. In other words, the variables in question are user of service, education, age, income, gender, left-right placement and political interest (see Chapter 4 for further discussion of variables). As I argue above, distinguishing between modes of political action is usually done from the perspective that there are different explanations for different forms of political action. It may take more or less social and political resources to engage in activities, such as contacting a politician or signing a petition. In addition, I argue that the institutional structure of welfare state institutions also renders some forms of action a more likely choice than others. By using the same set of control variables, I can analyze whether there are different explanations for different forms of action as well as assess the performance of dissatisfaction with competing explanations. The analyses are, as far as possible, carried out in the same way as in Chapter 4; hence, logit regression is the statistical technique of my choice. To ease interpretation, I have calculated predicted probabilities of political action among satisfied and dissatisfied respondents. However, to facilitate comparison between forms of political action, only the final regression models including all variables are displayed.

## EXPLORING THE MAIN VARIABLES

Before moving on to the analysis of the relationship between dissatisfaction and forms of political action, it is fruitful to take some time to explore the main variables that enter this relationship. To validate the 2004 and 2006 datasets, each table displays the results from 2004 and 2006 alone, as well as in combination.

Table 5.1 displays the level of political action through contact, work in an organization/political party, and protest. It is striking that the levels of different forms of political action targeting the welfare state are low for all public service institutions. Furthermore, the levels of the three political action forms do not differ much between the four institutions. Once again, the lack of policy feedback effects on political action per se is evident. The results cannot be understood from an institutionalized citizen empowerment perspective. The level of contacting is slightly more common on public school issues, but otherwise no real differences can be

detected. In general, between four and seven percent of citizens have engaged in contacting, one to two percent have worked in organizations or for political parties, and between two and four percent have protested.

**Table 5.1**     **Forms of political action aimed at four public service institutions (percent)**

| Percentage who have taken political action to express point of view about institutions | Contact | Work in organiza-tion/party | Protest | N |
|---|---|---|---|---|
| 2004 | | | | |
| Public school | 7 | 2 | 3 | 1667 |
| Hospital care | 5 | 1 | 4 | 1667 |
| Primary care | 4 | 1 | 3 | 1667 |
| Elderly care | 4 | 1 | 2 | 1667 |
| 2006 | | | | |
| Primary care | 5 | 1 | 2 | 1538 |
| Elderly care | 4 | 1 | 2 | 1538 |
| 2004 & 2006 combined | | | | |
| Primary care | 5 | 1 | 3 | 3205 |
| Elderly care | 4 | 1 | 2 | 3205 |

*Comment*: Source: Swedish National SOM survey 2004 & 2006. See main text or Table 4.1 for the original question. The above table only reports the level of respondents answering yes to the questions on political action. In other words, between 93 and 99 percent answered "no" to the questions on political action. From the original question, three indexes have been constructed. Contacting refers to "Contacting politician", "Contacting civil servant" and "Contacting mass media" Work in organization/party is constructed by collapsing answers on "Work in action group/organization" and "Work in political party". Protest, finally, is a combination of the categories "Signed petition" and "Demonstrated". All three indexes have been dichotomized (0=no, 1=yes).

Comparing the results on forms of political action on primary care and elderly care issues from 2004 and 2006 reveals no significant differences. Thus, it seems as if these low levels of political action targeting primary care and elderly care issues are stable phenomena between 2004 and 2006. This validation is also helpful in the cases of public schools and hospital care (where I only have data from 2004); there is, to my knowledge, no reason to expect that the results for public schools and hospital care would look any different. Nevertheless, since the distribution of answers is highly skewed with 93 to 99 percent indicating that they have taken no action and only one to seven percent indicating that they have taken action, the usage of the combined dataset when possible increases the number of respondents in each subgroup of the different political action forms—hopefully contributing to a more solid ground for statistical inference. Moreover, my aim is not to explain political action per se, but rather to shed light on mechanisms conditioning when dissatisfaction is raised through political action – mechanisms that can be assumed to be valid no matter the level of political activity.

Continuing with the independent variables, I use exactly the same variables as in Chapter 4 (see Table 4.2); hence, I do not present a table here. To provide a short reminder, however, the results showed that Swedish citizens make positive assessments of the four public service institutions. Only elderly care comes close to having an equal share of dissatisfied and satisfied assessments. Looking more closely on primary care and elderly care, the results show that although the opinion balance differs and is less positive in 2006 as compared to 2004, the main pattern remains—which means that primary care service is more positively evaluated than elderly care. When combining the data from 2004 and 2006, the opinion balance is +37 for primary care and +3 for elderly care (see Table A.5.1 in the Appendix). It should once again be pointed out that almost 46 percent of the 2004 respondents and 39 percent of the 2006 respondents do not have an opinion on elderly care services.

So far, the results indicate stable patterns. The levels of political activity through contacting, work in organizations/political parties and protesting are impressively stable over the two years. The somewhat less positive evaluations of primary care and elderly care in 2006 compared to 2004 do not alter the conclusion about how citizens evaluate these services; primary care services receive positive evaluations while elderly care services are more critically assessed.[47]

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[47] The extremely skewed distribution of the two political action forms and the high rates of don't know-answers for elderly care issues might, without the combined dataset, make it tough to reach statistical significance in the multivariate models, even on variables that are known to have an impact on political action. Also, the big drop in valid answers on elderly care issues might make it more difficult to generalize the results, since it is possible that those who drop out share certain social background features or political attitudes that could have influenced the results differently. To address this argument, I have performed a comparison of background features of those with valid answers compared to those with invalid answers on the *evaluation of elderly care service* (2004 and 2006 combined). Any difference higher than five percentage points is treated as a real difference. Among those with a valid answer on evaluation of elderly care service, 32 percent are users of elderly care compared to only twelve percent among those with invalid answers (don't know or missing). This is the biggest difference between the two groups. The proportion of elderly among those with valid answers is 25 percent, compared to 19 percent among those with invalid answers. For all other background variables included in the regression models, there are no or only minor differences between the two groups. By and large, these results are very similar to the ones presented in Chapter 4. Further validation of the results and a "sneak peek" of the relationship between dissatisfaction with service and political action on primary care and elderly care issues show that they point in a positive direction in terms of validity (see Table A.5.2 in the Appendix). When testing

## INSTITUTIONAL FEEDBACK EFFECTS ON DISSATISFACTION AND FORMS OF POLITICAL ACTION

### Public schools

Public schools constitute a Swedish welfare state institution characterized by a high degree of institutionalized citizen empowerment. As shown in Chapter 4, the relationship between dissatisfaction and political action was also the strongest; that is, the level of political action was highest for citizens dissatisfied with public schools compared to other public service institutions. The hypothesis to be tested in this chapter is that the high degree of institutionalized citizen empowerment produces a positive policy feedback effect, which makes citizens who are dissatisfied with public school issues more likely to raise their grievances through contact action.

Table 5.2 presents the relationship between evaluations of public schools and political action through contact, organization/party work and protest. There is a positive relationship between both dissatisfaction and *contacting* and dissatisfaction and *protest*. Dissatisfaction with public schools does not, however, have an impact on political action through *organizations or political parties*. Comparing the predicted probabilities reveals that the effect of dissatisfaction is stronger on contacting compared to protest. The predicted probability of contacting on public school issues increases from .04 to .17 between a satisfied and a dissatisfied citizen while protest action increases from .02 among satisfied citizens to .13 among dissatisfied citizens.

Apart from dissatisfaction, being a user of public schools also has a positive effect on contacting and protest. A dissatisfied user has a .23 probability of contacting and a .17 probability of protesting, compared to .08 and .09, respectively, among non-users.

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the effect of dissatisfaction with service on a political action index that embraces all forms of action (as the analyses in Chapter 4 asked about in the survey questions), the results show a remarkable stability. The negative evaluations of primary care service produce a somewhat higher level of political action than negative evaluations of elderly care both in 2004 and 2006. All in all, the results are on a general level highly consistent over the years, which is positive, given that I measure such a specific relationship on dissatisfaction and political action targeting the welfare state. That the results are consistent also removes doubt about the usage of a merged dataset.

Table 5.2    Effect of service evaluation on contacting, organiza-
            tion/party work and protest about public school issues
            (unstandardized logit coefficients)

|  | Contacting (0-1) | Organization/ Party Work (0-1) | Protest (0-1) |
|---|---|---|---|
| Evaluation of public school (1-5, 5=Very dissatisfied) | .42*** | .06 | .58*** |
| User of public school (0-1) | 1.13*** | 1.20* | .92** |
| Education (1-4, 4=High education) | .47*** | .58** | -.25 |
| Age (Age 15-29 reference category) |  |  |  |
|    Age 30-49 | .70* | .07 | .12 |
|    Age 50-64 | .20 | .02 | -.47 |
|    Age 65-85 | -.89 | .29 | -1.29 |
| Income (1-7, 7=High income, ≈ €73 000) | .08 | .12 | -.02 |
| Gender (Woman reference category) | -.02 | -.22 | -.27 |
| Left-right placement (1-5, 5=Far to the right) | .00 | -.17 | -.23 |
| Political interest (1-4, 4=Very interested) | .61*** | .74** | .17 |
| Constant | -7.65*** | -8.34*** | -3.79*** |
| Pseudo $R^2$ | .15 | .11 | .08 |
| N | 906 | 906 | 906 |
| P(action) if satisfied | .04 | .01 | .02 |
| P(action) if dissatisfied | .17 | .02 | .13 |
| P(action) if satisfied user of public school | .05 |  | .02 |
| P(action) if dissatisfied user of public school | .23 |  | .17 |
| P(action) if satisfied non-user of public school | .02 |  | .01 |
| P(action) if dissatisfied non-user of public school | .09 |  | .08 |

\* p<.10 \*\* p<.05 \*\*\* p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on the contacting variable, see Table 5.1. For information on wording and coding of the evaluation variable and the control variables, see Tables 4.1, 4.2 and 4.5.

A higher level of *contacting* is found among the higher educated, among citizens 30-49 years old (p<.10), and among citizens with an interest in politics. Surprisingly, none of the included control variables except for being a user of public schools affects the propensity to *protest* on public school issues.[48] All told, the established explanations for political action perform poorly on the question of protest action on public school issues. Turning to political action through *organization and party work*, only the two most important explanations of political action show significance, aside from being a user of public school: a higher level of education and a

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[48] When the control variables are estimated on their own, the only significant effect is a lower propensity of protest action on public school issues for the oldest citizens, compared to the youngest citizens (table omitted). As evident, this effect does not hold when the service and user variables are included.

higher level of political interest give rise to a higher level of organization and party activity. Thus, this result implies a well-known pattern of inequality in citizens' political action.

From the previous chapter we learned that the relationship between dissatisfaction with service and political action was strongest for public schools, that is, the level of political action on public school issues was highest for citizens that were dissatisfied with public school service. The results so far broaden our horizon by telling us how—which forms of political action that citizens use to voice grievances on public school issues. The main findings are summarized in Figure 5.1 and confirm my expectations: contacting is the most preferred form of political action, followed by protest.

**Figure 5.1**     **Evaluation of public school service and forms of political action (predicted probabilities)**
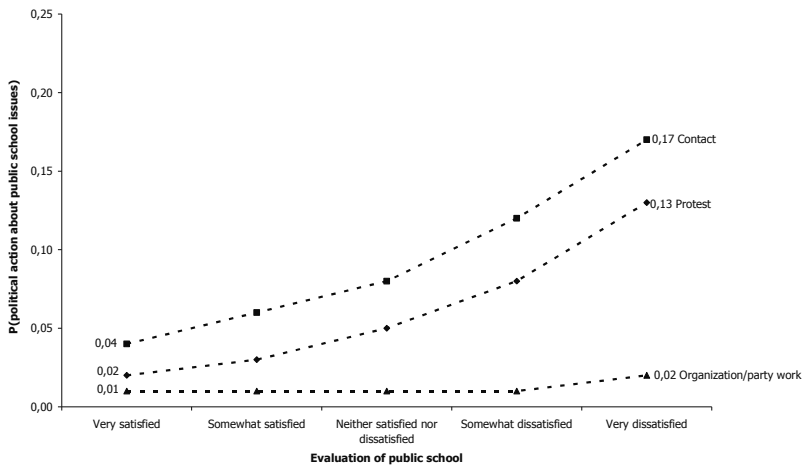


Comment: Source: the Swedish SOM study 2004. The figure is based on the predicted probabilities calculated in Table 5.2.

The figure also displays the lack of a relationship between dissatisfaction with public schools and political action through work in organizations or political parties. This pattern also matches the prediction discussed in the beginning of this chapter: a high level of institutionalized citizen empowerment enhances pathways for addressing dissatisfaction by contacting responsible politicians, civil servants and the mass media. But, as is evi-

dent, there is also an effect of dissatisfaction on protest. Although it is too early to draw conclusions about the impact of institutional design on forms of political action, the first action pattern to keep in mind until the final subsection of this chapter is that citizens prefer contacting and protesting when expressing grievances on public school matters to the political system.

### Hospital care

Hospital care is a universal institution with good exit opportunities but underdeveloped mechanisms for citizens to exert influence. In terms of empowerment, hospital care is characterized by a medium level of institutionalized citizen empowerment. As is also shown in Chapter 4, the relationship between service evaluation of hospital care and political action on hospital care issues was medium-high, between public school and elderly care. Compared to public schools, I expect a weaker relationship between dissatisfaction with hospital care and contacting.

Table 5.3 indicates that there is a significant but relatively moderate effect of dissatisfaction on both contacting and protesting on hospital care issues, but no effect of dissatisfaction on organization/party work. The effect of dissatisfaction on *contacting* is stable and significant among users, all age groups (relative to the youngest group) and political interest. All else being equal, the predicted probability of contacting on hospital care issues increases from .03 among the satisfied to .11 among the dissatisfied. If comparing users and non-users of hospital care, the probability of contacting is .15 among dissatisfied users and only .04 among dissatisfied non-users.

The lack of dissatisfaction effect on *organization/party work* is once again evident; in fact, it does not even appear in a bivariate model (table omitted). As in the case with public school issues, organization/party work on hospital care issues is more common among the highly educated and citizens with political interest. There is also a weak negative effect of left-right placement—citizens to the right report lower level of protest activity.

Table 5.3    Effect of service evaluation on contacting, organiza-
             tion/party work and protest about hospital care issues
             (unstandardized logit coefficients)

| | Contacting (0-1) | Organization/ Party Work (0-1) | Protest (0-1) |
|---|---|---|---|
| Evaluation of hospital care (1-5, 5=Very dissatisfied) | .40*** | .32 | .24* |
| User of hospital care (0-1) | 1.47*** | .22 | .78** |
| Education (1-4, 4=High education) | .09 | .69** | -.04 |
| Age (Age 15-29 reference category) | | | |
|   Age 30-49 | .99** | -.24 | .80* |
|   Age 50-64 | 1.24** | .46 | .98** |
|   Age 65-85 | 1.36** | 1.37 | -.02 |
| Income (1-7, 7=High income, ≈ €73 000) | -.03 | -.13 | -.15* |
| Gender (Woman reference category) | -.14 | .23 | -.61** |
| Left-right placement (1-5, 5=Far to the right) | .01 | -.40* | -.03 |
| Political interest (1-4, 4=Very interested) | .56*** | 2.03*** | .34* |
| Constant | -7.43*** | -12.77*** | -4.07*** |
| Pseudo $R^2$ | .08 | .28 | .05 |
| N | 1236 | 1236 | 1236 |
| P(action) if satisfied | .03 | .00 | .03 |
| P(action) if dissatisfied | .11 | .01 | .07 |
| P(action) if satisfied user of hospital care | .04 | | .03 |
| P(action) if dissatisfied user of hospital care | .15 | | .08 |
| P(action) if satisfied non-user of hospital care | .01 | | .02 |
| P(action) if dissatisfied non-user of hospital care | .04 | | .04 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004. For information on the contacting variable, see Table 5.1. For information on wording and coding of the evaluation variable and the control variables, see Tables 4.1, 4.2 and 4.5.

As mentioned above, citizens dissatisfied with hospital care services express their grievances through *protests* to a slightly higher extent than satisfied citizens. However, the effect is limited and only significant at the 90 percent level. Being a user of hospital care also affects, albeit weakly, the protest level. Dissatisfied users of hospital care protest twice as much as dissatisfied non-users, but the levels of protest are low in both groups (eight percent compared to four percent). Citizens between 30 and 64 years of age have a slightly higher protest level compared to the youngest group. Women and citizens with an interest in politics also seem to use protest action on hospital care issues to a larger extent, but the effects are weak. A weak negative effect of income can also be noticed. In general, although several variables are significant, the overall

explained variance is low, which is equivalent to the results on protest action about public school issues.

As expected from the hypothesis, the relationships between dissatisfaction with service and forms of political action on hospital care issues are generally weaker compared to public school issues. As illustrated in Figure 5.2, contact action is, relatively, the most popular way of voicing grievances on hospital care issues, followed by protest action, even though the effects are moderate. As shown above, the level of dissatisfaction with hospital care services does not affect to what extent citizens engage in organizations or political parties on hospital care issues. Compared to public school, issues the ranking of political action forms is the same, but the levels of the individual political action forms as a consequence of dissatisfaction are lower. Interestingly, the *difference* between the predicted probability of contacting and protesting among those dissatisfied with hospital care issues is exactly the same as for public school issues.

**Figure 5.2    Evaluation of hospital care service and forms of political action (predicted probabilities)**
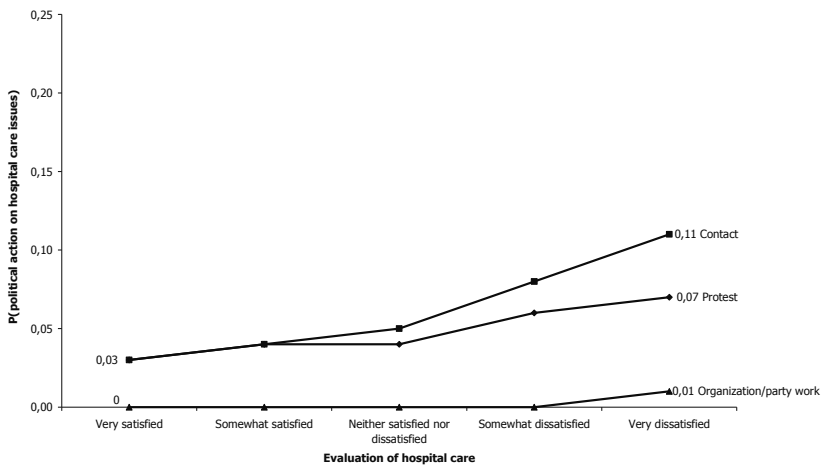


*Comment:* Source: the Swedish SOM study 2004. The figure is based on the predicted probabilities calculated in Table 5.3.

## Primary care

Primary care, just as hospital care, is a welfare state institution with a medium empowering design. Here, citizens find a universal institution with some exit options. Voice mechanisms, however, are not as developed. Due to its universal design, a large majority of citizens encounter primary care services. So far, I have shown that there is indeed a relationship between dissatisfaction with service and political action on primary care issues. From the hypothesis, I expect an dissatisfaction effect on contacting about primary care issues equivalent to the effect found on hospital care issues, but a weaker relationship between dissatisfaction with primary care and contacting compared to public schools.

Table 5.4 shows the relationship between service evaluations on primary care issues and political action through contacting, organization/party work and protesting. As expected, the results are similar to what I found in Table 5.3 on hospital care issues. Evaluation of primary care service has a significant and positive effect on both contacting and protesting. Just as in the case of hospital care, the effects are rather limited. The effect of dissatisfaction with primary care issues on organization/party work is significant at the 90 percent level, but as indicated by the predicted probabilities, the real effect is zero.

In general, a citizen dissatisfied with service has a .10 probability of *contacting* compared to .02 for a satisfied citizen. Even though the effect is limited, it is not affected by the usually strong explanations of political action such as political interest. Being a user, being older than 50 years of age, and having an interest in politics affects contacting positively. The main effect of evaluation of primary care services on contacting remains stable despite control variables competing for attention (table omitted). The level of contacting among dissatisfied users of primary care is almost three times higher than for dissatisfied non-users, but the predicted probabilities are relatively low (.11 compared to .04).

Continuing with political action through *work in organizations and political parties*, the results in Table 5.4 show that citizens between 30 and 49 years of age work in organizations or political parties on primary care issues to a higher degree than citizens between 15 and 29 years of age. There is also a weak effect of left-right placement; citizens with leftist ideological predispositions engage in organizations, action groups and

political parties on primary care issues somewhat more often. The most important explanation of this form of political action is, however, to what extent the citizen is interested in politics.

Table 5.4    Effect of service evaluation on contacting, organization/party work and protest about primary care issues (unstandardized logit coefficients)

| | Contacting (0-1) | Organization/ Party Work (0-1) | Protest (0-1) |
|---|---|---|---|
| Evaluation of primary care (1-5, 5=Very dissatisfied) | .46*** | .35* | .46*** |
| User of primary care (0-1) | 1.09** | .14 | .52 |
| Education (1-4, 4=High education) | -.01 | .36* | .06 |
| Age (Age 15-29 reference category) | | | |
|    Age 30-49 | .62 | -1.31* | .31 |
|    Age 50-64 | .86** | .05 | .70 |
|    Age 65-85 | 1.25*** | .34 | .78* |
| Income (1-7, 7=High income, ≈ €73 000) | .02 | -.15 | -.19** |
| Gender (Woman reference category) | .09 | .45 | -.06 |
| Left-right placement (1-5, 5=Far to the right) | .00 | -.33* | -.22* |
| Political interest (1-4, 4=Very interested) | .52*** | 1.47*** | .09 |
| Constant | -7.78*** | -10.16*** | -4.74*** |
| Pseudo $R^2$ | .07 | .18 | .05 |
| N | 2634 | 2634 | 2634 |
| P(action) if satisfied | .02 | .00 | .01 |
| P(action) if dissatisfied | .10 | .01 | .06 |
| P(action) if satisfied user of primary care | .02 | | .01 |
| P(action) if dissatisfied user of primary care | .11 | | .06 |
| P(action) if satisfied non-user of primary care | .01 | | .01 |
| P(action) if dissatisfied non-user of primary care | .04 | | .04 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004 & 2006. For information on the contacting variable, see Table 5.1. For information on wording and coding of the evaluation variable and the control variables, see Tables 4.1, 4.2 and 4.5.

The moderate effect of service evaluation on protest action is illustrated by the predicted probabilities, which peak at six percent among citizens dissatisfied with primary care service delivery. As in the cases with public schools and hospital care issues, being a user of primary care does not imply a higher *protest* level. Interestingly, neither education nor political interest affects the level of protest. The oldest citizens are somewhat more inclined to protest on primary care issues compared to the youngest citizens (p<.10). A weak negative effect of income and ideology can also be

detected. Taken as a whole, the model used to explain protest action on primary care issues performs poorly, in the sense that very few of the included variables have any impact (see also Table A.5.5 in the Appendix). Together with the relatively weak effect of dissatisfaction, protest action on primary care issues seem to be structured by explanations that lie outside both the political and social variables included—not just in my models, but also in research on political participation in general.

In summary, the results for the relationship between service evaluations of primary care and forms of political action targeting primary care issues show a familiar pattern (see Figure 5.3).

**Figure 5.3**     **Evaluation of primary care service and forms of political action (predicted probabilities)**
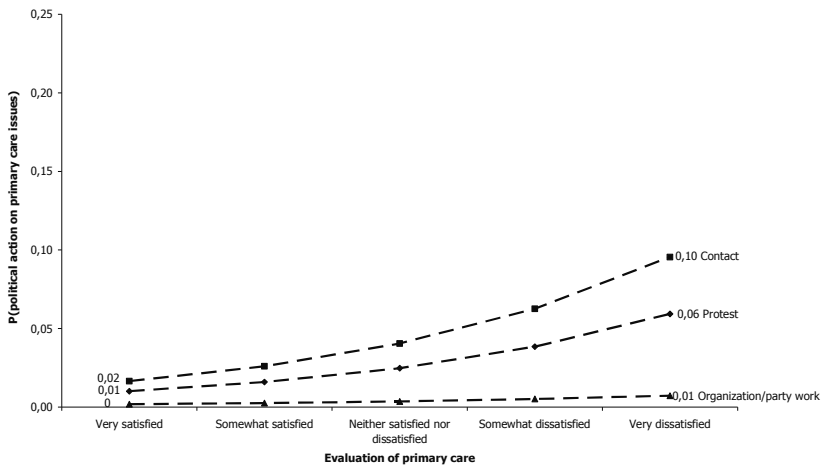


*Comment:* Source: the Swedish SOM study 2004 & 2006. The figure is based on the predicted probabilities calculated in Table 5.4.

Just as the cases of dissatisfaction with public school issues or dissatisfaction with hospital care issues, contacting is the most preferred form of political action among citizens dissatisfied with primary care, followed by protest. Again, the level of political action through work in organizations or political parties is negligible. Moreover, it is also striking that the dissatisfaction effects rank similarly for public schools and hospital care, and that the levels of these three action forms are equivalent to what I found for hospital care (recall Figures 5.1 and 5.2). The difference (four per-

centage units) between contacting and protesting among citizens dissatisfied with primary care issues is the same as for public schools and hospital care.

Interestingly, the traditional explanations for political participation show mixed results in how they perform in the different models presented above. In fact, no control variable has a consistent effect; that is, none of the included variables designed to capture the traditional explanations for political action is an explanatory factor throughout the three different forms of political action investigated here. For example, being a user of primary care only affects the propensity of contacting on primary care issues. Political interest affects both contacting and organization/party work, but not protesting. Ideology affects to some extent why citizens engage in organizations and parties on primary care issues, as well as why they protest. Age is the only explanatory variable that shows a consistent effect on all three forms of political action, but the choice of political activity varies between age groups. The two older age groups engage in contacting, citizens between 30 and 49 years of age in work in organizations, and the oldest age group seem more likely to protest. Although the effect is weak, the fact that retired citizens seem to protest somewhat more on primary care issues compared to the youngest citizens could probably be explained in terms of dependency and being a core group receiving health care through the local primary care centers. But since protest is a form of political action usually associated with younger citizens (see Johansson 2007), the result is nevertheless surprising.

## Elderly care

The initial expectation regarding the relationship between dissatisfaction and political action on elderly care issues are that the relationship should be weaker when compared to primary care. The results from Chapter 4 also support this expectation. Among the public service institutions, elderly care has the least empowering design, mainly due to needs-based testing and the lack of exit options. While there are formal voice mechanisms and an emphasis on individual rights, the degree of institutionalized citizen empowerment is nevertheless low. Following the hypothesis, I expect a weaker relationship between dissatisfaction and contact on elderly care issues compared to public school and health care issues.

Table 5.5 shows that dissatisfaction with elderly care service delivery affects both citizens' propensity of contacting and protesting. Once again, dissatisfaction is unrelated to work in organizations and political parties.

**Table 5.5** **Effect of service evaluation on contacting, organization/party work and protest about elderly care issues (unstandardized logit coefficients)**

|  | Contacting (0-1) | Organization/ Party Work (0-1) | Protest (0-1) |
|---|---|---|---|
| Evaluation of elderly care (1-5, 5=Very dissatisfied) | .22** | -.05 | .64*** |
| User of elderly care (0-1) | 1.96*** | .41 | .67** |
| Education (1-4, 4=High education) | -.07 | .31 | -.34** |
| Age (Age 15-29 reference category) |  |  |  |
|     Age 30-49 | .78* | -.27 | .42 |
|     Age 50-64 | .95** | .51 | .44 |
|     Age 65-85 | 1.21*** | .77 | .42 |
| Income (1-7, 7=High income, ≈ €73 000) | .01 | -.05 | -.07 |
| Gender (Woman reference category) | -.49** | .06 | -.63* |
| Left-right placement (1-5, 5=Far to the right) | .06 | -.21 | -.08 |
| Political interest (1-4, 4=Very interested) | .64*** | 1.65*** | -.11 |
| Constant | -6.30*** | -9.56*** | -3.78*** |
| Pseudo $R^2$ | .15 | .17 | .08 |
| N | 1521 | 1521 | 1521 |
| P(action) if satisfied | .03 | .01 | .01 |
| P(action) if dissatisfied | .06 | .01 | .07 |
| P(action) if satisfied user of elderly care | .09 |  | .01 |
| P(action) if dissatisfied user of elderly care | .19 |  | .11 |
| P(action) if satisfied non-user of elderly care | .01 |  | .01 |
| P(action) if dissatisfied non-user of elderly care | .03 |  | .06 |

p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM study 2004 & 2006. For information on the contacting variable, see Table 5.1. For information on wording and coding of the evaluation variable and the control variables, see Tables 4.1, 4.2 and 4.5.

Focusing on *contacting*, the initial bivariate relationship between dissatisfaction and contacting on elderly care issues does not reach significance (table omitted). However, as more variables are included in the model, the relationship between service evaluations and contacting on elderly care issues actually reaches significance, although the effect remains very

limited.[49] Being a user or a close relative to a user of elderly care shows a strong effect on contacting. The predicted probability of contacting increases from .03 to .19 between a dissatisfied non-user and a user of elderly care. All age groups (that is, citizens older than 30 years of age) use contacting on elderly care issues more frequently than the youngest citizens. A somewhat higher level of contacting for women compared to men can be detected, and being interested in politics also implies a higher level of contacting. All other things being equal, a citizen dissatisfied with elderly care has a .06 probability of contacting on elderly care issues, compared to .03 for a satisfied citizen. To conclude that the effect of dissatisfaction is weak is not an understatement.

With regard to political action through *work in an organization/political party*, the middle column of Table 5.6 is a remarkable example of the absence of significant effects. Evaluations of elderly care service do not, as mentioned above, affect citizens' propensity to take this form of political action. In fact, only political interest shows a significant effect. It is remarkable that even though the effect of political interest is moderate in terms of predicted probabilities (see Table A.5.6 in the Appendix), elaborations show that the variable contributes to a relatively high level of explained variance (17 percent).

Even though the results show that citizens *protest* to express their dissatisfaction with elderly care service delivery, the level of protest on elderly care issues among the dissatisfied is low. Users of elderly care report a higher level of protest action on elderly care issues. The predicted probability of protest is .11 among dissatisfied users and .06 among dissatisfied non-users. It is also interesting to note that political interest fails to affect protest action on elderly care issues; these results also occurred for protests on primary care issues. Instead, education has a significant effect. However, the direction is opposite to what can be expected. Citizens with lower levels of education have protested more on elderly care issues than citizens with higher education. Women also report somewhat higher levels of protest action compared to men. In terms of predicted probabilities, the probability of protest is .07 for those dissatisfied with

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[49] An elaboration reveals that none of the control variables alone affects the significance of the evaluation variable. When the variables are added one after another, evaluation of elderly care reaches significance when included with the user variable, education and age (table omitted).

elderly care service delivery and .01 among satisfied citizens. Thus, for the first time in this chapter I have a result deviating from the general picture: the level of protest action on elderly care issues is equivalent and not lower than for contacting, as was the case for public schools, hospital care and primary care.

In summary, the results regarding the relationships between dissatisfaction and different forms of political action on elderly care issues are in line with the hypothesis. The general low level of political action is also evident looking at contacting, protesting and organization/party work separately.

**Figure 5.4**     **Evaluation of elderly care service and forms of political action (predicted probabilities)**
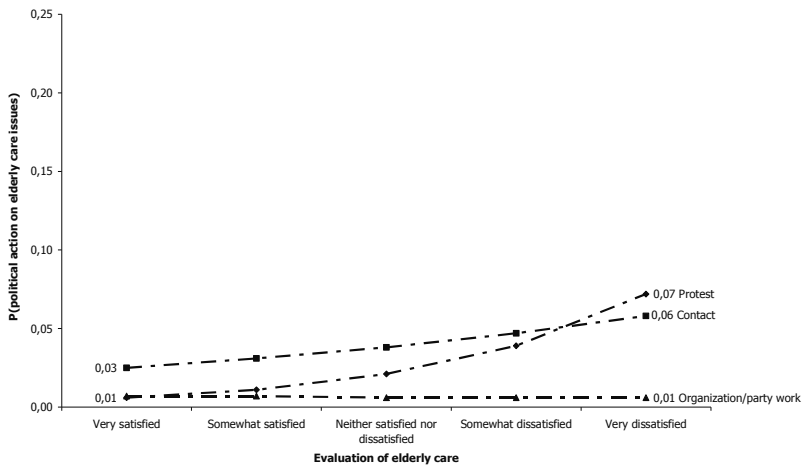


*Comment:* Source: the Swedish SOM study 2004 & 2006. The figure is based on the predicted probabilities calculated in Table 5.5.

As shown in Figure 5.4, what is different with political action on elderly care issues is that protesting on elderly care issues are as common (or rather as uncommon) as contacting. Hence, the rank of dissatisfaction effects on preferred forms of action differs; this is mainly due to the lower level of contact action on elderly care issues, compared to contacting on the other three public service areas. This result could be a consequence of the low degree of institutionalized citizen empowerment where, among other things, the discretionary power of caseworkers re-

duces citizens' willingness to express dissatisfaction through contacting. However, the low degree of contacting is only found among non-users of elderly care—i.e., citizens with no or indirect contact. Citizens in direct contact and most exposed to the less empowering structures instead show a relatively high level of political action. Thus, the low degree of empowerment does not discourage users of elderly care to contact. As discussed in Chapter 4, plausible explanations of this pattern are the lack of exit options, the presence of some voice opportunities, and cumulative welfare state experiences.

## A closer look at contacting

The empirical evidence presented so far in this chapter points to contacting as the most common way of expressing grievances on public service matters, and that patterns of dissatisfaction and contacting are affected by the degree of empowerment. This result is actually in line with conclusions from the Swedish and Scandinavian Citizenship Studies (Petersson, Westholm & Blomberg 1989; Petersson et al. 1998; Goul Andersen & Hoff 2001). Although the contacting dimension has been treated in a manner that is as similar to previous studies as possible, the fact still remains that the three various forms of contacting that were used together as an index differ from each other. Even though I withhold the theoretical reasons for sorting political action into various dimensions or modes instead of merely treating each political activity specifically, the empirical evidence raises questions about the differences between the three contacting actions. To further understand why contacting is a more common way of expressing dissatisfaction on public school, hospital care and primary care issues compared to elderly care issues (where protesting turned out to be as common as contacting), part of the answer can be found by treating contacting civil servants, politicians and mass media as separate dependent variables. The analysis has been conducted in an identical manner as in Tables 5.2 to 5.5. Since three dependent variables by four public service institutions equal twelve separate analyses, the table below only presents the predicted probabilities for contacting among satisfied and dissatisfied citizens. Complete tables can be found in the Appendix (Tables A.5.7 to A.5.10).

Table 5.6     Predicted probabilities of contacting civil servant, politician and mass media

| Contacting: | Civil servant | | Politician | | Mass media | |
|---|---|---|---|---|---|---|
| Evaluation of public service performance: | Satisfied | Dissatisfied | Satisfied | Dissatisfied | Satisfied | Dissatisfied |
| Public school | .03 | .10 | .00 | .03 | .00 | .01 |
| Hospital care | .00 | .06 | .00 | .02 | .00 | .00 |
| Primary care | .00 | .07 | .00 | .01 | .00 | .04 |
| Elderly care | .01 | .03 | .01 | .03 | .00 | .01 |

*Comment:* Source: the Swedish SOM survey 2004 & 2006 (both years for primary care and elderly care, only 2004 for public school and hospital care. Table entries are predicted probabilities based on post estimation of the controlled relationship between dissatisfaction and different forms of contacting from the regression models in Tables A.5.7-A.5.10 in the Appendix.

The results confirm that dissatisfaction has a greater effect on contacting civil servants on public school, hospital care and primary care issues, compared to the effect on contacting politicians and the media. Thus, citizens choose to raise grievances through the most "institution internal" form of action; that is, through pathways that could be argued to serve the individual's self-interest rather than the public interest. The predicted probability of contacting civil servant among the dissatisfied is .10 on public school issues, .06 for hospital care and .07 for primary care. On elderly care issues, the effect of dissatisfaction is equally strong (or weak, really) on contacting civil servants and contacting politicians—the predicted probability of action is .03 among the dissatisfied in both cases. The immediate conclusion is that this pattern arises due to differences in the degree of institutionalized citizen empowerment. The needs-based testing elements of elderly care, combined with the discretionary power of caseworkers, makes citizens in general less likely to raise grievances with civil servants. However, looking more closely at the results reveals a high level of contacting civil servants among dissatisfied elderly care users (.15). In fact, the dissatisfaction effect is equivalent to dissatisfied public school users (.14) (see Tables A.5.7 and A.5.10 in the Appendix).

In general, the weakest dissatisfaction effects are to be found on mass media contacts. One result stands out, however. Among those dissatisfied with primary care issues, the predicted probability of contacting mass media is .04. Although this is a moderate effect, it is higher compared to public school, hospital care and elderly care issues. This result is harder

to interpret in terms of institutional design and empowerment. An alternative interpretation is that these results stem from the politicization of primary care issues evident in Swedish mass media where the availability and quality of service at primary care centers is constantly scrutinized (see discussion in Chapters 3 and 4).

## CONCLUSIONS

Through the analyses above, I applied and extended expectations about policy feedback effects of institutional design to the relationship between dissatisfaction and *forms* of political action. How policy feedback conditions this relationship is one step closer to an answer, but some questions remain. By contrasting public school and elderly care, I launched a hypothesis on the relationship between dissatisfaction with public service and forms of political action. According to this hypothesis, a higher degree of contacting could be expected on public school issues. By equipping citizens with a high degree of empowerment, pathways to responsible civil servants and politicians are enhanced and, as a consequence, also preferred for expressing dissatisfaction. By contrast, the low degree of institutionalized citizen empowerment within elderly care, characterized by a higher dependency on the decisions of street-level bureaucrats, creates feelings of dependency that make direct confrontation through contacting a less likely outcome; less direct forms of political action are preferred instead.

The empirical results presented in this chapter support this prediction, but as in Chapter 4, there are some reservations that I will discuss. Figures 5.5 to 5.8 below summarize the findings for contacting and protesting among all respondents, and among users and non-users.[50]

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[50] Since there are no significant relationships between dissatisfaction and political action through organization/party work, I omitted these figures.

Figure 5.5        Effect of service evaluation of public service institutions
                  on contact political action (predicted probabilities)
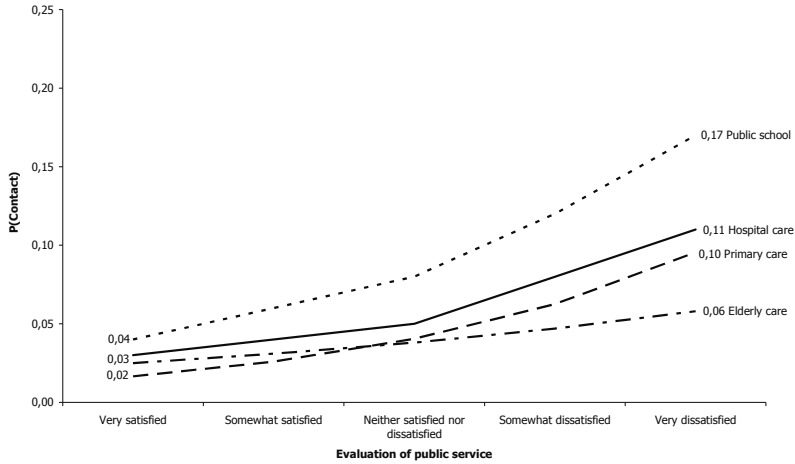
As discussed above, Figure 5.5 illustrates a very familiar pattern. As ex-pected, contacting among dissatisfied citizens is most common on public school issues, followed by hospital care, primary care and elderly care. Contacting on public school issues is almost three times more frequent compared to contacting on elderly care issues. Thus, a high degree of institutionalized citizen empowerment encourages contacting to express dissatisfaction and a low degree of empowerment discourages expressing dissatisfaction through contacting. An in-depth analysis of contacting also revealed that citizens dissatisfied with elderly care to a lower degree contacted a civil servant, which further strengthens this conclusion.

   The reservations concern, as in Chapter 4, the different patterns found among users and non-users of service (see Figures 5.6 and 5.8). As men-tioned earlier, contacting to express dissatisfaction among users is still most common for public school issues, elderly care issues ranks second, followed by hospital care and primary care. Thus, elderly care and pri-mary care seem to have switched places. Among non-users, the predicted level of contacting is equally low on hospital care, primary care and eld-erly care (.03 to .04) while the predicted level of political action through contacting is .09 among non-users dissatisfied with public schools.

**Figure 5.6** Effect of service evaluation of public service institutions on contact political action among users and non-users of public service (predicted probabilities)



**USERS**

0,23 Public school
0,19 Elderly care
0,15 Hospital care
0,11 Primary care

0,09
0,05
0,04
0,02

Very satisfied · Somewhat satisfied · Neither satisfied nor dissatisfied · Somewhat dissatisfied · Very dissatisfied

**Evaluation of public service**

- ▪ · Contact Public school (users) ─■─ Contact Hospital care (users) ─■─ Contact Primary care (users) ─·■·─ Contact Elderly care (users)

**NON-USERS**

0,09 Public school
0,04 Hospital care/ Primary care
0,03 Elderly care

0,02
0,01

Very satisfied · Somewhat satisfied · Neither satisfied nor dissatisfied · Somewhat dissatisfied · Very dissatisfied

**Evaluation of public service**

- ▪ · Contact Public school (non-users) ─■─ Contact Hospital care (non-users) ─■─ Contact Primary care (non-users) ─·■·─ Contact Elderly care (non-users)

*Comment:* Source: the Swedish SOM study 2004 & 2006. The figure is based on the predicted probabilities calculated Tables 5.2-5.5.

Thus, we begin to see a pattern where dissatisfaction with public school issues comes out on top in terms of level of contacting, and a continuous

pattern where users of elderly care show relatively higher action levels compared to what can be expected from a policy feedback point of view.

Continuing with protesting, Figure 5.7 shows that the level of protest action among dissatisfied citizens is still highest for public school issues, but no differences can be detected across the other three institutions; the level of protest action is as high, or low, among dissatisfied citizens on hospital care, primary care and elderly care issues.

**Figure 5.7**    **Effect of service evaluation of public service institutions on protest political action (predicted probabilities)**



*Comment:* Source: the Swedish SOM study 2004 & 2006. The figure is based on the predicted probabilities calculated in Tables 5.2-5.5.

Reflecting on the results regarding protest action, but also regarding contact action above, it is evident that the levels in general are quite low, but also that the major feedback mechanism seems to be a distinction between a high degree of institutionalized citizen empowerment (as in the case of public schools) and medium/low degree of institutionalized citizen empowerment (as for hospital care, primary care and elderly care).

Figure 5.8    Effect of service evaluation of public service institutions on protest political action among users and non-users (predicted probabilities)



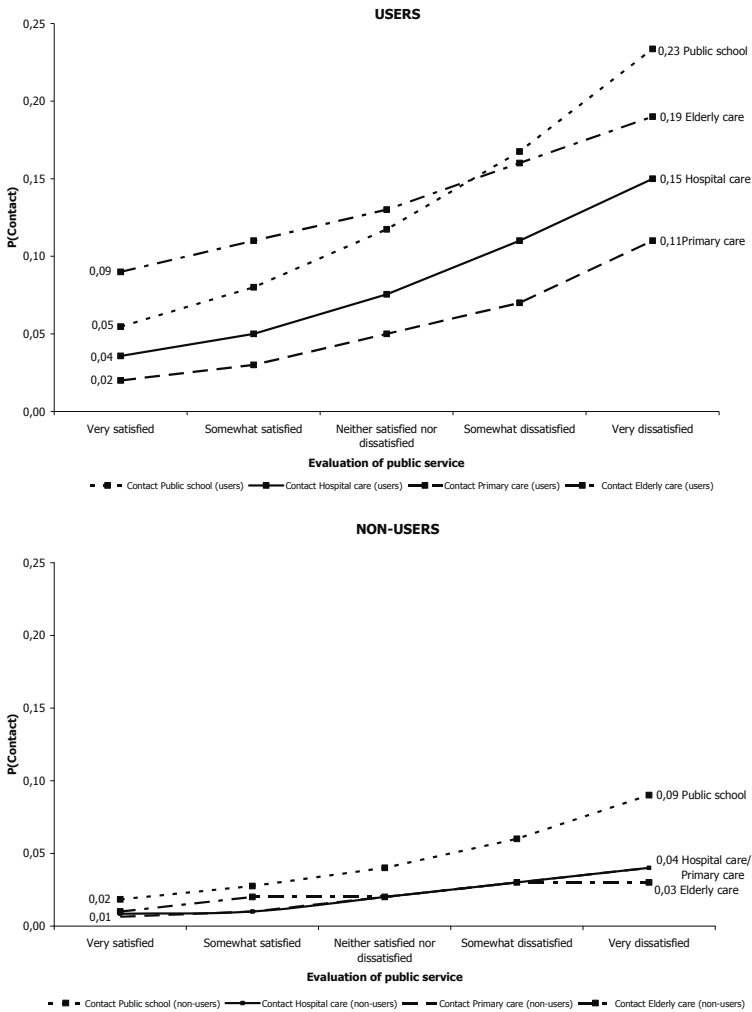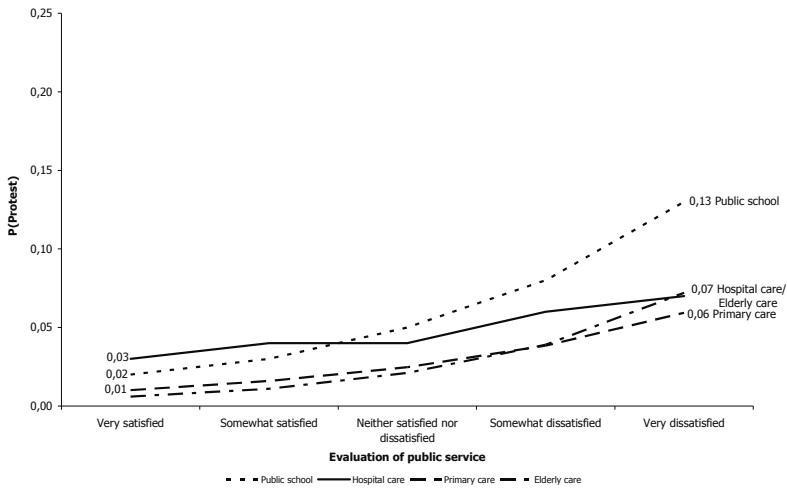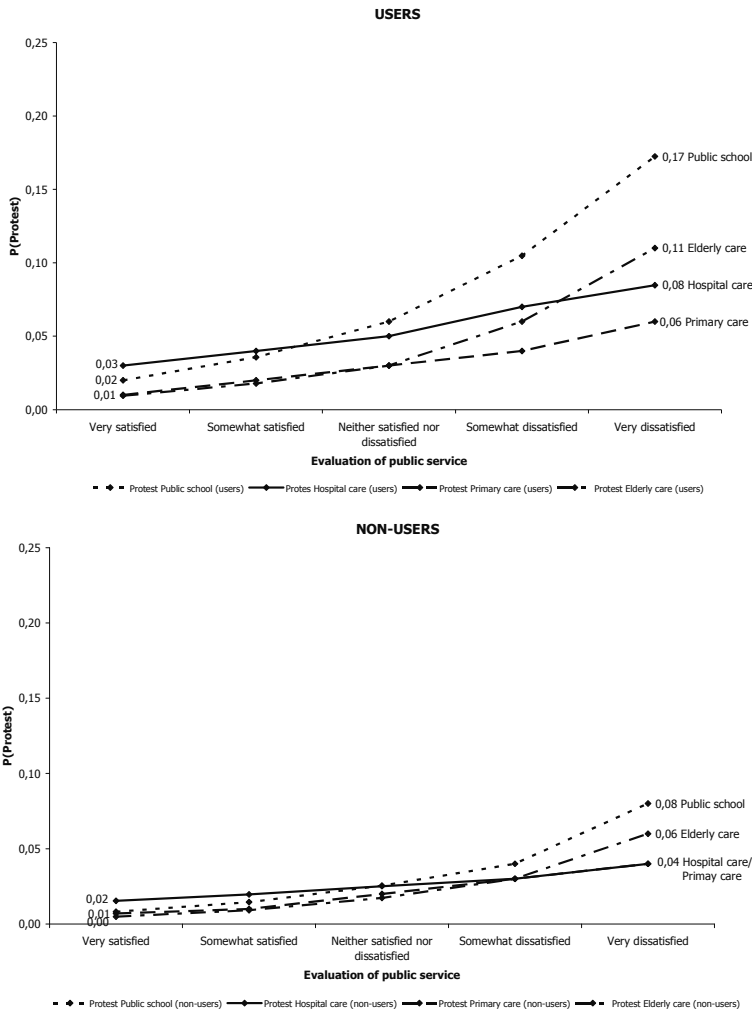*Comment:* Source: the Swedish SOM study 2004 & 2006. The figure is based on the predicted probabilities calculated in Tables 5.2-5.5.

The distinction between public schools on the one hand and the other three institutions on the other is also valid when patterns of dissatisfaction and protest are examined among users and non-users (see Figure 5.8). Protest action on public school issues is most common among both

dissatisfied users and non-users, followed by elderly care and the two health care institutions. The distinction between public schools and the three other institutions is clearer among users, while the level of protest is both lower and differs less among non-users. Again, users of elderly care show a relatively high level of political action.

Four important conclusions can be drawn from the results in this chapter. First, irrespective of the form of action, public schools is the number one issue that the average dissatisfied citizen, as well as users and non-users, would contact or protest about. Second, the prominent position of contacting is also important to mention. Moreover, the results indicate that as empowerment increases, so does political action both through contacting and protesting. These results could not only be a consequence of the relatively strong relationship between dissatisfaction and the level of political action found for public schools in Chapter 4. It is equally possible that grievances with public schools were mainly raised through contacts and that other forms of action were preferred over contacting for raising grievances on, for example, health care or elderly care issues. At present, the picture is only altered for elderly care, the only institution that provides citizens with a low degree of empowerment. The third conclusion is that users of elderly care continuously show unexpectedly high levels of political action, although the differences are less pronounced compared to those in the previous chapter. Thus, the previously established pattern is reinforced. Again, a plausible explanation to these results is a combination of the lack of exit options and the presence of some voice opportunities, together with cumulative welfare state experiences and the more continuous duration of elderly care encounters. Fourth, dissatisfaction with the welfare state was not, as expected, expressed through the more traditional channels of collective action, such as political parties and action groups. In fact, the results here were remarkable examples of the absence of these effects. Despite the fact that welfare state politics are such a significant part of Swedish politics, particularly at the regional and local levels, citizens prefer personal contact or expressive protests when channeling their dissatisfaction with public services.

Moving from the general relationship to the traditional explanations for political action, there is indeed a mixed pattern. The main conclusion

here is that few variables show any consistent effect across action forms. In fact, one main result is that many of the traditional explanations fail to influence the various forms of action at all. Whether this is a consequence of the limited variation to be explained is an open question. The only consistent explanation across institutions is political interest, for both contact action and working in an organization. For protest action, no variable except dissatisfaction shows a consistent effect, which is remarkable. Moreover, it is surprising that education performs poorly even when political interest is omitted from the regression model. All told, it is hard to reach a consistent conclusion as to whether the explanations for different forms of political action on public service issues differ.

In summary, I regard the attempt to extend expectations from policy feedback theory to the relationship between dissatisfaction with the welfare state and different forms of political action as partly successful. In addition to the fact that the hypothesis about dissatisfaction and contact action was supported, the results also direct attention to the prominent position of highly empowering institutions. What needs to be further elaborated is how and why these policy feedback mechanisms, through institutionalized citizen empowerment, affect users and non-users differently.

# 6.
# Democratic Effects of Welfare State Institutions

The recognition that the design of welfare state institutions influences citizens' democratic possibilities is widespread (some examples are Campbell 2003; Kumlin 2004; Mettler & Soss 2004; Soss, Hacker & Mettler 2007; Svallfors 2007). Still, some argue that we have insufficient knowledge on the democratic effects of welfare state institutions. My aim has been to contribute to the growing field of research on policy feedback effects on citizens' political preferences and actions. I have attempted to open up the black box of welfare state policies producing feedback effects by conceptualizing the differences in the design of Swedish welfare state institutions. I have also argued that the design differences of Swedish welfare state institutions not only influences *whether* citizens express dissatisfaction with welfare state matters through political action, but also *how* they choose to express this dissatisfaction. This final chapter is devoted to a discussion about the democratic effects of welfare state institutions in general, and the case of welfare state dissatisfaction and political action in particular. To start with, I revisit the three arguments put forward in Chapter 1, followed by a summary and discussion of the main findings. Thereafter, I assess the democratic implications of my results through a discussion on whether my findings are positive or negative for democracy. Finally, I discuss how the implications from my study could be used in future research on the democratic effects of welfare state politics.

## THE THREE ARGUMENTS REVISITED

The policy feedback perspective is crucial to the arguments I have put forward in this study. Its integrative potential, combining new institutional theory and mass opinion studies, is appealing. It points out why the design of policies and institutions affects citizens political behavior by shaping incentives and constraints for what is seen as politically possible

(Pierson 1993; Mettler & Soss 2004). As I discussed in Chapter 1, a study of how institutional design conditions the relationship between dissatisfaction with the welfare state and political action can also be made from a policy output perspective, as well as from the perspective of new repertoires of political action. From a policy output point of view, I argued that the increasing emphasis on political results could be witnessed through the development of new decision-making structures and new public management initiatives. When power is simultaneously shifted upwards, downwards and outwards (Pierre & Peters 2000), governance by objectives rather than procedures becomes more favorable; as a consequence, actual political results become more important as a basis for citizens' political action. In other words, output legitimacy is replacing input legitimacy (Scharpf 1997). Dissatisfaction with the welfare state might also be further fueled by the fact that welfare states are in a situation of permanent austerity (Pierson 2001). I argued that this focus on output legitimacy makes it relevant to highlight, or rather re-highlight, political grievances as explanations for citizens' political action.

The argument about emphasizing political results goes hand-in-hand with the new repertoires of political action that are being witnessed. Political action today can be described as issue-specific, cause-oriented or policy-motivated (cf. Norris 2003; Blatt 2008), which simultaneously makes traditional channels of political action less effective and paves the way for more "individualized collective action" (Micheletti 2002). Moreover, the governmental initiatives to increase citizens' participation opportunities in politics are directly connected to the welfare state, since many of the new arenas for citizen participation take place within the public service realm. It is necessary, then, to move away from the input-biased political participation covered in much previous research, and to emphasize political action where citizens react to political results.

The arguments on political results and new repertoires of political action, together with the policy feedback argument, form and strengthen my central claim about the importance of investigating the democratic effects of welfare state institutions. The three arguments are also connected to the theoretical and empirical arguments put forward in Chapter 2, since they demonstrate why theories and research on political action on the political effects of government performance and policy feed-

back effects are relevant points of departure for a study on dissatisfaction with the welfare state and political action.

## MAIN FINDINGS AND THEORETICAL IMPLICATIONS

### Institutionalized citizen empowerment

To develop the policy feedback perspective and specify how institutions and policies condition citizens' behavior require identification of the relevant feedback mechanisms. This is equivalent to opening up the black box. A prerequisite for investigating the extent to which institutional design affects the relationship between dissatisfaction with the welfare state and political action was creating an analytical framework. To motivate the analytical framework and the aspects of institutional design taken into account, I argued in favor of using the concept of institutionalized citizen empowerment as an analytical framework (Hoff 1993; Kumlin 2004). Institutionalized citizen empowerment refers to the power balance between the individual and the welfare state institution. The higher the degree of influence for the individual, the higher the degree of empowerment. Thus, a high level of institutionalized citizen empowerment enables the individual to exercise power in his or her own life situation, such as encounters with the welfare state (Peters & Pierre 2000). This also affects the individuals' political possibilities (Schneider & Ingram 1997). Furthermore, through interpretative effects, welfare state policies become politicized to a varying degree, which affects the extent to which personal experiences are also collective experiences. Altogether, interpretive effects matter when policy feedback effects occur (cf. Mutz 1998; Soss & Schram 2007). I theoretically derived five dimensions of institutionalized citizen empowerment: universalism, bureaucratic discretion, exit options, voice opportunities and legal rights. These five dimensions were then used in the empirical mapping of four Swedish public service institutions: public schools, hospital care, primary care and elderly care.

The institutional mapping revealed that these four welfare state institutions differ (see Chapter 3). While public schools are characterized by a high degree of citizen empowerment through features such as universalism, the absence of bureaucratic discretion, good exit and voice opportu-

nities, and strong legal rights, almost the opposite is true for elderly care. Elderly care is a needs-based testing institution, with a high level of bureaucratic discretion and poor exit options. However, there are voice opportunities and individual legal rights. Both hospital care and primary care take an intermediate position, with strong universalism features, the absence of discretionary power and good exit options, with weaker voice opportunities and legal rights. Although the findings on the varying degree of institutionalized citizen empowerment is an important contribution per se, their real task was to serve as empirical arguments for how the relationship between dissatisfaction and political action would turn out depending on the welfare state institution in question. As discussed in Chapter 1, although the general assumptions of my study are theoretically deduced, the specifications and the understanding of the hypothesis are more explorative. As a consequence, based on the theoretically *and* empirically derived analytical framework, I launched a general hypothesis: the higher the degree of institutionalized citizen empowerment, the stronger the relationship between dissatisfaction and political action.

## Level of political action

The first research question about the influence of institutional design on the relationship between dissatisfaction and the level of political action was investigated in Chapter 4. A specification of the general hypothesis was launched, stating that the relationship between dissatisfaction and political action would be strongest on public school issues, weakest on elderly care issues and intermediate on hospital care and primary care issues. Two separate set of analyses were carried out, one for the relationship between dissatisfaction with *service delivery* and political action and one for the relationship between dissatisfaction with *service availability* and political action. The main conclusion from this chapter is that institutional design does indeed condition the relationship between evaluations of public service delivery and the level of political action. Just as hypothesized, the positive effect of dissatisfaction with service delivery on the level of political action was strongest for public schools, weakest for elderly care and intermediate for hospital care and primary care. In fact, citizens dissatisfied with public school issues use political action more than twice as much compared to citizens dissatisfied with elderly care

issues. Thus, the first results were clearly in line with the hypothesis: the higher the degree of institutionalized citizen empowerment, the stronger the effect of dissatisfaction on political action.

The results from the analyses of the relationship between evaluations of *public service availability* and political action were, however, less clear-cut and did not support the hypothesis. Although this comparison was carried out for primary care and elderly care only (implying a more limited ground for inference), the results indicated that the degree of institutionalized citizen empowerment did not affect the relationships quite as expected. Dissatisfaction with the availability of primary care proved to lead to an equivalent level of political action as dissatisfaction with primary care service delivery. For elderly care, the effect of dissatisfaction with availability was slightly higher as compared to primary care. However, the limited comparison constrains how far this conclusion can go. That the effect of dissatisfaction with availability was as strong on political action on elderly care issues as on primary care issues did not alter the general conclusion in Chapter 4.

A result that does impose reservations on the general conclusion concerns the relatively high degree of political action among users of elderly care that are dissatisfied with service and availability. It seems as if the low degree of empowerment does not discourage these users from expressing dissatisfaction through political action. Among the alternative explanations discussed, exit options, voice opportunities, cumulative welfare state experiences, and politicization deserve special mention. The lack of exit options, together with the presence of voice opportunities might leave users with no other choice but to raise their grievances. This explanation contradicts the general hypothesis about empowerment. As discussed in Chapter 3, the presence of exit options might not only threaten the institution into taking better care of its users, but citizens might also actually take advantage of exit options and change to a different service provider. Similarly, the presence of voice opportunities might address grievances internally and reduce the degree to which dissatisfaction is expressed through political action. Thus, the mechanisms of exit and voice may, in different combinations (presence/absence), alter the structures of institutionalized citizen empowerment.

The argument of cumulative welfare state experiences might also contribute to a better understanding of these specific results. Elderly care is one of the last welfare state institutions a citizen encounters. Prior to that encounter, the average Swede has experienced a wide range of welfare state institutions, many with universal traits. Thus, cumulative experience and learning might dampen the policy feedback effects of a less empowering institution. Politicization, finally, was launched as an argument explaining the low level of action among dissatisfied non-users of elderly care. Even though cumulative experience might empower the citizen in an encounter with the welfare state that was otherwise characterized by low empowerment, the signals sent to the general public and non-users of elderly care might differ. Not only do selective institutions provide less support, citizens might also learn to prioritize other welfare state issues over elderly care, which would cause low mobilization.

## Forms of political action

Aside from investigating levels of political action, Chapter 5 was devoted to the second research question of this study: to what extent institutional design affects the relationship between dissatisfaction with the welfare state and *forms* of political action. By extending the theoretical and empirical discussion on institutionalized citizen empowerment to forms of political action, I discussed possible policy feedback effects on the relationship between dissatisfaction with public service and three forms of political action: *contact*, *protest* and *organization/party work*. From this, I chose to launch one specified hypothesis. By contrasting the most empowering institution (public schools) and the least empowering institutions (elderly care), I hypothesized that the effect of dissatisfaction on *contact political action* should be stronger on public school issues compared to elderly care issues. Through features of universalism, influence, exit options and strong legal rights, citizens come to view their own possibilities for influencing the responsiveness of the political system for the better. Since pathways to the responsible politicians and civil servants are more easily detected, contact is the most preferred political action for expressing dissatisfaction. Through features of selectivity and bureaucratic discretion, lack of influence and exit options, and more weakly stated legal rights, direct contact is less preferred since these features

lower citizens' sense of political efficacy and render fewer contacts between citizens and political decision-makers. Instead, more impersonal action forms are favored. Again, the comparison was made between public schools, hospital care, primary care and elderly care.

The main conclusion from the investigation in Chapter 5 is that institutional design partly accounts for the variation in dissatisfaction effects found on forms of political action. The results can be summarized in four main findings: 1) the prominent position of public schools; 2) the prominent position of contact action; 3) the consistently high level of political action among dissatisfied elderly care users; and 4) the absence of dissatisfaction effects on traditional collective political action.

The prominent position of public schools was notable, since patterns of dissatisfaction and contact action reflected the degree of institutionalized citizen empowerment. Thus, the hypothesis was supported, since the dissatisfaction effect on contact action was highest on public school issues, intermediate for health care and lowest on elderly care issues. Furthermore, the dissatisfaction effects on contact and protest action were highest on public school issues among both users and non-users. The presence of a high degree of empowerment consistently implied a stronger relationship between dissatisfaction and different forms of political action. This pattern was also evident in the analyses in Chapter 4.

The prominent position of contacting was evident since it was the most preferred political action form, followed by protesting. The only exception was elderly care, were protesting was as common (or rather as uncommon) as contacting, which I argued should be interpreted as a consequence of the low degree of empowerment. Dissatisfied users of elderly care show relatively high level of contact and protest action, and I withheld the same alternative explanations of exit options, voice opportunities, cumulative welfare state experiences and politicization. What was also evident from the results in Chapter 5 is the unimportance of more traditional collective action forms when channeling dissatisfaction. No relationship between dissatisfaction and political action through working in organization or political party could be detected. As expected, traditional collective political action is not preferred when political results, output legitimacy and issue-specific political action increases.

## Other explanations of political action

In both Chapters 4 and 5, I also investigated the performance of the established individual-level explanations of political action. This has also been an "implicit" research question throughout my study. The poor performance of usually important variables such as education, age and income are striking. Political interest is the only one of the established explanations that more or less has a consistent effect, although there are also exceptions to this pattern. Moreover, the results also show that dissatisfaction is, by several times, a more important explanation for political action than political interest. Thus, the general picture emanating from the analysis is that political action on welfare state issues is more equally spread across citizens, at least if the traditional explanations of resources and motivation for political action are taken into account.

## The case of policy feedback

My study shows support for the idea that welfare state institutions have democratic effects. The design of welfare state institutions affects *whether* citizens express welfare state dissatisfaction through political action and can also partly account for *how* citizens choose to express dissatisfaction with the welfare state. Although I have also found some patterns that are inconsistent with the policy feedback hypothesis, these do not undermine the general conclusion. Rather, they raise new questions regarding under what conditions policy feedback effects occur.

To further discuss policy feedback effects, the figure from Chapter 1 illustrated the argument that policy feedback effects potentially influence not only the relationship between dissatisfaction and political action, but also dissatisfaction and political action separately. An empirical result highlighting the conditions for feedback effects is that there does not seem to be any strong institutional feedback effects on political action per se. The political action levels on various public service issues were very similar (see Chapters 4 and 5). Policy feedback effects are more evident on dissatisfaction. Swedish citizens are more satisfied with the universal public service institutions of public schools and health care, and least satisfied with elderly care—a selective institution that empowers citizens to a lower extent and where personal and collective experiences could be argued to be the lowest among the four institutions. Still, what

is evident is that the *relationship* between dissatisfaction and political action varies more across public service areas compared to the level of political action and dissatisfaction per se.

Commenting on the findings from Chapters 4 and 5 together, it is evident that the distinction between citizens in direct and indirect contact with welfare state institutions deserves attention. My hypotheses were all confirmed when all of the respondents were analyzed together. When the relationship between dissatisfaction and political action was investigated among users and non-users, the picture changed. Public schools kept its prominent position both among users and non-users, but dissatisfaction was often more frequently expressed through political action among users of elderly care than users of hospital care and primary care. These results point to the fact that institutionalized citizen empowerment (i.e., my interpretation of policy feedback) needs to be developed. As discussed earlier, I argue that aspects of politicization should be included to provide a more comprehensive picture of policy feedback effects besides institutionalized citizen empowerment. Thus, to simultaneously handle institutional design and the articulation and politicization of a policy area is an important step for future research.

Through the findings in my study, attention can be directed to some of the components of institutionalized citizen empowerment. Although I argue that the major dividing line is highly empowering institutions versus all others, the discussions about dissatisfaction with elderly care availability and political action on the one hand, and the case with elderly care users on the other point to exit options and voice opportunities as important mechanisms. Since exit options within the elderly care sector are poor, the alternative is informal care from family and close relatives. It is plausible that citizens in such situations choose to voice these grievances through political action. It is also plausible that policy feedback effects work differently on issues about availability compared to service delivery since emotional attachments and feelings of dependency have not yet evolved due to the relatively limited encounters with the sector (cf. Kumlin 2004; Dowding & John 2008). Thus, we need to further elaborate how mechanisms of exit and voice empower citizens in contact with welfare state institutions.

In addition to elaborating on policy feedback mechanisms already in my present framework, the discussion about the duration of encounters with welfare state institutions points to the fact that my analytical tool could be also adjusted by adding new dimensions of institutional design. As argued in Chapter 3, one advantage with the concept of institutionalized citizen empowerment is its flexibility—several aspects of institutional design could be simultaneously considered. Its flexibility also implies possibilities for further development, and the results and conclusions of my empirical investigation are important for doing so. Could the relatively high dissatisfaction effect on political action among both public school users and elderly care users also be traced to the more continuous encounters that characterize the extent to which citizens are in contact with these two public service institutions? And could more continuous contact with elderly care services counterbalance bureaucratic discretion and the lack of exit options? Thus, both the argument of cumulative welfare state experiences and the argument of the nature of the encounter imply that institutional structures leading to a low degree of citizen empowerment might be counterbalanced or even outweighed.

## Democratic implications

So far, I have put forward arguments as to why and how welfare state institutions have democratic effects from a citizen's point of view. In other words, much of the discussion about policy feedback effects concerns citizens' political and democratic possibilities. From a more general perspective, my results also have implications for the discussion on the functioning of the welfare state and the relationship between the welfare state and the workings of democracy. I argue that my results could be seen as both positive and negative for the welfare state and democracy.

The implications of my results are *negative* for the workings of democracy since it means that dissatisfied citizens make their voices heard to a higher extent than satisfied citizens do. This line of argument stems from the intensity problem (Lewin 1992)—the situation in which the vocal minority have a greater influence than the silent majority. In such a situation, the responsive politician runs the risk of perceiving problems with the condition of a public service when the majority of citizens are in fact perfectly happy with it. As discussed in Chapter 2, while voting be-

havior has been shown to be affected by both satisfaction (a vote for incumbent party) and dissatisfaction (a vote for an opposition party), if other forms of political action are motivated by dissatisfaction to a higher degree, this can increase populist elements in politics. Moreover, the fact that citizens primarily choose to raise grievances about public service through contacting civil servants points to the notion that this action could be more motivated by issues of self-interest rather than by issues of the public interest, which must be considered negative from a democratic perspective.

The argumentation could also be made from the opposite point of view—that is, democratic problems caused by inaction. Regardless of the public service issue, a majority of the dissatisfied citizens do not raise these grievances, at least not through political action. As dissatisfaction increases and the channels for expressing these frustrations are unresponsive, a situation is created that could lead to political alienation and withdrawal from politics; in the end, democracy could become undermined. Furthermore, it seems as we are witnessing a case of institutional inequality, where citizens in contact with some institutions are encouraged to be active and responsible, while citizens in contact with other institutions are rather discouraged in this sense. Thus, the working of the welfare state and the workings of the democracy are intimately connected, and experiences of the former affect the latter.

The implications are *positive* for the workings of democracy because the results of my study highlight the interplay between actual politics and citizens' political behavior. How policies and institutions are designed matters. Not only might selective institutions erode support for the welfare state (Larsen 2008), low empowering institutional arrangements might also discourage citizens' democratic expressions. Thus, it is a sign of democratic health that citizens ensure their dissatisfied voices are heard through means of political action or, as Russell Dalton puts it: "Democracy should be a celebration by an involved public" (Dalton 2008: 32). What is also evident is the relatively equal level of political action across different groups. The poor performance of the established explanatory factors for political action implies that political action on public service issues might be more equally distributed than political action in general. The universal traits of the Swedish welfare state make citizens more

equally dependent on the welfare state, which also means that the defenders of the welfare state are more equally distributed across socioeconomic groups.

That citizens express their dissatisfaction with the welfare state through political action could also strengthen, or at least not deteriorate, the normative *support for welfare state politics*. When two-thirds of Swedish welfare state services are locally produced by municipalities (Johansson, Nilsson & Strömberg 2001), increasing dissatisfaction with various welfare state programs might in the long run also undermine general support for the welfare state itself. If dissatisfaction with a specific welfare state institution is communicated, general support for the welfare state might be less threatened.

To connect the implications of my study to the three arguments revisited earlier in this chapter, it is clear that evaluations of welfare state politics do indeed matter for citizens' choice of political action. Although the relationships are sometimes moderate, dissatisfaction is often a more important explanation than political interest. And although a limited phenomenon, I do argue that political action on welfare state issues is an important democratic tool since welfare state politics constitute the core of governmental politics. Moreover, although the evidence of policy feedback effects was mixed, I argue that the design of welfare state politics affects democratic citizenship. If the workings of democracy is threatened by political distrust and alienation, political action could help vitalize it. Thus, a "policy design for democracy" (Schneider & Ingram 1997) involves universal welfare state institutions with real mechanisms of influence, good exit options, and clearly stated legal rights. This way, welfare state politics could facilitate political action that, from a wider perspective, might have positive repercussions not just for the legitimacy of the welfare state, but also for democracy itself. The voices from the welfare state are also voices for democracy.

## RESEARCH DESIGN FOR DEMOCRACY

The lessons learned from this study do not have to end here. From my perspective, there are many possibilities for further developing the study of the democratic effects of welfare state institutions, and I intend to discuss some strategies below.

Advocates of the policy feedback perspective and its effect on citizens' political preferences and action should, as a first strategy, increase the comparisons to be able to make better generalizations. This could be done either by comparing a greater number of welfare state institutions within a regime, maximizing the variation in institutional design, or by simultaneously comparing a number of institutions in different welfare regimes. Both paths (but more so the latter) call for better data. At this point, comparative data is either too general and measures political action without connecting it to specific policy areas (see Pettersson 2007 for a similar discussion), or too specific and reduces political action on welfare state issues to something different than political action in general (as in Goul Andersen & Roßteutscher 2007; Kriesi & Westholm 2007).

A second strategy, preferably taken together with the first, is to widen the perspective and make use of the fact that political action is carried out at different levels of democracy. Here, I do not explicitly refer to multi-level democracy, but suggest rather that political action on welfare state issues can have multiple expressions (see Soss 1999; Kumlin 2004 for a similar approach). A first level would be equivalent to what has been investigated in the various Citizenship studies—to explore policy feedback effects on actions taken directly connected to a welfare state area, but without an explicit political target. Such action could include discussing matters with other citizens in the same situation, participating in user boards, and using internal complaint structures. The next step would be equivalent to the investigation I have carried out in this study, which is to connect political action to specific welfare state areas. This is similar to what is usually called program-specific participation in the American context (see Campbell forthcoming). The third and final step would be to investigate policy feedback effects on citizens' political action *in general* to see if encounters with empowering institutions have different effects on the level and form of political action compared to encounters with less empowering institutions (cf. Soss 2002; Kumlin 2004 for a similar approach)

A third strategy is to continue developing the concepts and institutional mechanisms that potentially capture feedback effects, or perhaps even more importantly, the conditions for policy feedback effects. In browsing the literature, it is evident that there seems to be some consen-

sus about the relevant mechanisms of institutional design. The five dimensions of institutionalized citizen empowerment I used in this study were all derived from previous research, but from different sources. Still, further development of how combinations of empowering dimensions interact is needed. Moreover, the results from my study also highlight the fact that we should further investigate the conditions in which policy feedback effects appear, especially taking into account politicization effects together with institutional design. Interpretative effects, such as the visibility and proximity of a policy (as put forward by Soss & Schram 2007), are in this respect mechanisms at a higher level of abstraction.

In conclusion, the democratic effects of welfare state institutions is a subject still thirsting for knowledge and with room for further development.

# Appendix

## Table A.1.1 Test of causality between performance evaluations and campaign political action (unstandardized b coefficients, OLS)

| | Effect of performance evaluation ($t_1$) on campaign political action ($t_2$) | Effect of campaign political action ($t_1$) on performance evaluation ($t_2$) |
|---|---|---|
| Sweden's economy | .07* | .01 |
| Health care | .08** | .15 |
| Education | .07* | -.04 |
| Elderly care | .06* | .03 |
| Child care | .02 | -.06 |

*Comment:* Source the Swedish e-panel study 2006. The e-panel 2006 is a six step panel with three parallel panel paths (Monday, Wednesday and Friday). The respondents are self-recruited. The questions were included in two panel steps of the Wednesday panel, August 23 and September 13 2006. The election was held at September 17.The Wednesday panel consist of 1340 respondents, but the number of valid answers in my empirical analysis are between 572 and 590. See (Dahlberg, Kumlin & Oscarsson 2006) for more information about the survey.

The question on government performance is "What do you think about the political results achieved in the following areas?" The respondents evaluated policy performance using a 0-10 scale. I have rescaled the variables to run between 0-1 where 0 is coded as "Very good result" and 1 as "Very bad results". The question on political action is "Have you during the last weak devoted time to any of the following activities in any of the following areas?". The areas asked for where Sweden's economy, health care, education, elderly care, child care and other area. The different activities asked for where participated in election meeting, contacting politicians, discussions with politicians/canvasser, browsed political parties' web pages, chatted about politics on the web and discussed politics with friends on issues economy. health care, education, elderly care, child care and other area. *Thus, each activity is connected to a policy area.* The answers are summarized into a cumulative index and rescaled into 0-1 where 0=no action and 1=6 action forms. Since all variables are rescaled to 0-1, the coefficients show the maximum effect (from very satisfied to very dissatisfied and from no campaign action to high level of campaign action).

For each policy area, I ran bivariate linear regression models between evaluation of performance $t_1$ and a cumulative political action index $t_2$ and vice versa, a regression model between the political action index at $t_1$ and evaluation of government performance at $t_2$. Weak (on average b=.04) but significant effects (p<.10) were found for negative evaluations of economy and campaign political action on economic issues, evaluations of health care and campaign political action on health care issues and evaluations of education and campaign political action on education issues. *More importantly, if the models are controlled for lagged political action/evaluation of government performance, no significant relationships are found.*

## Table A.3.1 Users, close relatives and non-users of public service (percent)

| User and non-users of public service | User | Close relative to a user | Non-user | Total | N |
|---|---|---|---|---|---|
| Public school | 5 | 45 | 50 | 100 | 1606 |
| Hospital care | 34 | 37 | 29 | 100 | 1650 |
| Primary care | 51 | 32 | 17 | 100 | 1670 |
| Elderly care | 3 | 23 | 74 | 100 | 1604 |

*Comment:* Source: the Swedish SOM survey 2004.The question on user of public service is: Have you or a close relative used any of the following services the last 12 months?". The answer options are: Yes, I have used it my self, I don't use it myself, but a close relative does and No, neither myself nor a close relative use it.

### Table A.4.1     User and non-users of public service (percent)

| User and non-users of public service | No | Yes | Total | N |
|---|---|---|---|---|
| Public school | 50 | 50 | 100 | 1606 |
| Hospital care | 29 | 71 | 100 | 1650 |
| Primary care | 17 | 83 | 100 | 1670 |
| Elderly care | 74 | 26 | 100 | 1604 |

*Comment:* Source: the Swedish SOM survey 2004.The question on user of public service is: Have you or a close relative used any of the following services the last 12 months?". The answer options are: Yes, I have used it my self, I don't use it myself, but a close relative does and No, neither myself or a close relative use it. The category User in the table above refers to both people who are users themselves of the particular welfare service and people where close relative is a user.

### Table A.4.2     Explanations to service evaluations (unstandardized OLS coefficients)

| | Dependent variable: Evaluation of public service (1-5) | | | |
|---|---|---|---|---|
| | Public school | Hospital care | Primary care | Elderly care |
| User of public service (0-1) | -.24*** | -.14** | -.22*** | -.18** |
| Education (1-4) | .02 | .04 | .05* | .03 |
| Age (Age 15-29 reference category) | | | | |
| Age 30-49 | -.13 | -.14* | -.02 | -.11 |
| Age 50-64 | -.21** | -.34*** | -.29*** | -.34*** |
| Age 65-85 | -.27** | -.78*** | -.72*** | -.43*** |
| Income (1-7) | -.01 | -.02 | -.02 | .02 |
| Gender (woman reference category) | .06 | -.05 | -.01 | -.02 |
| Left-right placement (1-5) | .07** | .02 | .08*** | -.02 |
| Political interest (1-4, 4=Very interested) | .01 | .05 | .12*** | .01 |
| Constant | 2.42*** | 2.62*** | 2.33*** | 3.23*** |
| $R^2$ | .03 | .08 | .09 | .04 |
| N | 906 | 1236 | 1359 | 747 |

\* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM survey 2004. For information on the variables, see table 4.2, 4.3 and 4.4. The question on *education* is: What level of education do you have?". Eight different options are included in the question, but are transformed into four categories (Low education (1), Medium low education (2), Medium high education (3) and High education (4)). The category Low education corresponds to Not completed compulsory school or completed compulsory school and the category High education corresponds University or Ph.D. degree. *Income* refers to household income. The wording in the questionnaire is "Please mark with a cross the box that corresponds to the approximate annual income of all members in your household (including pensions and study allowances)". Category 1 corresponds to Less than 100 000 SEK (approx. €10 700) and 7 corresponds to More than 700 000 SEK (approx. €75 000). The question of *left-right placement* is: Sometimes you can talk about placing political attitudes on a left-right dimension. Were would you place yourself on a left-right dimension? 1=Far to the left, 2=Slightly to the left, 3=Neither left nor right, 4=Slightly to the right, 5=Far to the right. The question on *political interest* is "How interested are you in general in politics?" The options are Very interested (1), Somewhat interested (2), Not that interested (3) and Not at all interested (4).

Table A.4.3 Group differences in valid and invalid answers in questions about service delivery (percent)

| | Public school | | Hospital care | | Primary care | | Elderly care | |
|---|---|---|---|---|---|---|---|---|
| | Valid answer | Invalid answer | Valid answer | Invalid answer | Valid answer | Invalid answer | Valid answer | Invalid answer |
| Service delivery (total) | 61 | 39 | 82 | 18 | 90 | 10 | 51 | 49 |
| Non-user of public service | **45** | 55 | **73** | 27 | **78** | 22 | **46** | 54 |
| User of public service | **82** | 18 | **90** | 10 | **96** | 4 | **73** | 27 |
| Low education | **53** | 47 | 81 | 19 | 88 | 12 | **56** | 44 |
| High education | **63** | 37 | 83 | 17 | 90 | 10 | **44** | 56 |
| Age 15-29 | **63** | 37 | 81 | 19 | 85 | 15 | **49** | 51 |
| Age 30-49 | **73** | 27 | 85 | 15 | 91 | 9 | **45** | 55 |
| Age 50-64 | **59** | 41 | 81 | 19 | 92 | 8 | **57** | 43 |
| Age 65-85 | **42** | 58 | 81 | 19 | 90 | 10 | **57** | 43 |
| Low income | **46** | 54 | **75** | *25* | **84** | *16* | 61 | 39 |
| High income | **71** | *29* | **95** | *5* | **96** | *4* | 43 | 56 |
| Women | 60 | 40 | 81 | 19 | 91 | 9 | 50 | 49 |
| Men | 62 | 38 | 84 | 16 | 90 | 10 | 53 | 47 |
| Far to the left | 61 | 39 | 84 | *16* | **96** | *4* | 56 | 44 |
| Neither left or right | 62 | 38 | 83 | 17 | 92 | 8 | 56 | 44 |
| Far to the right | 58 | 42 | 79 | 21 | **88** | *12* | 48 | 52 |
| Low political interest | **52** | 48 | **76** | 24 | **83** | *17* | 47 | 53 |
| High political interest | **58** | 42 | **85** | *15* | **95** | *5* | 55 | 45 |

*Comment:* Source: the Swedish SOM survey 2004. Any group differences in valid answers bigger than 5 percentage points are marked in **bold**. Table entries based on fewer than 30 respondents in a sub-group are marked in *italics*.

Table A.4.4    Predicted probabilities for political action on public school issues

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| P(action) Satisfied with public school | .09 | .07 | | .06 | .06 |
| P(action) Dissatisfied with public school | .33 | .34 | | .32 | .31 |
| P(action) Non-user of public school | | .06 | | .06 | .05 |
| P (action) User of public school | | .20 | | .18 | .17 |
| P(action) Low education | | | .10 | .08 | .08 |
| P(action) High education | | | .18 | .19 | .17 |
| P(action) Not Age 30-49/Age 30-49 | | | .11/.17 | .10/.16 | n.s |
| P(action) Not Age 50-64/Age 50-64 | | | n.s | n.s | n.s |
| P(action) Not Age 65-85/Age 65-85 | | | n.s | n.s | n.s |
| P(action) Low income | | | n.s | n.s | n.s |
| P(action) High income | | | n.s | n.s | n.s |
| P(action) Woman | | | n.s | n.s | n.s |
| P(action) Man | | | n.s | n.s | n.s |
| P(action) Far to the left | | | n.s | n.s | n.s |
| P(action) Far to the right | | | n.s | n.s | n.s |
| P(action) Not at all interested in politics | | | .07 | n.s | .06 |
| P(action) Very interested in politics | | | .24 | n.s | .20 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.5.

Table A.4.5    Predicted probabilities for political action on hospital care issues

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| P(action) Satisfied with public school | .07 | .07 | | .06 | .06 |
| P(action) Dissatisfied with public school | .20 | .19 | | .21 | .19 |
| P(action) Non-user of public school | | .05 | | .05 | .04 |
| P (action) User of public school | | .12 | | .12 | .11 |
| P(action) Low education | | | n.s | .08 | n.s |
| P(action) High education | | | n.s | .12 | n.s |
| P(action) Not Age 30-49/Age 30-49 | | | .08/.13 | .07/.14 | .07/.13 |
| P(action) Not Age 50-64/Age 50-64 | | | .08/.15 | .07/.19 | .07/.16 |
| P(action) Not Age 65-85/Age 65-85 | | | n.s. | .08/.20 | .08/.16 |
| P(action) Low income | | | .13 | n.s | .12 |
| P(action) High income | | | .07 | n.s | .06 |
| P(action) Woman | | | .11 | n.s | n.s |
| P(action) Man | | | .08 | n.s | n.s |
| P(action) Far to the left | | | n.s | n.s | n.s |
| P(action) Far to the right | | | n.s | n.s | n.s |
| P(action) Not at all interested in politics | | | .04 | n.s | .04 |
| P(action) Very interested in politics | | | .20 | n.s | .18 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.6.

### Table A.4.6 Predicted probabilities for political action on primary care issues

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| P(action) Satisfied with public school | .04 | .03 | | .03 | .03 |
| P(action) Dissatisfied with public school | .18 | .18 | | .19 | .16 |
| P(action) Non-user of public school | | .03 | | .03 | .03 |
| P (action) User of public school | | .07 | | .06 | .06 |
| P(action) Low education | | | .04 | .04 | .04 |
| P(action) High education | | | .09 | .09 | .08 |
| P(action) Not Age 30-49/Age 30-49 | | | n.s | n.s | n.s |
| P(action) Not Age 50-64/Age 50-64 | | | n.s | .05/.09 | n.s |
| P(action) Not Age 65-85/Age 65-85 | | | .05/.10 | .04/.15 | /.04.12 |
| P(action) Low income | | | .10 | .09 | .09 |
| P(action) High income | | | .04 | .03 | .03 |
| P(action) Woman | | | n.s | n.s | n.s |
| P(action) Man | | | n.s | n.s | n.s |
| P(action) Far to the left | | | n.s | n.s | n.s |
| P(action) Far to the right | | | n.s | n.s | n.s |
| P(action) Not at all interested in politics | | | .02 | | .02 |
| P(action) Very interested in politics | | | .13 | | .11 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.7.

### Table A.4.7 Predicted probabilities for political action on elderly care issues

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| | Dependent variable: Political action index (0-1) | | | | |
| P(action) Satisfied with public school | .09 | .07 | | .05 | .04 |
| P(action) Dissatisfied with public school | .12 | .13 | | .14 | .13 |
| P(action) Non-user of public school | | .06 | | .05 | .05 |
| P (action) User of public school | | .20 | | .19 | .18 |
| P(action) Low education | | | n.s | n.s | n.s |
| P(action) High education | | | n.s | n.s | n.s |
| P(action) Not Age 30-49/Age 30-49 | | | .16 | .06/.15 | .06/.13 |
| P(action) Not Age 50-64/Age 50-64 | | | .17 | .06/.20 | .06/.17 |
| P(action) Not Age 65-85/Age 65-85 | | | n.s | .06/.26 | .06/.20 |
| P(action) Low income | | | n.s | n.s | n.s |
| P(action) High income | | | n.s | n.s | n.s |
| P(action) Woman | | | .12 | n.s | .10 |
| P(action) Man | | | .07 | n.s | .06 |
| P(action) Far to the left | | | n.s | n.s | n.s |
| P(action) Far to the right | | | n.s | n.s | n.s |
| P(action) Not at all interested in politics | | | .04 | | .03 |
| P(action) Very interested in politics | | | .19 | | .16 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.8.

Table A.4.8    Effect of evaluations of public service on political action on different public service issues, including interaction terms (unstandardized logit coefficients)

| | Dependent variable: Political action index (0-1) | | | |
| --- | --- | --- | --- | --- |
| | Public school | Hospital care | Primary care | Elderly care |
| Evaluation of service (1-5, 5=Very Dissatisfied) | .51** | .90*** | .97*** | .30 |
| User of elderly care (0-1) | 1.41* | 2.88*** | 2.41* | 1.50* |
| Evaluation*user interaction | -.04 | -.65** | -.51 | -.00 |
| Education (1-4, 4=High education) | .29*** | .10 | .22** | .07 |
| Age (Age 15-29 reference category) | | | | |
| Age 30-49 | .44 | .69** | .39 | .89* |
| Age 50-64 | -.00 | .96*** | .58 | 1.21** |
| Age 65-85 | .69 | .87** | 1.11*** | 1.40*** |
| Income (1-7, 7=High income, ≈ €73 000) | .04 | -.09 | -.15** | -.06 |
| Gender (Woman reference category) | -.09 | -.29 | .09 | -.61** |
| Left-right placement (1-5, 5=Far to the right) | -.02 | -.01 | -.04 | -.08 |
| Political interest (1-4, 4=Very interested) | .46 | .52*** | .52 | .56*** |
| Constant | -6.10 | -6.87*** | -8.06*** | -5.02*** |
| | | | | |
| Pseudo $R^2$ | .12 | .08 | .09 | .12 |
| N | 906 | 1236 | 1359 | 747 |

\* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004. For information on variables and coding, se table 4.1, 4.2 and 4.5.

Table A.4.9    Elaboration through path analysis of direct and indirect user-effects on political action (unstandardized b-coefficients, OLS)

| | Public school | Hospital care | Primary care | Elderly care |
| --- | --- | --- | --- | --- |
| **Dependent variable: Political action** | | | | |
| A. User of service | .03*** | .02*** | .02 | .04*** |
| B. Evaluation of service | .06*** | .04*** | .06*** | .04* |
| | | | | |
| **Dependent variable:** | | | | |
| **Evaluation of public service** | | | | |
| C. User of service | -.05*** | -.02 | -.07*** | -.05*** |
| | | | | |
| Direct effect of user (A) | .03 | .02 | .02 | .04 |
| Indirect of user (B*C) | -.003 | -.0008 | -.0042 | -.002 |
| Total effect (A+B*C) | .027 | .0192 | .0242 | .038 |
| | | | | |
| N | 980 | 891 | 968 | 633 |

*Comment:* Source the Swedish SOM-study 2004. For parsimonious reasons, all variables have been rescaled to 0-1 to facilitate direct comparison, hence the regression coefficients expresses maximum effects and can be interpreted as percent. The evaluation variable is coded 0=Very satisfied, 0,25= Somewhat satisfied, 0,5=Neither satisfied/nor dissatisfied, 0,75=Somewhat dissatisfied and 1=Very dissatisfied. The action variable is coded 0=no action and 1 equals the maximum number of actions carried out (this number differs across the areas). As an example, for hospital care, 0=no action, 0,2=1 action form, 0,4=2 action forms, 0,6=3 action forms, 0,8=4 action forms, 1=5 action forms. Effects have, as an illustration, been calculated for both significant and insignificant effects.

Table A.4.10   Service evaluations and political action among users and non-users (percent)

| | Public school | | | | | | Hospital care | | | | | |
| | Satisfied | | Neither satisfied nor dissatisfied | | Dissatisfied | | Satisfied | | Neither satisfied nor dissatisfied | | Dissatisfied | |
| Political action | Users | Non-user | User | Non-user | User | Non-user | User | Non-user | User | Non-user | User | Non-user |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 17 | 5 | 13 | 6 | 45 | 20 | 11 | 4 | 12 | 2 | 19 | 27 |
| No | 83 | 95 | 87 | 94 | 55 | 80 | 89 | 96 | 88 | 98 | 81 | 73 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| N | 374 | 169 | 128 | 119 | 75 | 41 | 625 | 177 | 189 | 96 | 119 | 30 |

| | Primary care | | | | | | Elderly care | | | | | |
| | Satisfied | | Neither satisfied nor dissatisfied | | Dissatisfied | | Satisfied | | Neither satisfied nor dissatisfied | | Dissatisfied | |
| Political action | User | Non-user | User | Non-user | User | Non-user | User | Non-user | User | Non-user | User | Non-user |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 6 | 1 | 7 | 4 | 15 | 12 | 20 | 7 | 16 | 2 | 23 | 11 |
| No | 94 | 99 | 93 | 96 | 85 | 88 | 80 | 93 | 84 | 98 | 77 | 89 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| N | 721 | 91 | 292 | 75 | 198 | 32 | 103 | 143 | 89 | 197 | 70 | 145 |

*Comment:* Source: the Swedish SOM-survey 2004. For information on wording and coding, see table 4.1 and 4.2. For the evaluations variables, the categories Very and Somewhat satisfied have been collapsed into one category and Somewhat dissatisfied and Very dissatisfied into one category. Don't know answers have been omitted. The number of respondents correspond to those in model 5 in tables 4.5-4.8.

### Table A.4.11 Predicted probabilities for political action on primary care issues

| | Dependent variable: Primary care index (0-1) | | | | |
|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
| P(action) Satisfied with primary care availability | .04 | .04 | | .03 | .03 |
| P(action) Dissatisfied with primary care availability | .15 | .15 | | .16 | .16 |
| P(action) Non-user of public school | | n.s | | .03 | .03 |
| P (action) User of public school | | n.s | | .07 | .07 |
| P(action) Low education | | | n.s | n.s | n.s |
| P(action) High education | | | n.s | n.s | n.s |
| P(action) Not Age 30-49/Age 30-49 | | | n.s | n.s | n.s |
| P(action) Not Age 50-64/Age 50-64 | | | .05/.12 | .05/.11 | .05/.11 |
| P(action) Not Age 65-85/Age 65-85 | | | n.s | | .05/.12 |
| P(action) Low income | | | n.s | n.s | n.s |
| P(action) High income | | | n.s | n.s | n.s |
| P(action) Woman | | | n.s | n.s | n.s |
| P(action) Man | | | n.s | n.s | n.s |
| P(action) Far to the left | | | n.s | n.s | n.s |
| P(action) Far to the right | | | n.s | n.s | n.s |
| P(action) Not at all interested in politics | | | .04 | | |
| P(action) Very interested in politics | | | .10 | | |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.9.

### Table A.4.12 Predicted probabilities for political action on elderly care issues

| | Dependent variable: Primary care index (0-1) | | | | |
|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
| P(action) Satisfied with elderly care availability | .04 | .04 | | .04 | .04 |
| P(action) Dissatisfied with elderly care availability | .25 | .23 | | .21 | .20 |
| P(action) Non-user of public school | | .06 | | .06 | .06 |
| P (action) User of public school | | .19 | | .18 | .18 |
| P(action) Low education | | | .14 | n.s | .12 |
| P(action) High education | | | .07 | n.s | .06 |
| P(action) Not Age 30-49/Age 30-49 | | | n.s | n.s | n.s |
| P(action) Not Age 50-64/Age 50-64 | | | n.s | .07/.19 | .07/.17 |
| P(action) Not Age 65-85/Age 65-85 | | | n.s | n.s | n.s |
| P(action) Low income | | | n.s | n.s | n.s |
| P(action) High income | | | n.s | n.s | n.s |
| P(action) Woman | | | n.s | n.s | n.s |
| P(action) Man | | | n.s | n.s | n.s |
| P(action) Far to the left | | | .08 | n.s | n.s |
| P(action) Far to the right | | | .15 | n.s | n.s |
| P(action) Not at all interested in politics | | | .06 | | .05 |
| P(action) Very interested in politics | | | .17 | | .14 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 4.10.

### Table A.5.1 Service evaluations of public school, hospital care, primary care and elderly care (percent)

|  | Very satisfied | Some-what satisfied | Neither satisfied nor dissat-isfied | Some-what dissatis-fied | Dissatis-fied | Total | Opinion balance | N |
|---|---|---|---|---|---|---|---|---|
| **2004 & 2006 combined** | | | | | | | | |
| Primary care | 14 | 43 | 23 | 14 | 6 | 100 | +37 | 3060 |
| Elderly care | 6 | 26 | 39 | 21 | 8 | 100 | +3 | 1856 |

*Comment:* Source: the Swedish SOM-survey 2004 & 2006. See table 4.2 for wording of the service question. The amount of Don't know answers on service evaluations for 2004 are 36 percent for public school, 13 percent for hospital care, 6 percent for local health care and 46 percent for elderly care and for 2006 6 percent for local health care and 39 percent for elderly care. The opinion balance ranges between -100 (all dissatisfied) 100 (all satisfied) and is calculated by subtracting somewhat+very dissatisfied from very+somewhat satisfied.

### Table A.5.2 Effect of service evaluation on political action on primary care/eldercare issues, 2004 and 2006 compared (unstandardized logit coefficients)

| | Dependent variable: Political action index (0-1) | | | |
|---|---|---|---|---|
| | Primary care 2004 | Primary care 2006 | Elderly care 2004 | Elderly care 2006 |
| Service evaluation (1-5) | .49*** | .48*** | .30** | .30** |
| User of care (0-1) | .74* | .96** | 1.49*** | 1.50*** |
| Education (1-4) | .22** | -.12 | .06 | -.34** |
| Age (Age 15-29 reference category) | | | | |
|   Age 30-49 | .37 | .46 | .89* | .48 |
|   Age 50-64 | .57 | .86** | 1.21** | .32 |
|   Age 65-85 | 1.09*** | .97** | 1.40*** | .71 |
| Income (1-7) | -.15** | -.02 | -.06 | .07 |
| Gender (woman reference category) | .06 | .05 | -.61** | -.42 |
| Left-right placement (1-5) | -.03 | -.09 | -.08 | .19* |
| Political interest (1-4, 4=Very interested) | .54*** | .34** | .56*** | .48** |
| Constant | -6.48*** | -5.84*** | -5.02*** | -5.10*** |
| | | | | |
| Pseudo $R^2$ | .09 | .06 | .12 | .11 |
| N | 1359 | 1275 | 747 | 774 |
| | | | | |
| P(action) if satisfied | .03 | .03 | .04 | .04 |
| P(action) if dissatisfied | .17 | .16 | .13 | .11 |

* p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004 and 2006.

### Table A.5.3    Predicted probabilities of contacting, organization/party work and protest on public school issues

| | Contacting | Organization/party work | Protest |
|---|---|---|---|
| | Dependent variables: Forms of political action on public school issues | | |
| P(action) Satisfied with service | .04 | n.s | .02 |
| P(action) Dissatisfied with service | .17 | n.s | .13 |
| P(action) Non-user of public school | .03 | .01 | .02 |
| P (action) User of public school | .10 | .02 | .05 |
| P(action) Low education | .03 | n.s | n.s |
| P(action) High education | .13 | n.s | n.s |
| P(action) Not Age 30-49/Age 30-49 | n.s | n.s | n.s |
| P(action) Not Age 50-64/Age 50-64 | .05/.09 | n.s | n.s |
| P(action) Not Age 65-85/Age 65-85 | n.s | n.s | n.s |
| P(action) Low income | n.s | n.s | n.s |
| P(action) High income | n.s | n.s | n.s |
| P(action) Woman | n.s | n.s | n.s |
| P(action) Man | n.s | n.s | n.s |
| P(action) Far to the left | n.s | n.s | n.s |
| P(action) Far to the right | n.s | n.s | n.s |
| P(action) Not at all interested in politics | .03 | .00 | n.s |
| P(action) Very interested in politics | .14 | .04 | n.s |

*Comment:* Predicted probabilities are calculated based on significant coefficients in 5.2.

### Table A.5.4    Predicted probabilities of contacting, organization/party work and protest on hospital care issues

| | Contacting | Organization/party work | Protest |
|---|---|---|---|
| | Dependent variables: Forms of political action on hospital care issues | | |
| P(action) Satisfied with service | .03 | n.s | .03 |
| P(action) Dissatisfied with service | .11 | n.s | .07 |
| P(action) Non-user of public school | .01 | n.s | .02 |
| P (action) User of public school | .06 | n.s | .04 |
| P(action) Low education | n.s | .00 | n.s |
| P(action) High education | n.s | .01 | n.s |
| P(action) Not Age 30-49/Age 30-49 | .03/.08 | n.s | .03/.06 |
| P(action) Not Age 50-64/Age 50-64 | .03/.09 | n.s | .03/.07 |
| P(action) Not Age 65-85/Age 65-85 | .03/.11 | n.s | |
| P(action) Low income | n.s | n.s | .06 |
| P(action) High income | n.s | n.s | .02 |
| P(action) Woman | n.s | n.s | .05 |
| P(action) Man | n.s | n.s | .03 |
| P(action) Far to the left | n.s | .01 | n.s |
| P(action) Far to the right | n.s | .00 | n.s |
| P(action) Not at all interested in politics | .02 | .00 | .02 |
| P(action) Very interested in politics | .09 | .04 | .06 |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 5.3.

Table A.5.5   Predicted probabilities of contacting, organization/party work and protest on primary care issues

| | Contacting | Organization/party work | Protest |
|---|---|---|---|
| | Dependent variable: Forms of political action primary care issues | | |
| P(action) Satisfied with service | .01 | .00 | .01 |
| P(action) Dissatisfied with service | .10 | .01 | .06 |
| P(action) Non-user of public school | .01 | n.s | n.s |
| P (action) User of public school | .04 | n.s | n.s |
| P(action) Low education | n.s | .00 | n.s |
| P(action) High education | n.s | .01 | n.s |
| P(action) Not Age 30-49/Age 30-49 | n.s | .01/.00 | n.s |
| P(action) Not Age 50-64/Age 50-64 | .03/.06 | n.s | n.s |
| P(action) Not Age 65-85/Age 65-85 | .03/.09 | n.s | .02/.04 |
| P(action) Low income | n.s | n.s | .04 |
| P(action) High income | n.s | n.s | .01 |
| P(action) Woman | n.s | n.s | n.s |
| P(action) Man | n.s | n.s | n.s |
| P(action) Far to the left | n.s | .01 | .03 |
| P(action) Far to the right | n.s | .00 | .01 |
| P(action) Not at all interested in politics | .02 | .00 | n.s |
| P(action) Very interested in politics | .07 | .02 | n.s |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 5.4.

Table A.5.6   Predicted probabilities of contacting, organization/party work and protest on elderly care issues

| | Contacting | Organization/party work | Protest |
|---|---|---|---|
| | Dependent variable: Forms of political action elderly care issues | | |
| P(action) Satisfied with service | .03 | n.s | .01 |
| P(action) Dissatisfied with service | .06 | n.s | .07 |
| P(action) Non-user of public school | .02 | n.s | .02 |
| P (action) User of public school | .13 | n.s | .03 |
| P(action) Low education | n.s | n.s | .03 |
| P(action) High education | n.s | n.s | .01 |
| P(action) Not Age 30-49/Age 30-49 | .02/.06 | n.s | n.s |
| P(action) Not Age 50-64/Age 50-64 | .03.07 | n.s | n.s |
| P(action) Not Age 65-85/Age 65-85 | .03/.09 | n.s | n.s |
| P(action) Low income | n.s | n.s | n.s |
| P(action) High income | n.s | n.s | n.s |
| P(action) Woman | .05 | n.s | .03 |
| P(action) Man | .03 | n.s | .02 |
| P(action) Far to the left | n.s | n.s | n.s |
| P(action) Far to the right | n.s | n.s | n.s |
| P(action) Not at all interested in politics | .01 | .00 | n.s |
| P(action) Very interested in politics | .09 | .06 | n.s |

*Comment:* Predicted probabilities are calculated based on significant coefficients in table 5.5.

Table A.5.7 Effect of service evaluation on different forms on contacting on public school issues

|  | Civil servant | Politician | Mass media |
|---|---|---|---|
| Evaluation of public school (1-5, 5=Very dissatisfied) | .29** | .66*** | .46 |
| User of public school (0-1) | 1.19*** | .63 | .41 |
| Education (1-4, 4=High education) | .55*** | .45 | -.31 |
| Age (Age 15-29 reference category) |  |  |  |
|     Age 30-49 | .79* | 1.19 | .91 |
|     Age 50-64 | .33 | 1.28 | -.26 |
|     Age 65-85 | -1.93* | .73 | -.43 |
| Income (1-7, 7=High income, ≈ €73 000) | .08 | .06 | .19 |
| Gender (woman reference category) | .07 | -.31 | .45 |
| Left-right placement (1-5, 5=Far to the right) | -.10 | .14 | .13 |
| Political interest (1-4, 4=Very interested) | .37** | 1.44*** | 1.74*** |
| Constant | -7.05*** | -12.90*** | -12.70*** |
| Pseudo $R^2$ | .15 | .22 | .19 |
| N | 906 | 906 | 906 |
| P(action) if satisfied | .03 | .00 | .00 |
| P(action) if dissatisfied | .10 | .03 | .01 |
| P(action) if dissatisfied users | .05 | .02 | .01 |
| P(action) if dissatisfied non-user | .14 | .04 | .02 |

p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004.

Table A.5.8 Effect of service evaluation on different forms on contacting on hospital care issues

|  | Civil servant | Politician | Mass media |
|---|---|---|---|
| Evaluation of hospital care (1-5, 5=Very dissatisfied) | .28** | .54*** | .86** |
| User of hospital care (0-1) | 1.67*** | 1.42* | .19 |
| Education (1-4, 4=High education) | -.03 | .32 | -.22 |
| Age (Age 15-29 reference category) |  |  |  |
|     Age 30-49 | .80 | .63 | - |
|     Age 50-64 | .60 | 2.12* | 17.62*** |
|     Age 65-85 | .67 | 1.98* | 18.08*** |
| Income (1-7, 7=High income, ≈ €73 000) | .02 | -.10 | -.37 |
| Gender (woman reference category) | -.22 | -.30 | .74 |
| Left-right placement (1-5, 5=Far to the right) | .16 | .26 | .53 |
| Political interest (1-4, 4=Very interested) | .24 | 1.34*** | .58 |
| Constant | -5.81 | -12.76*** | -27.70*** |
| Pseudo $R^2$ | .05 | .20 | .19 |
| N | 1236 | 1236 | 1236 |
| P(action) if satisfied | .02 | .00 | .00 |
| P(action) if dissatisfied | .06 | .02 | .00 |
| P(action) if dissatisfied users | .02 | .01 | .00 |
| P(action) if dissatisfied non-user | .09 | .04 | .00 |

p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004.

Table A.5.9   Effect of service evaluation on different forms on contact-
ing on primary care issues

| | Civil servant | Politician | Mass media |
|---|---|---|---|
| Evaluation of primary care (1-5, 5=Very dissatisfied) | .46*** | .49*** | .45*** |
| User of primary care (0-1) | 1.11** | 1.40 | 2.03** |
| Education (1-4, 4=High education) | .01 | -.34* | .01 |
| Age (Age 15-29 reference category) | | | |
|    Age 30-49 | .39 | .95 | .81 |
|    Age 50-64 | .48 | 1.61 | .82 |
|    Age 65-85 | 1.05** | 1.93* | .94 |
| Income (1-7, 7=High income, ≈ €73 000) | .07 | .09 | -.16* |
| Gender (woman reference category) | .02 | .18 | -.05 |
| Left-right placement (1-5, 5=Far to the right) | .03 | .01 | -.03 |
| Political interest (1-4, 4=Very interested) | .39** | 1.44*** | .49** |
| Constant | -7.76*** | -12.82*** | -8.44*** |
| Pseudo R$^2$ | .05 | .16 | .07 |
| N | 2634 | 2634 | 2634 |
| P(action) if satisfied | .01 | .00 | .01 |
| P(action) if dissatisfied | .07 | .01 | .04 |
| P(action) if dissatisfied user | .03 | .00 | .01 |
| P(action) if dissatisfied non-user | .08 | .02 | .05 |

p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004 & 2006.

Table A.5.10   Effect of service evaluation on different forms on contact-
ing on elderly care issues

| | Civil servant | Politician | Mass media |
|---|---|---|---|
| Evaluation of elderly care (1-5, 5=Very dissatisfied) | .23* | .34* | .51* |
| User of elderly care (0-1) | 2.60*** | .50 | 1.54** |
| Education (1-4, 4=High education) | .02 | -.32 | -.43 |
| Age (Age 15-29 reference category) | | | |
|    Age 30-49 | 1.72** | -.46 | 2.81 |
|    Age 50-64 | 2.25*** | -.86 | - |
|    Age 65-85 | 2.45*** | -.72 | 1.53 |
| Income (1-7, 7=High income, ≈ €73 000) | .02 | .02 | -.37* |
| Gender (woman reference category) | -.68** | -.29 | -1.07 |
| Left-right placement (1-5, 5=Far to the right) | .03 | .12 | .17 |
| Political interest (1-4, 4=Very interested) | .39** | 1.37*** | 1.35*** |
| Constant | -7.45*** | -7.85*** | -9.59*** |
| Pseudo R$^2$ | .20 | .11 | .24 |
| N | 1521 | 1521 | 1521 |
| P(action) if satisfied | .01 | .01 | .00 |
| P(action) if dissatisfied | .03 | .02 | .00 |
| P(action) if dissatisfied user | .01 | .02 | .00 |
| P(action) if dissatisfied non-user | .15 | .03 | .01 |

p<.10 ** p<.05 *** p<.01

*Comment:* Source: the Swedish SOM-study 2004 & 2006.

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