

ROMANIA STUDENTS' PERCEPTIONS ON THE PANDEMIC IMPACT AND THE EU ACTORNESS DURING THE COVID-19 PANDEMIC. CASE STUDY ON IAȘI

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Abstract

Early stages of the Covid-19 pandemic surfaced some deficiencies in the functioning mechanisms of the European Union, especially in terms of a concerted response in case of an unforeseen event. The global crisis affected mobility for goods and people putting a sudden and unexpected halt on daily life and temporarily shifted some of the dynamics of the markets thus leading towards some institutional transformations and resilience became the new objective with emphasis on economic recovery. Young people were among the most affected, with education and socialization moving to the internet. Though drivers for innovation and digital transformation, the lockdowns and restrictions left their mark on an important human capital resource thus it became important to study the way young people perceived the changes, with an accent on the way they perceived the EU's involvement in an EU member state. The purpose of this case study was to identify, through a complex questionnaire, the perceptions that students in Iasi, Romania had about the impact of the pandemic, about the degree of information of the subjects regarding the Covid-19 pandemic and about the involvement of the Union European in managing the effects of the pandemic. It was also aimed to identify the degree of acceptance of the respondents regarding the granting of increased powers to the European Union bodies in exceptional situations.

Keywords: pandemic, students, perception, multilevel, actorness

Introduction

On December 1, 2019, China made an announcement that would change the lives of all mankind, an announcement about discovering the first patient infected with a new virus which had a very high capacity to spread. For almost two months, the rest of the world watched from a „safe” distance the events that were beginning

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to cause panic in China. Even the international organizations like the World Health Organization (WHO) were somehow distant and seemed to ignore the signals received from China. In fact, long after the virus crossed the borders of China and then Asia, the WHO remained reluctant to declare a pandemic (WHO, 2020). The virus was given a name: *severe acute respiratory syndrome coronavirus 2* (SARS-CoV-2) and the disease it was inflicting was named coronavirus disease 2019 (Covid-19) (WHO, 2020).

To date, it has not been possible to determine exactly when the virus arrived in Europe. Some studies suggest that the virus has been present in the EU since November 2019, in Sweden, when more than 100 members of the Swedish army returned from the World Military Games after a two-week stay in Wuhan - the epicenter of the Chinese epidemic and a few French athletes who also took part in the event also said they had flu symptoms on their return. What is certain is that in February 2020 the borders of Europe and the world began to close one by one and the number of infections was growing so fast that even the experts in the medical world were taken by surprise.

At the end of this study (early May 2022), the global situation included over 520,000,000 confirmed cases, over 6,262,000 confirmed deaths caused by Covid-19 and 187 countries with confirmed cases (John Hopkins University of Medicine, 2022). The virus has been active on all continents excepting Antarctica, with the European continent having the highest number of cases during the pandemic (over 217,000,000). The global risk assessed by the WHO was still very high at the time of May 2022 (WHO, 2022), especially in East Asia, the Middle East, Europe and North America, with a slightly growing trend in statistics.

When it was clear that the virus will spread globally, measures to combat the COVID-19 pandemic have ranged from extreme measures to relaxed and creative measures. China has chosen to isolate part of its population by imposing strict quarantine measures and shutting down much of its transportation services with a very high impact on the economy. The United States at first declared a state of alert, closed their borders and imposed lockdowns and introduced measures to finance citizens through federal funds; after a vaccine was developed, they supported a nationwide vaccination campaign. Even so, the United States have the greatest death toll in this pandemic with almost 1.000.000 deaths to date (John Hopkins, 2022).

The measures taken by European countries were different, each country trying its own „scheme” to protect its citizens, but one thing was common to all states: the public perception was that the measures that were taken were late. At first, some politicians at the highest level seemed relaxed about the first cases of illness. Britain, for example, through the voice of Boris Johnson, ignored in a seemingly unconscious way the dozens of cases on its territory, announcing that it would allow the population to be immunized, with herd-type immunity. Europeans' attention was focused on Italy and Spain. There were a high number of infections and deaths caused by the virus in the two countries, and they took firm measures to isolate it,

closing schools, borders and introducing a state of emergency. There were also examples that we can now consider atypical, such as Sweden, which published only a few guidelines, appealing to the responsibility of its citizens, or Belarus, which did not impose any restrictive measures, practically denying the existence of the pandemic.

However, the freedom of movement of all European citizens was restricted, with each country taking a firmer stand. Closing schools, isolating the population at home, banning gatherings with a large number of people were the norm. Thus, in order to help limit the transmission of the virus to Europe and beyond, the EU has closed its external borders to non-essential travel, while still ensuring the movement of essential goods across the EU by introducing “the green lanes”. The movement of European citizens outside the EU was also discouraged (European Commission, 2020).

In the context of the pandemic, many activities, including education, have moved to the Internet, somehow in the background, the general focus being on the so-called first line: patients, doctors, hospitals. The young people saw their lives firmly disturbed and it seemed they have been somehow forgotten, ignored. They were forced to isolate themselves though they were not part of the risk group. Nothing spectacular was happening with their lives, so the media did not cover them, the only issue being covered was the fact that the sudden shift in the way the education was done meant infrastructure problems and accessibility challenges for those not being equipped properly which later led to large and hard to recover gaps.

All these measures and effects, sometimes corroborated with stuttering authorities, have led to a visible societal polarization, especially in the context in which during the pandemic a lot of misinformation and conspiracy theories circulated, sometimes supported by strong and influential public figures. Therefore, it became necessary to study the perception of young students.

Through their direct affiliation with the Center for European Studies, an interdisciplinary department within the Faculty of Law of the „Alexandru Ioan Cuza” University of Iasi, the author and contributors were very interested in the students' opinion regarding the decision making and the measures taken by each country and how, in fact, all these have affected students' lives. We were particularly interested in the methods of information, the opinion on the reaction of national and European institutions and on how they see the future of the European Union in this new context.

This paper was designed as a potential publication of the results of the questionnaire addressed to the respondents and a critical interpretation of these results. The research questions were about the subjects' knowledge of the Covid-19 pandemic, their perception of the involvement of the European Union and its institutions compared to national institutions, and the respondents' assessment on granting of increased powers to the Union European in certain areas.

Although in each member state the management of the Covid-19 pandemic was a national matter, it was somewhat surprising to find the very different levels of trust that the respondents had in the direct comparison between the perceptions of

Romanian institutions and those of the European Union and the high degree of availability regarding the transfer of attributions directly to the institutions of the European Union in multiple areas.

For this paper, a literature review was not initiated, taking into account the fact that the moment of initiation of the study was immediately after the outbreak of the Covid-19 pandemic. At that time, there were no papers on this topic and it was considered that the object of the study was the perception of the respondents to the information about the pandemic, the perceived quality of the information received and the officially communicated measures. Being an empirical study, information and official documents were mainly studied together with reliable data sources regarding the evolution of the pandemic in terms of the number of illnesses and deaths.

It was also desired not to influence the interpretation of the results for which only the presentation and offering of the results for subsequent analysis was designed.

1. EU: measures in the context of the pandemic

In the European Union, public policy competences are generally shared between states and the European institutions. Some of them belong exclusively to the European decision-making level and others remain the decision-making prerogative of the Member States.

Health, the central area involved in managing a pandemic is the responsibility of the Member States, in other words, governments make decisions and enforce them. The European Union can support the completion of national health policies by supporting Member States' governments to achieve common goals, pool their resources and overcome challenges together.

According to the Treaty on the Functioning of the EU, Article 168 (1) in the field of health

Union action, which complements national policies, shall aim at improving public health and preventing human disease and illness, as well as causing danger to physical and mental health. This action also includes combating major epidemics, promoting the investigation of their causes, their transmission and prevention, as well as health information and education, as well as monitoring and combating serious cross-border health threats, alerting to and combating such threats. (European Union, 2012)

Furthermore, the same Treaty states:

The Union shall encourage cooperation between Member States in the areas covered by this Article and, if necessary, support their action. In particular, it

shall encourage cooperation between Member States in order to improve the complementarity of their health services in cross-border regions. (European Union, 2012)

As a result, EU health policy focuses on protecting and improving the health of the population (European Commission, 2022), access for all EU's citizens to modern and effective healthcare, and to coordinate the response to serious health threats involving several EU countries. Disease prevention measures and the appropriate response to disease are also important for the EU. There are two European agencies specifically designed to support national governments on health issues. The European Center for Disease Prevention and Control (ECDC) assesses and monitors emerging health threats to coordinate responses. The European Medicines Agency manages the scientific evaluation of the quality, safety and efficacy of all medicines in the EU. (European Commission, 2020)

The European Union's response to the Covid-19 pandemic seemed to be at first a “wait-and-see”, uncertain and an uncoordinated one, with large parts of the media pointing to the EU's weaknesses and questioning its ability to act. As usual, the world was split in two: the optimists who saw a chance for the EU to become stronger in this time of crisis (European Commission, 2020), and the Eurosceptics, who saw and still see a risk of weakening mutual trust and an unwillingness to act in common.

Moreover, all Member States and the EU as a whole were threatened by the deliberate spread of false news in the context of the Covid-19 pandemic. The EU tried to detect, report and fight misinformation by providing accurate and up-to-date information (European Commission, 2020). During the pandemic the EU is also worked with internet giants to promote reliable sources of information, devalue false news and eliminate illegal content.

Still, measures have been taken. The European Union has intervened in several areas of general interest, most important at first being health. At European level, a team of scientific experts has been set up, consisting of epidemiologists and virologists from different Member States, called upon to formulate European guidelines on risk management measures, based on scientific and coordinated data. EU countries have had quick access to the first stockpile of medical equipment ever set up (RescEU), such as mechanical ventilators and protective masks. In addition, the EU provided financial support (European Commission, 2020) and launched four comprehensive international procurement procedures, which allowed Member States to jointly purchase equipment and test kits. Exemptions from the payment of customs duties and VAT (European Commission, 2020) on the import of medical equipment have also been granted and a European standardization for free medical supplies has been established. Then, as being a safe and effective method to fight the pandemic, the European Commission funded through the Emergency Support Instrument the development and the procurement of 2.7 billion vaccine doses.

The fight against the Covid-19 pandemic in the EU was based on the principle of solidarity. Solidarity actions have materialized in various ways such as treating patients in countries other than their home countries or exchanging medical support teams from the least affected to the most severely affected countries (European Commission, 2022), under the guidance of the EU's Emergency Response Coordination Center.

In order to support citizens socially and economically, the EU has set up a €100 billion solidarity instrument called SURE, which helped workers keep their income and support businesses to stay afloat.

The European Commission has also released funds from the European Fund for Strategic Investments (EFSI) as a guarantee for the European Investment Fund (EIF). This allowed the EIF to issue special guarantees so that banks and other creditors could provide liquidity SMEs and small mid-caps affected by the economic impact of the coronavirus pandemic. The EU's Horizon 2020 research program has funded research projects and teams across Europe to help get a vaccine against Covid-19 fast. The program also provided funding for SMEs and start-ups for innovative pandemic control solutions through the European Innovation Council's Accelerator program. At the same time, the EU has provided support to non-member states that have been severely affected by the pandemic.

The largest stimulus package ever was set in place with over 2 trillion Euros being available for member states (through the multiannual financial framework for 2021 to 2027 and the NextGenerationEU (European Commission, 2020), a temporary recovery instrument) in which each of them will implement development, recovery and resilience plans.

Despite a difficult time, the European Union has used and is using all the levers at its disposal, which the Member States have accepted, to strengthen solidarity, to support the population (European Commission, 2022). All in order to facilitate the recovery from the pandemic crisis and to increase confidence in the future of Europe.

2. Methodology and research description

The aim of the study was to find out the level of information and perception of young people pursuing higher education in the university center of Iași have on the measures and effects of the COVID-19 pandemic at national and European level.

Within this study, the answers to the following questions were sought:

1. To what extent are young students in Iași connected to information of general interest and specific information on COVID19?
2. How do the young students from Iași appreciate the information received during the pandemic regarding COVID19?

3. What is the degree / level of knowledge / visibility and appreciation of the measures taken at international, European and national level, among young students in Iași?
4. What are the future priorities of action that should be addressed at the level of the European Union in the vision of the young students from Iași?

Finding the answer to the above questions sought to validate one of the hypotheses:

- In order to effectively manage the pandemic and prevent its effects, it is necessary to increase the European Union's responsibilities in the field of health and taxation.
- In order to manage health crises effectively, it is necessary for each Member State to adopt national specific measures.

In conducting this study, the questionnaire method was used and this is due to the multiple advantages it has. The introductory part of the questionnaire, known in the research as an explanatory letter, provided respondents with an explanation of the role of the survey, its aims and objectives, what it will be used for and what the purpose of the study will be, its pragmatic values and the fact that their answers are extremely important for the success of the study. As a general rule, the specifics regarding the time and the concrete ways of answering the questions were set out.

The questionnaire consisted of 34 questions of several types: factual, including elements of behaviour of individuals (eg, time for acquiring information), knowledge, opinion and control. These questions were closed-ended. Depending on the number of variables that could have been recorded, the questions were either with a single answer or with a multiple choice.

In addition to the fact that the questions and answers came to support the research in order to find out certain perceptions and attitudes of the respondents, they also contributed to respondents' information, hoping to raise some question marks among young people who will generate internal and external changes in the future. To get a clearer picture it was necessary to collect data for a broad range of relevant subjects like information quantity and sources, the awareness of belonging to the European Union, knowledge checking about the EU's institutions, subsidiarity and a "two track" approach for comparing national and European measures to fight the effects of the Covid-19 pandemic.

The collected data also allowed extrapolations and projections for the future. As for the resources used to implement and distribute the questionnaire, they were limited, involving only human resources and time. The author acknowledges the contributors Chirica Andrei-Dragos (Alexandru Ioan Cuza University, Iasi, Romania), Clincu Mihaela (Alexandru Ioan Cuza University, Iasi, Romania), Iftime Carmen (Alexandru Ioan Cuza University, Iasi, Romania), Gaina Elena (Alexandru Ioan Cuza University, Iasi, Romania) and Fetcu Ana-Maria (Alexandru Ioan Cuza University, Iasi, Romania). The research was for didactic purposes.

With the aim of using the quantitative method, the results were not interpreted in terms of value judgments and own opinions, but only with the help of figures and keywords. The study was conducted on a sample of 292 students from the Iasi University centre, in the period May - 2020 April 2022.

3. Findings

As previously mentioned, the study was conducted in the university environment of Iasi. Thus, it is not surprising that the centralization of the answers showed that the subjects were mostly young people aged 18-25 (72.95%) years, with a bachelor's degree (64.04%). These results are in line with the intention regarding the research universe and on the basis of which the subjects were invited to complete the questionnaire, by distributing it through specific channels. Based on this information, it can be postulated that most of the subjects were pursuing master's or doctoral studies in Iași at the time of completing the questionnaire. Most subjects stated that they considered themselves affected (43.49%) or severely affected (12.33%) by the Covid-19 pandemic (Table 1) which is understandable given the context in which the learning process and some socializing activities moved suddenly online, without prior notice, these aspects being a very important part of the daily routine for young people.

Table 1. How affected are you by the effects of the Covid-19 pandemic?

Answer	%
not affected	4,79
little affected	39,38
affected	43,49
severely affected	12,33

Source: author's representation based on the survey data

A chapter of the questionnaire was dedicated to collecting more data about the way the respondents get their information, with questions about the amount of information accumulated, the sources and the degree of trust given to them. Regarding the amount of information in general, only 13% of the subjects stated that they allocate more than one hour per day for information (Table 2), the sources of information being diverse.

Table 2. The time spent daily getting information on general topics

Answer	%
under 30 minutes	42,47
30-60 minutes	44,52
1-2 hours	9,59
more than 2 hours	3,42

Source: author's representation based on the survey data

There was some ambiguity in specifying the relevance of the information provided by common sources of information, scientific publications being considered the most relevant information providers and the social networks being the second most reliable source, explained by the fact that the social networks are fulfilling the role of a news aggregator with customized content. (Table 3).

It's worth mentioning the fact that that traditional media (television and radio) are the least relevant sources of information for young people which are used with content on demand and they could be also be influenced by a general opinion that traditional media could be accused of partisanships.

Table 3. The relevance of the information sources (1 least relevant; 5 the most relevant), %

	1	2	3	4	5
television	26,37	24,66	23,97	18,15	6,85
radio	35,62	26,71	21,58	14,04	2,05
newspapers	21,23	18,49	30,48	19,18	10,62
social networks	16,44	21,92	23,97	22,60	15,07
family and friends	21,58	29,45	28,08	14,38	6,51
scientific publications	5,82	7,19	15,41	31,85	39,73
other sources	22,26	21,23	31,51	16,78	8,22

Source: author's representation based on the survey data

As a surprise, it was found that there is no overlap of previous results in terms of the relevance of the Covid-19 pandemic some information sources (Table 4) and the divergence increased when content assessment was analysed (Table 5). It is to be noted that the scientific publications were less used than expected, this statement being based on the fact that almost 40% of the respondents considered them as relevant sources and only 25,68% using them to get information.

Table 4. Covid-19 information sources used (1 least used; 5 the most used), %

	1	2	3	4	5
television	27,74	15,41	25,68	15,75	15,41
radio	50,68	17,47	19,18	9,93	2,74
newspapers	26,03	15,07	26,03	19,18	13,70
social networks	16,10	15,75	22,60	19,86	25,68
family and friends	25,00	21,58	32,53	12,67	8,22
scientific publications	8,90	15,07	24,66	25,68	25,68
other sources	34,59	16,44	26,37	14,73	7,88

Source: author's representation based on the survey data

Table 5. Assessment of the content and the way of transmitting the information from the mentioned sources (1 - not at all relevant - 5 very relevant), %

	1	2	3	4	5
television	27,74	23,97	25,34	15,41	7,53
radio	27,74	26,03	29,45	13,70	3,08
newspapers	17,12	20,89	31,85	23,29	6,85
social networks	24,32	22,26	30,82	16,44	6,16
family and friends	27,74	26,37	27,74	13,36	4,79
scientific publications	6,16	9,59	15,41	29,79	39,04
other sources	30,14	20,21	27,74	16,10	5,82

Source: author's representation based on the survey data

In order to complete the previous answers, the research was extended towards the official information sources for which a list was provided (Table 6). Also, a rating for the relevance of the content provided by the respective sources was asked along with an appreciation for the respective content (Table 7).

Table 6. The official sources to get or verify information about COVID-19 pandemic (1 - little or not at all - 5 to a large extent / very often), %

	1	2	3	4	5
stirioficiale.ro	40,07	17,12	17,81	15,07	9,93
DSU Facebook page (Department of Emergency Situations)	27,05	18,49	17,12	19,18	18,15
www.ms.ro (Ministry of Health)	41,78	19,18	15,75	15,07	8,90

Ministry of Health Facebook page	22,26	19,18	19,52	17,12	21,92
mai.gov.ro (Ministry of Internal Affairs)	33,22	17,47	18,49	16,44	14,38
Ministry of Internal Affairs Facebook page	27,74	20,55	18,15	15,41	19,18
www.who.org	25,00	16,10	22,26	18,15	18,49
cdc.europa.ro	39,04	19,86	20,21	10,62	10,27
others	35,62	16,78	20,55	13,70	13,36

Source: author's representation based on the survey data

Table 7. The appreciation of the content and the way of transmitting it by official sources regarding the Covid-19 pandemic (1 - little or no relevance - 5 very relevant), %

	1	2	3	4	5
stirioficiale.ro	26,03	17,81	24,66	20,21	11,30
DSU Facebook page (Department of Emergency Situations)	18,15	15,41	20,55	29,11	16,78
www.ms.ro (Ministry of Health)	27,40	12,67	27,40	20,89	11,64
Ministry of Health Facebook page	15,75	16,78	23,63	26,37	17,47
mai.gov.ro (Ministry of Internal Affairs)	18,49	17,81	28,42	22,60	12,67
Ministry of Internal Affairs Facebook page	17,47	15,75	25,34	23,63	17,81
www.who.org	13,01	13,70	23,29	23,63	26,37
cdc.europa.ro	16,78	17,81	23,63	24,32	17,47
others	34,93	17,47	23,97	14,04	9,59

Source: author's representation based on the survey data

The way the mainstream media (television, radio, newspapers) was also a subject of interest, therefore one question of the survey was used to find out the respondents' opinion on this particular segment of information sources (Table 8).

Table 8. the extent of the perception of the statements regarding the activity of the press (written audio /TV)? (1 - total disagreement - 5 - total agreement), %

	1	2	3	4	5
provided enough information	10,62	16,78	33,56	25,68	13,36
information and analysis were objective	19,18	25,34	37,33	15,41	2,74
information and analysis were balanced	17,81	32,19	33,56	13,70	2,74
there was an emphasis on health and prevention	6,16	11,64	31,85	29,79	20,55
favoured official views	7,53	15,75	35,62	29,11	11,99
it should have presented other aspects such as social, economic, psychological impact	3,77	5,14	22,26	30,48	38,36
it did not present enough of the problems that young people, especially students, faced	9,25	12,33	22,60	22,95	32,88
the interests of young people and those of the elderly were presented in opposition	7,88	20,21	30,48	25,00	16,44

Source: author's representation based on the survey data

In order to conclude the first part of the study, a final question was asked in order to obtain a level of self-assessment of the respondents regarding the level of information they acquired about the Covid-19 pandemic and the measures taken in Romania and globally to fight the effects of the pandemic (Table 9)

Table 9. Self-assessment about regarding the information acquired about Covid-19 pandemic and the measures taken to fight it (1 poorly informed to 5 very informed), %

	1	2	3	4	5
well informed about the pandemic	3,08	10,62	33,22	36,99	16,10
well informed about measures to combat the effects of the global pandemic	2,40	9,93	29,11	35,96	22,60
sufficiently informed about the measures taken in Romania to combat the effects of the pandemic	3,08	10,27	23,29	42,47	20,89
sufficiently informed about the measures taken in Romania for economic and social recovery	11,30	26,71	30,48	22,26	9,25

Source: author's representation based on the survey data

During the pandemic, in addition to the truthful and verifiable information, a lot of partially true or false information circulated, which is a risk and, in some cases, measures were needed to combat misinformation. 62.33% of the subjects stated that they were aware of measures taken to combat misinformation during the Covid-19 pandemic, while 37.67% stated that they were unaware of such measures. It is not surprising that only 23.29% of respondents said they were aware of the existence of

EUvsDisinfo (EU project against disinformation operations) while for the remaining 78.71% of them this project is also unknown.

This led to an overwhelming affirmative answer (92.12%) to the question *Do you think the European Union could do more in terms of misinformation?* It was also considered necessary to question the subjects with reference to their distribution of information, sources and volumes (Table 10)

Table 10. Sharing information about the Covid-19 pandemics (1 rarely or not at all to 5 very often), %

	1	2	3	4	5
information provided by official sources	32,19	11,30	17,47	16,78	22,26
information provided by media	47,95	16,78	17,81	11,30	6,16
information from received messages	53,08	20,21	19,18	7,88	3,08
posts from social media	46,23	15,07	17,47	13,36	7,88
personal opinions	46,23	18,84	17,12	11,99	5,82

Source: author's representation based on the survey data

In addition to the response to information on measures taken to counteract the effects of the pandemic (Table 9), subjects were asked for an answer on the management of the pandemic crisis by actors on the global stage (Table 11).

Table 11. Assessment on the *global actor's* management of the Covid-19 pandemics (1 ineffective, 5 very effective), %

	1	2	3	4	5
European Union	5,48	14,38	43,84	29,11	7,19
United States of America	20,89	28,42	36,30	10,96	3,42
Russia	18,15	30,48	29,45	16,44	5,48
China	15,07	15,07	22,60	28,42	18,84
Japan	6,51	11,64	34,93	29,11	17,81

Source: author's representation based on the survey data

The next question was more specific about the involvement of the representative institutions of the European Union in the management of the pandemic (Table 12) along with the degree of knowledge of the measures taken on european level and their efficiency (Table 13) which are considered by the author as pivotal questions for this study. For this question a series of measures taken by the EU was provided and then another question asked for an assesment on the efficiency of the measures in the list (Table 14)

Table 12. Assessment on the EU's institutions involvement in Covid-19 pandemics management (1 I don't know, 1 not at all involved, 3 very little involved, 4 involved, 5 very much involved), %

	1	2	3	4	5
The European Commission	18,84	10,96	25,34	30,14	14,73
European Council	21,23	14,38	31,85	26,03	6,51
European Parliament	21,58	13,01	29,79	24,32	11,30
European Central Bank	27,74	18,15	29,45	20,55	4,11
European Court of Auditors	41,10	23,63	21,92	11,99	1,37
European Court of Justice	40,41	24,32	22,26	11,64	1,37
Council of the European Union	26,71	13,01	28,42	25,34	6,51

Source: author's representation based on the survey data

Table 13. Assessment on the respondent's knowledge on the EU's measures to fight Covid-19 pandemics management (1 not at all to 5 very much), %

	1	2	3	4	5
public information measures	6,85	15,75	28,08	26,71	22,60
measures on medical research and innovation	11,30	17,81	30,48	28,42	11,99
job support measures (SURE initiative)	17,81	18,84	26,03	26,71	10,62
financial incentives and guarantee schemes	15,07	17,81	27,05	26,03	14,04
allocations of European funds to support economies	9,93	16,44	26,37	29,45	17,81
measures to promote social isolation	10,62	16,44	29,79	22,95	20,21
measures to relaunch tourism	12,67	22,26	35,27	20,55	9,25
supporting the repatriation of nationals	14,04	27,05	27,74	20,21	10,96
promoting solidarity between Member States	14,38	22,95	26,37	21,58	14,73
intervention to create a transit colour in the EU for people and goods	17,12	21,92	26,71	19,86	14,38

Source: author's representation based on the survey data

Table 14. Assessment on the respondents knowledge on the EU's measures efficiency to fight Covid-19 pandemics management (1 not at all effective to 5 very effective), %

	1	2	3	4	5
public information measures	5,82	18,49	29,45	28,77	17,47
measures on medical research and innovation	8,56	18,49	33,56	25,68	13,70
job support measures (SURE initiative)	8,56	21,23	30,48	25,00	14,73
financial incentives and guarantee schemes	8,56	17,12	31,16	27,05	16,10
allocations of European funds to support economies	6,85	14,38	30,82	27,74	20,21
measures to promote social isolation	8,90	17,12	32,53	26,71	14,73

measures to relaunch tourism	10,96	21,92	33,22	22,95	10,96
supporting the repatriation of nationals	10,96	20,55	32,88	21,23	14,38
promoting solidarity between Member States	10,96	19,52	31,16	21,58	16,78
intervention to create a transit colour in the EU for people and goods	9,93	20,55	29,79	22,95	16,78

Source: author's representation based on the survey data

Based on the above questions, it was possible to move on to research questions regarding the perception of the subjects regarding the effective involvement of the European Union institutions to combat the effects of the Covid-19 pandemic and specific questions regarding the personal impact for the subjects (Table 15)

Table 15. Assessment of the respondents regarding the EU's involvement in the Covid-19 effect fighting (1 I don't know, 2 total disagreement, 5 strong agreement), %

	1	2	3	4	5
the EU has acted appropriately since the beginning of the pandemic	11,99	25,68	35,96	19,18	7,19
the measures taken by the EU have been sufficiently promoted	12,33	22,60	38,70	18,49	7,88
EU states have been in solidarity during the pandemic	14,73	32,53	29,79	14,38	8,56
the measures taken by the EU have been taken in a timely manner	12,67	34,59	33,22	14,04	5,48
through the measures taken, the EU has protected my rights and freedoms	13,70	21,92	33,90	22,95	7,53
through the measures taken, the EU has stimulated a faster exit from the lockdowns	16,78	21,58	33,56	20,55	7,53
the EU has ensured that the free movement of goods, capital, people and services on its territory was respected	13,70	19,18	30,14	23,97	13,01
the EU has been effectively involved in respecting the rights and freedoms of the citizens of the Member States during the crisis management period	15,07	20,55	31,51	21,58	11,30
the measures taken by the EU have had a positive impact on me	16,44	16,78	35,27	21,92	9,59
the measures taken by the EU have had a negative impact on me	33,56	27,05	23,63	10,27	5,48
the EU has been effective in combating misinformation	13,70	23,63	40,07	18,49	4,11

Source: author's representation based on the survey data

The responses about the effective measures taken by the European Union institutions to combat the effects of the Covid-19 pandemic led to the conclusion that the subjects of the study were of the opinion that the measures were taken relatively late and their impact was perceived as biased, negative and therefore the answer of 18.49% of the subjects to the question “Do you consider that the management of the situation caused by COVID-19 has affected your degree of confidence in the European Union?” was a negative one (Table 16), a very different result from the answers to the question “Do you consider that the management of the situation caused by COVID-19 has affected your degree of trust in the government and other state institutions? (Table 17), with direct reference to the national authorities in Romania. However, it was observed that the majority of subjects (57.19%) agree with the granting of increased powers to the European Union in the context generated by the COVID-19 pandemic (for example, in the field of health) (Table 18).

Table 16. Assessment on the evolution of respondents' confidence in the EU during the Covid-19 pandemic

Answer	%
more confident	8,56
unchanged	72,95
less confident	18,49

Source: author's representation based on the survey data

Table 17. Assessment on the evolution of respondents' confidence in the Romania's government and institutions during the Covid-19 pandemic

Answer	%
more confident	7,19
unchanged	46,92
less confident	45,89

Source: author's representation based on the survey data

Table 18. Assessment on the aspect of EU getting increased powers in certain fields during a crisis (eg: health)

Answer	%
yes	57,19
no	16,78
don't know/didn't answer	26,03

Source: author's representation based on the survey data

Regarding the areas for which the subjects would agree that the European Union should be given greater powers in crisis situations, a list of areas (Table 19) was provided to the subjects to facilitate their choice and to indicate the importance of measures that the EU should take to support Member States.

Table 19. The increased powers for the EU's and the areas in which they should be granted (1 strong disagreement, 5 strong agreement), %

	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
economy	6,85	9,93	23,97	26,03	33,22
social services	3,08	9,59	23,29	33,22	30,82
justice and internal affairs	7,53	15,07	24,66	26,03	26,71
public health	3,08	5,82	16,44	21,58	53,08
agriculture	8,22	9,93	24,32	31,85	25,68
transportation	5,82	8,22	26,03	32,88	27,05
environment	5,14	7,88	26,03	24,32	36,64
budget and finances	6,85	13,70	25,68	27,05	26,71
external policy and security	6,51	13,36	23,29	30,14	26,71
information and communications	4,79	5,82	21,23	29,79	38,36
educations	6,16	6,16	14,38	24,66	48,63
sport	7,88	12,67	28,77	25,00	25,68
culture	7,88	11,64	24,66	28,08	27,74
research and inovation	4,11	5,82	15,75	22,95	51,37

Source: author's representation based on the survey data

Another question with direct reference to perception was the one regarding the variation of trust in national authorities, multilevel (Table 20) where the slightly majority trend was to maintain the level of confidence, although the values of decreases can be considered high and most likely influenced by designated institutional communicators.

Table 20. The evolution of confidence in Romanian institutions

	<i>lower</i>	<i>unchanged</i>	<i>higher</i>
Romanian Government	43,15%	50,68%	6,16%
Romanian President	30,48%	54,45%	15,07%
The Ministry of Internal Affairs	26,37%	56,85%	16,78%
County authorities	32,53%	60,27%	7,19%
Local authorities	31,51%	57,53%	10,96%

Source: author's representation based on the survey data

This question was supplemented by the following, with direct reference to the possibilities available to the European Union (Table 21), the juxtaposition being

intended to clarify the separation of the subjects' opinions, especially in the context in which the answers to the question were different. and which covered several issues related to both the idea of the Union as a whole and the notion of the state.

To correlate the previous data better, among the final questions, two were introduced to determine more exact the degree in which the pandemic affected the subjects and to determine their overall perception first as an overall (Table 21) and then specific on education (Table 22).

Table 21. Assessment of the overall perception during the Covid19 pandemic and the measures in place in the European Union Member States (1 strong disagreement, 5 strong agreement), %

	1	2	3	4	5
Pandemic prevention measures have been exaggerated	26,71	27,40	26,37	10,27	9,25
Preventive measures have led to favorable changes in society	13,70	23,63	35,96	16,78	9,93
Preventive measures have helped increase students' awareness of the importance of public health	5,14	15,07	30,48	31,16	17,81
Isolation measures have accelerated the process of digitization in society	4,11	7,88	19,18	30,14	38,01
Preventive measures have degraded social relations between individuals	9,25	20,55	28,08	19,86	21,23
Preventive measures have adversely affected economic activities	2,05	5,82	21,23	27,40	42,81
Social isolation measures negatively affect the lives and health of young people	7,19	11,99	29,45	24,32	26,37
The management of the situation has adversely affected individual rights and freedoms	10,96	22,95	30,82	18,84	16,44
Preventive measures were needed in this situation	3,77	9,25	23,97	22,26	40,75

Source: author's representation based on the survey data

Table 22. Assessment of the impact of the Covid-19 pandemics on academic activities of the respondents (1 strong disagreement, 5 strong agreement), %

	1	2	3	4	5
Decreased personal motivation and involvement in the learning process	12,33	17,47	23,97	23,29	22,95
The effectiveness of the teaching process by teachers has been reduced	8,56	15,41	23,29	27,40	25,34

The need to receive feedback from teachers about the results of academic activity has increased	5,82	15,07	25,00	26,03	28,08
The role of the teacher in the educational process has increased	13,36	18,49	27,74	21,92	18,49
The degree of independence of the student in the educational process has increased	5,82	6,51	27,05	26,03	34,59
I spent more time in front of the computer for academic study activities	3,08	5,48	14,38	18,15	58,90
There has been a reduced involvement in volunteer activities due to the risk of exposure to the virus	6,51	6,51	20,89	22,60	43,49
The volume of homework and assignments received from teachers has increased	5,82	11,64	22,26	14,38	45,89
Reduced access to information (library))	9,59	14,73	17,47	23,97	34,25
Seminar and laboratory activities and internships decreased	8,22	13,36	18,49	19,52	40,41
Students' interest in Erasmus scholarships, internships, mobility has decreased	9,59	14,38	26,37	23,97%	25,68

Source: author's representation based on the survey data

Conclusions

Analysing the results obtained after the completion of the questionnaires by the subjects, it can be said that for hypothesis 1 (For an effective management of the pandemic and its prevention it is necessary to increase the powers of the European Union in the field of health and taxation) there is a favourable opinion, these results being somewhat contradictory to the second hypothesis which postulates that in order to effectively manage health crises it is necessary for each Member State to adopt national specific measures.

Other conclusion that can be drawn is that the fact that the Covid-19 pandemic did not shift in a significant manner the way that the European Union is regarded by the subjects in opposition to the decreasing confidence level of the respondents in Romanian authorities. This leads to the conclusions that, in case of a crisis, the subjects are having greater expectations from the EU's institutions rather than the national government and an ulterior evolution of the EU in which some areas will not be shared anymore with national governments and entirely under European coordination might be possible, even wanted by the citizens.

The fact that the education process was dramatically delayed will most likely have severe future consequences because of the fact that the online solution in place during the pandemic was not quite effective as the subjects of this case study stated.

Although the Covid-19 pandemic is not officially over at the time of the completion almost all restrictions were eliminated and the recovery has begun in

many areas, including education. The Covid-19 pandemic was a challenge for the European Union and the entire world together. We must openly admit that EU had a fragility moment at first but then it seems to recover, but not entirely, not in an uniform way. The same type of fragility may reappear because the conflict in Ukraine and it's rippling effects.

References

- European Commission (2020a), European Recovery Instrument - Communication: Europe's moment: Repair and Prepare for the Next Generation (retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1590732521013&uri=COM%3A2020%3A456%3AFIN>)
- European Commission (2020b), MFF Regulation, OJ L 433I retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2020:433I:FULL&from=ES>
- European Commission (2020c), Re-Open EU – Historical Data retrieved from <https://reopen.europa.eu/static/changelog.csv>
- European Commission (2020d), Communication: Building a European Health Union: preparedness and resilience retrieved from https://health.ec.europa.eu/document/download/65e42cf2-74ad-44ce-9ded-e99b99d9ad2a_en?filename=Communication%3A%20Building%20a%20European%20Health%20Union%3A%20preparedness%20and%20resilience
- European Commission (2022a), Recommendations for a common EU approach regarding isolation of COVID-19 cases and quarantine of close contacts retrieved from https://health.ec.europa.eu/document/download/88eb325d-d720-4be2-b2b1-a941c3792643_en?filename=security_covid-19_recomm-quarantine-isolation_en_0.pdf
- European Commission (2022b), Recovery and Resilience Facility Annual Report retrieved from https://ec.europa.eu/commission/presscorner/api/files/document/print/en/ip_22_1198/IP_22_1198_EN.pdf
- European Union (2012) Consolidated version of the treaty on European Union, Official Journal of the European Union (retrieved from https://eur-lex.europa.eu/resource.html?uri=cellar:2bf140bf-a3f8-4ab2-b506-fd71826e6da6.0023.02/DOC_1&format=PDF)
- John Hopkins University of Medicine(2022), Coronavirus Resource Center retrieved from <https://coronavirus.jhu.edu/>
- World Health Organization (2019, (2020), (2021), (2022), Coronavirus (COVID-19) Dashboard retrieved from https://covid19.who.int/?adgroupsurvey={adgroupsurvey}&gclid=CjwKCAjwzNOaBhAcEiwAD7Tb6BXQTto6f-xLDoYt5pNvYpiKiUBgl-sZOQf9OPBZPniZuNEyJ2baxoCT1UQAvD_BwE