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SPECIAL ISSUE Regulation and (Dis)Trust: Exploring a Complex Relationship

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Regulating Care: How Transparency, Ownership, Control, and Sanctions Shape Trust and Preferences

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ABSTRACT

Of the various attributes and regulatory tools related to nursing home service provision—such as ownership, transparency, oversight, and sanctions—which are seen as preferable and are most trusted? To address this question, we conducted a conjoint survey experiment on nursing home services with 1009 direct relatives of nursing home residents in Spain. Participants evaluated hypothetical nursing home profiles that varied across core service characteristics and regulatory tools: ownership, transparency, oversight body, and control and sanction mechanisms. The article shows that individuals prefer public and nonprofit providers, five-star quality ratings, disclosure of inspection results, and strict sanctions. However, when examining which models are most trusted, our results indicate that trust is shaped by overlapping but distinct factors. As with preferences, respondents place greater trust in public and nonprofit providers, but trust is also shaped by participatory mechanisms, suggesting that opportunities for involvement and having one's voice heard have a core role in shaping confidence in care provision.

1 | Introduction

The literature on trust often assumes that it is a necessary condition for the effective functioning of political and public organizations, as well as for the correct functioning of public services (e.g., Rothstein 2009; Van de Walle and Migchelbrink 2022). Trust can be reinforced (or undermined) by the way in which public services are regulated, including the use of mechanisms such as oversight, transparency, and enforcement (Grimmelikhuijsen et al. 2024, 2025; Maman et al. 2023). In this study, we focus on long-term care services—specifically nursing home services—to examine how different service characteristics and regulatory tools affect trust and preferences. This topic is increasingly relevant, as aging populations and the growing social risks associated with later life make the demand for high-quality and trustworthy care services more urgent than ever. Our research questions are the following: (1) Which characteristics and regulatory tools of the services are seen as preferable and are most trusted? (2) How do the key characteristics and regulatory attributes of these services—such as transparency, oversight, and sanctions—affect these perceptions?

To answer these questions, we conducted a conjoint survey experiment with direct relatives of nursing home service residents in Spain ($n = 1009$). We have focused on close relatives because, although they are not the direct recipients of care services, they play a core role in selecting and evaluating them and are actively involved in assessing and monitoring how care is delivered (Kemp et al. 2020; Pérez-Durán and Grimmelikhuijsen 2025; Pérez-Durán and Verhoest 2025). The main objective of our conjoint experiment is to examine which attributes are seen as preferable and perceived as more trustworthy. These attributes include both service characteristics and regulatory tools, understood as "intentional and direct" interventions that public-sector actors use to organize, monitor, and control service delivery (Koop and Lodge 2017, 105) and that can be applied across both public and private providers (Hood and Margetts 2007). These attributes include the service provider's type of ownership, the type of information disclosed, the nature of the oversight body, and the type of evaluation and control system in place.

In the conjoint experiment, participants were asked to assess and choose between various hypothetical nursing home profiles

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with different combinations of these attributes. In order to capture the relative importance of each of these factors, we examine the trade-offs in this decision-making. We also test moderation hypotheses that consider individual characteristics—in particular, ideology and income—as factors that may affect individuals' preferences and trust. Hence, our study provides important insights into the characteristics of these services that are more likely to generate support and trust, and also highlights the role of potential beneficiaries' individual characteristics in shaping these perceptions.

The article reveals similar patterns for both trust and preferences, albeit with some differences. First, our results indicate that respondents tend to prefer public and nonprofit providers, five-star quality ratings, disclosure of inspection results, and strict sanctions, such as contract termination. These patterns suggest that preferences are shaped by expectations of direct public provision, as well as by expectations of transparency and accountability. Second, the results show that people tend to trust public and nonprofit providers. They also trust services that inform relatives about participation mechanisms, suggesting that opportunities for involvement and having one's voice heard have a core role in shaping trust in care provision. Regarding the individual characteristics of the participants, our results show that left-leaning respondents are less likely to prefer private for-profit facilities than those who place themselves in other ideological positions, supporting the idea that ideology moderates attitudes in the sphere of social services.

This study makes four main contributions. First, most of the literature on trust in the field of public administration is focused on trust in governments and organizations (e.g., Bouckaert 2012; Verhoest et al. 2024; Zmerli and Van der Meer 2017); far less attention has been paid to examining policies, services, or the individuals that have direct experience of such services. Only recently have some studies (i.e., Verhoest et al. 2024; Kappler et al. 2024) begun to examine the levels of trust expressed by individuals and actors that have direct interactions with public organizations. Our study contributes to this body of work, by examining the perspectives of family members of current nursing home residents, whose views are crucial for understanding trust in this context. By focusing on nursing home services, we also contribute to a socially and politically salient domain of service delivery (Broms et al. 2024; Pérez-Durán and Verhoest 2025; Blomqvist and Winblad 2020; Winblad et al. 2017). Second, building on prior research that shows that public provision is often associated with equity and accountability (Berg and Dahl 2020) and that for-profit providers tend to have lower quality and higher rates of noncompliance (Amirkhanyan et al. 2018; Winblad et al. 2017; Song 2022), our findings show that individuals favor public and nonprofit providers. Third, this research contributes to recent studies that examine trust in regulatory agencies and in the regulation of policy domains (Grimmelikhuijsen et al. 2024, 2025; Maman et al. 2023; Li et al. 2024), by empirically testing whether more punitive regulatory tools have a positive effect on trust in services. Our findings show that stricter sanctions—particularly, contract termination—are associated with higher levels of preference for a nursing home service model. Finally, we also contribute to studies that investigate the extent to which specific types of transparency—pertaining to the process, rationale, or outcomes of the services—are more likely to foster trust in them (Grimmelikhuijsen et al. 2021; Pérez-Durán and Grimmelikhuijsen 2025). In particular, we provide evidence that trust is more closely associated with information about service procedures, especially information concerning involvement mechanisms and participatory practices.

2 | Trust and Preferences in Nursing Home Services: The Effect of Service Characteristics and Regulatory Tools

Trust and preferences are key dimensions for understanding how individuals evaluate service provision in nursing home services. This study treats trust and preferences as analytically distinct concepts (Bohnet and Baytelman 2007). However, we analyze them together because previous research has examined them as interacting dimensions. For example, some studies suggest that individuals tend to prefer providers they trust or that trust may mediate or shape their preferences (Fehr 2009; Van de Walle and Migchelbrink 2022).

Trust in public institutions and service delivery plays a core role in shaping compliance and legitimacy (Goren et al. 2022; Rothstein 2009; Six and Verhoest 2017), fostering cooperation among key actors, and enhancing policy implementation (Six and Verhoest 2017; Six 2013). In the field of public administration, trust is conceptualized as "a psychological state comprising the intention to accept vulnerability based upon the positive expectations of the intentions or behavior of another" (Rousseau et al. 1998, 395). In this relationship it is assumed that the trustee, the actor who is the repository of trust "will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party" (Mayer et al. 1995, 712, cited in Grimmelikhuijsen et al. 2024). Within this relationship, the trustor can evaluate a general assessment of trust, or else, evaluate three key dimensions of trustworthiness: the competence, benevolence, and fairness of the trustee (Grimmelikhuijsen and Knies 2017).

Applied to nursing home services, relationships of trust can be established among various trustees and trustors. For instance, they can exist between the users themselves and the nursing homes, between the relatives of these users and the nursing homes, and between governments and service providers (whether public or private). In this study, we focus on trust in specific models of service provision with particular service characteristics and regulatory tools. In other words, individuals may trust that a given service attribute—such as the type of ownership—or a regulatory instrument—such as more direct oversight—will meet their expectations.

For its part, preferences refer to individuals' choices between institutional alternatives, often based on both normative values (e.g., fairness, equity) and on instrumental considerations (e.g., cost, proximity, perceived efficiency) (Piatak et al. 2022). Preferences can reflect a prioritization of choices and may be influenced, for instance, by personal needs and social context. In the field of service delivery, preferences reflect how people evaluate competing models of service provision in relation to their expectations and constraints. That is, preferences reflect

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comparative judgment and prioritization in decision-making and measures of aversion to risk (Albanese et al. 2013). Against this backdrop, we analyze which prototypes of nursing home services and tools of regulation most appeal to relatives of nursing home residents. That is, we assume that preferences emerge when individuals weigh up alternative options—such as public versus private ownership—and choose which option best aligns with their priorities.

What is the difference between these two concepts? While trust refers to expectations about a provider's intentions or behavior, preferences involve choosing among service options. Applied to our case, individuals may trust a provider's intentions or performance, yet may still prefer a different model of service provision because of different considerations (e.g., personal circumstances). For example, a family member may trust a public nursing home more than a private one, but if no beds are available, may ultimately choose a private facility for practical reasons. Although trust and preferences are treated as separate dimensions here, previous studies suggest that they may converge under certain conditions (Fehr 2009; Van de Walle and Migchelbrink 2022).

In this study, we examine empirically when trust in a provider coincides—or diverges—from a preference for that provider. This approach allows us to assess whether the same regulatory tools—such as public ownership or external oversight—affect both outcomes in similar ways, or whether trust and preference follow different logics. In particular, we focus on examining perceptions of core service characteristics and regulatory tools that have been consistently identified in the literature as potential drivers of trust and preferences in public services. By service characteristics we refer to key attributes of nursing home provision, such as ownership type. By regulatory tools we understand "interventions which are intentional and direct—involving binding standard-setting, monitoring, and sanctioning—and which are exercised by public-sector actors" (Koop and Lodge 2017, 105). Hence, we focus on those that can be used to organize, monitor, and control service delivery, and which can be applied across both public and private providers (Hood and Margetts 2007).

First, drawing on evidence that levels of trust and preferences vary according to key service characteristics—particularly, the type of service provider—we examine the role played by ownership (e.g., public, private for-profit, and nonprofit) (Bouckaert 2012; Verhoest et al. 2024; Zmerli and Van der Meer 2017). Second, building on scholarship that emphasizes the importance of transparency in fostering trust (Grimmelikhuijsen et al. 2021; Pérez-Durán and Grimmelikhuijsen 2025), we examine the effect of provision of information. In particular, in the specific context of nursing home services, we investigate the effect of two types of information—process-based and outcome-based—and, within each type, we examine concrete information about different aspects of the services. Third, following recent work on the relationship between regulatory modes and public trust, we incorporate expectations regarding the role of core regulatory tools, specifically, types of oversight bodies and regulatory control instruments, including punitive mechanisms for underperformance (Grimmelikhuijsen et al. 2024, 2025; Li et al. 2024; Maman et al. 2023).

All these attributes are in line with the core consumer-oriented principles outlined in the ISO/IEC Guide 76 (International Organization for Standardization 2020) and in De Vries and Wiegmann (2017), which highlight areas where standards might be developed. For instance, De Vries and Wiegmann (2017, 188) mention standards that set performance criteria for the results (e.g., quality management) as well as standards to verify whether these requirements have been met (e.g., auditing). The ownership issue reflects a clear need for informed user choice; the disaggregation of transparency captures the differentiated effects of communication types; the inclusion of oversight and enforcement mechanisms addresses standards of results verification legitimacy; and the integration of individual attributes tackles concerns about inclusiveness and accessibility.

Accordingly, we formulate a set of theoretical expectations (H1–H6) suggesting that different characteristics of services and regulatory tools affect preferences and trust. For instance, since these services can be delivered by various types of providers and overseen by different supervisory bodies, we expect that such institutional differences will generate varying levels of trust and different preferences among family members. In addition, to assess the role of individual-level characteristics, we test H7 and H8, examining whether respondents' own attributes—such as ideological orientation and socioeconomic status—influence their preferences and trust.

2.1 | Types of Service Providers

The mode of service provision is a core factor that shapes people's perceptions of various dimensions of service performance. From a public administration perspective, provider type—whether public, private, or nonprofit—serves as a key attribute through which individuals can assess the credibility and performance of services. Previous research on public service perceptions suggests that individuals often associate public provision with principles of equity and accountability, which can foster greater institutional trust (Berg and Dahl 2020). At the same time, public providers may be more exposed to criticism and held to higher standards, which can negatively influence performance evaluations when services fail to meet expectations (Marvel and Girth 2016; den Van Bekerom et al. 2021). These ambivalent perceptions reflect a broader tension in the literature: while public provision may enhance the legitimacy and trustworthiness of welfare services, private providers are sometimes perceived as more efficient or responsive, particularly, in market-oriented settings.

In the specific case of nursing homes, the type of provider becomes even more salient, as trust and preferences can be closely linked to perceptions of the provider's underlying motivations for delivering care. For instance, for-profit providers may raise concerns about profit-driven decision-making, while public and nonprofit organizations are often viewed as more credible sources of information and care delivery (Broms et al. 2024; Meier et al. 2022). This is also in line with previous studies that demonstrate how private for-profit providers often reveal deficiencies in service quality (Amirkhanyan et al. 2018; Winblad et al. 2017) and higher rates of regulatory noncompliance (Song 2022). These shortcomings may

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contribute to lower levels of trust in this type of provider. Building on these insights, we expect that preferences for nursing homes and trust in their services may be shaped by the institutional logic underpinning the mode of provision, with public and nonprofit models potentially offering stronger foundations for forming trust and preferences. Hence, we expect that relatives of nursing home residents will perceive private nonprofit nursing homes as more trustworthy and prefer them to their for-profit equivalents:

H1. *Relatives of nursing home residents will be more likely to trust and prefer services provided by public or nonprofit facilities compared to services provided by private for-profit organizations.*

2.2 | Characteristics of the Information Provided by the Service Provider

Although transparency is commonly assumed to be a trust-enhancing mechanism in public services, its effects are neither uniform nor straightforward (De Fine Licht 2014). The literature distinguishes between various forms of transparency in the information-provision process—such as transparency in decision-making processes, the rationale behind decisions, policy content, and policy outcomes—and highlights that each may influence trust differently depending on the context (Grimmelikhuijsen and Welch 2012; Grimmelikhuijsen and Meijer 2014). Previous research shows that transparency in providing information about a decision-making procedure increases citizens' trust in local governments (Porumbescu and Grimmelikhuijsen 2018). However, while some studies find that disclosing the procedures behind decisions bolsters trust, others argue that explaining the reasons and evidence that support decisions—so-called "rationale transparency"—has a stronger impact (De Fine Licht 2014). This complexity is further highlighted by meta-analyses showing that transparency about policy content and outcomes tends to reliably increase trust, whereas the effects of decision-making transparency are more variable and context-dependent (Wang and Guan 2023).

These insights point to an important consideration for highly regulated sectors such as nursing homes, where the type of information provided—whether it is about internal processes, care quality indicators, or regulatory oversight—may shape trust and preferences in distinct ways. Moreover, recent research suggests that the effects of transparency may be contingent on the regulatory domain itself, with targeted transparency producing only modest and context-specific gains in trust (Grimmelikhuijsen et al. 2024). Taken together, this body of work suggests that understanding how different transparency strategies operate in the nursing home sector is essential to identifying which types of information foster trust and shape user preferences most effectively.

In order to investigate the impact generated by different types of information, we analyze the effect of providing information on two attributes of quality of care: the structures of the services and procedures. These are underlined by Donabedian (1988) and align with the transparency dimensions emphasized in the existing literature. Our analysis tests the effect of specific items of information within each dimension; for instance, we examine the effect of providing the following information related to the structure of the services: the professional qualifications of the nursing home manager, staff ratios and the professional qualifications of the nursing home staff, as well as security protocols. Regarding service procedures, we examine specific information referring to individual care plans, detailed menus, participation mechanisms for residents' relatives, and activity plans.

In particular, since studies by Castle (2006), Castle and Engberg (2005), and Roberts et al. (2022) emphasize the importance of elements related to the structures of the services, such as staff ratios and turnover, we expect that providing this specific type of information is likely to lead to higher levels of trust in the services. Consequently, we also expect that this type of information is likely to be preferred. Based on this discussion, and the differences between the structure and procedure dimensions of transparency, we propose two hypotheses:

H2. *Relatives of nursing home residents will be more likely to trust and prefer services that provide detailed information on the number of staff and their qualifications than a proposed model that provides information on other dimensions of the service structures.*

H3. *Relatives of nursing home residents will be more likely to trust and prefer services that provide detailed information on individual care plans than a proposed model that provides information on other dimensions of service procedures.*

2.3 | Characteristics of the Oversight Body

This study investigates the impact of the type of regulator, specifically a public entity that oversees these services. This oversight may involve traditional regulatory measures conducted by the executive branch, or that could be executed by independent, specialized agencies. The number of regulatory bodies established has experienced significant growth in recent decades (Jordana and Levi-Faur 2005; Jordana et al. 2018, 2011). A key characteristic of these bodies is their independence from the executive branch, defined as the "degree to which the day-to-day decisions of regulatory agencies are formed without the interference of politicians and/or consideration of politicians' preferences" (Hanretty and Koop 2012, 199).

While independent bodies have been established in various fields, such as financial markets, energy, and telecommunications, they are less common for social regulation. Sectors that have received regulatory attention include healthcare, food safety, and pharmaceutical oversight, but in comparison, eldercare services have been overlooked. Nursing home services present an interesting case for examining the role played by independent regulators due to the high market participation in them and the elevated levels of information asymmetry that exist in the sector. Independent regulatory agencies, due to their emphasis on "better-quality decisions," more "stable preferences," and the "absence of requirements to balance varied social and economic interests," are expected to generate more trust than

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traditional agencies that are dependent on the executive branch (Koop and Jordana 2023, 211). Independent bodies overseeing services are expected to pursue long-term regulatory objectives, contributing to higher levels of policy stability and credibility (Koop and Jordana 2023).

In a context with a high level of market participation, such as nursing home services, the effect of having an independent agency in charge of evaluating these services is relevant, since an independent regulator is perceived as being more neutral toward both public and private providers; this may lead to the information provided by independent bodies being perceived as a more trustworthy source of information than that provided by nonindependent bodies (James and Van Ryzin 2017; Grimmelikhuijsen et al. 2024).

H4. *Relatives of nursing home residents will be more likely to trust and prefer services that are overseen by a public body that is independent from the government, compared to services monitored by private sector certification bodies or by government agencies directly linked to the executive.*

2.4 | Characteristics of Regulatory Enforcement Tools: Hard Control Versus Soft Control

Since the services in question rely on specific control tools, we also examine which monitoring and sanctioning mechanisms are most likely to increase beneficiaries' levels of trust and influence their preferences. In particular, we focus on regulatory enforcement tools, understood as "agency responses to violations by regulatees aiming to ensure compliance, such as fines, revoking licenses, or shutting down a facility" (Grimmelikhuijsen et al. 2025, 29–30). In a comparative experimental study on regulatory agencies, previous studies show that high levels of formalism and coerciveness have a small positive effect on trust (Grimmelikhuijsen et al. 2025). Hence, although the effect found is small, it suggests that citizens are more likely to trust regulators that employ more punitive regulatory approaches than those relying on less punitive (e.g., educational) tools (Grimmelikhuijsen et al. 2025). Other studies examining the effect of noncoercive regulatory tools (e.g., pledges and nudges) versus more coercive tools such as sanctions, demonstrate that command-and-control regulations (strong, state-controlled regulations) are more likely to enhance trust (Maman et al. 2023). Based on this, we expect relatives of nursing home residents to trust and prefer more coercive tools, such as termination, compared to noncoercive mechanisms.

We expect this for two reasons: first, because nursing home services are characterized by high levels of market participation, which might lead to diffusion of responsibility and lack of control; and second, because these services have been characterized by high levels of information asymmetries and lack of assessment. This is in contrast to other policies such as health and education in which there are many more accountability forums and evaluators at both domestic and international level. Since it has been detected that the shortcomings of the services might require an effective monitoring system (Grimmelikhuijsen et al. 2024, 2025; Six 2013), we expect family members to prefer and trust public authorities that have more coercive control mechanisms over service providers.

H5. *Relatives of nursing home residents will be more likely to trust and prefer services that use a monitoring system to provide information on inspection results, compared to those that rely on simplified quality ratings* (e.g., *five-star systems).*

H6. *Relatives of nursing home residents will be more likely to trust and prefer services whose sanction mechanism in case of serious violations uses contract termination rather than other, milder sanctions.*

2.5 | Individual Characteristics: Low Income and Left-Wing Ideology

Since welfare preferences—including those related to nursing home provision—can be shaped by individuals' own characteristics, we also examine the role of ideology and socioeconomic status. On the one hand, previous studies propose a materialist account of welfare preferences, whereby income is a typical predictor of policy orientations, particularly, in areas such as redistribution (e.g., Meltzer and Richard 1981). From this perspective, individuals are more likely to support policies that provide material benefits. Accordingly, we would expect lower-income individuals to exhibit stronger preferences for public service provision, given their greater reliance on publicly funded services and their potential to benefit more directly from redistributive policies. Although previous research shows that individuals from lower-income backgrounds tend to display lower levels of institutional trust (Kim et al. 2022), this does not necessarily imply uniform perceptions across all institutional types. Rather, we argue that both preferences and trust evaluations may depend on the type of service provider. In this sense, we expect lower-income respondents to prefer and to place greater trust in public or nonprofit providers compared to private for-profit services.

In addition, another relevant factor to consider is individuals' political ideology—specifically, identification with left-wing positions. Political ideology and value-driven motivations shape individuals' policy preferences and views on service provision (Qi and Haselswerdt 2024). Experimental and quantitative studies, particularly in the United States, often use a liberal–conservative scale to predict policy preferences, and consistently find that liberals tend to favor more egalitarian approaches and greater government involvement in public service provision than conservatives (Qi and Haselswerdt 2024; Claassen et al. 2015).

The literature shows similar patterns along the left–right ideological continuum in other Western contexts: left-leaning individuals generally support stronger state involvement in the economy and value the public provision of welfare services due to their view of the state as a redistributive actor that promotes universal access to services. In contrast, right-leaning individuals tend to favor a free-market economy with minimal state intervention (Claassen et al. 2015). As Rozas-Bugueño and Maillet (2024) and Bonoli (2000) argue in the case of pension policy, policy discussions in social policy are often structured

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around opposing poles—such as individualism versus social guarantees, market versus state, and targeted transfers versus universalism—which closely map left–right ideological orientations. In line with this literature, we expect individuals situated on the left of the ideological spectrum to prefer and have higher levels of trust in state participation in service provision. This discussion leads us to propose the following hypotheses:

H7. *Relatives of nursing home residents with lower incomes will be more likely to trust and prefer services provided by public or nonprofit facilities, compared to those offered by private for-profit organizations.*

H8. *Relatives of nursing home residents with left-leaning political ideologies will be more likely to trust and prefer services provided by public or nonprofit facilities, compared to those offered by private for-profit organizations.*

Table 1 presents a summary of our hypotheses, organized by attributes and their corresponding theoretical expectations.

TABLE 1 | Summary of hypotheses.

Attributes	Theoretical expectations
Service provider	H1. Public providers are preferred and more trusted.
Information provided	H2. (Information on service structure). Information about the professional qualifications of the provider's staff is preferred and more trusted.
	H3. (Information on service procedures). Information about individual care plans is preferred and more trusted.
Oversight body	H4. Independent public bodies are preferred and more trusted.
Regulatory enforcement tools	H5. (Control and evaluation system). Monitoring systems that disclose inspection results are preferred and more trusted.
	H6. (Type of sanction). Contract termination is preferred and more trusted.
Individuals' characteristics	H7. (Low-income). Preference for and trust in public providers are higher among low-income individuals.
	H8. (Left-wing ideology). Preference for and trust in public providers are higher among left-leaning individuals

3 | Research Design and Methods

The dataset used in this study is from a survey conducted in Spain between December 2022 and January 2023, with a sample of 1009 respondents. The sample is made up of direct relatives of nursing home residents at the time of the fieldwork (individuals whose mother and/or father was living in a nursing home). We chose to survey residents' relatives because they are key recipients of the information provided by nursing homes and play a central role in monitoring the health of residents and care given to them (Pérez-Durán and Grimmelikhuijsen 2025; Kemp et al. 2020).

The data collection was carried out by the online panel company Kantar Spain. Respondents accessed the survey using personal computers and mobile phones. Initially, they were asked whether their father or mother was living in a nursing home. If both their parents resided in a nursing home, they were asked to select one parent as the reference when answering the survey. 38% of the sample are relatives of beneficiaries who live in public nursing homes, while 62% of respondents are relatives of residents of private facilities. In Spain, the distribution of people who live in public and private nursing homes is 27% and 73%, respectively.

In addition, the sample captures variations across the Autonomous Communities where residents live (the regional governments are those responsible for implementing these services) and in respondent characteristics that may interact with treatment effects, such as income and ideological orientation (see descriptive statistics in Table B.1 in the Supporting Information Appendix). Prior to the fieldwork, the survey design was pretested through nine cognitive interviews conducted with representatives of family associations of nursing home residents from several Autonomous Communities in Spain. In addition, the survey received approval from the Ethics Committee of the authors' institution.

To test our expectations, we employed a conjoint survey experiment. In political science and public administration research, this type of survey experiment involves presenting respondents with pairs or sets of hypothetical profiles, such as public services, public policies, or political actors, and asking them which option they prefer and/or how they evaluate each one (Hainmueller et al. 2014; Leeper et al. 2020).

Conjoint experiments are well-suited for examining preferences and evaluations because they incorporate multiple service attributes simultaneously, allowing the marginal effect of each attribute to be estimated while the others are held constant. This approach also simulates realistic decision-making scenarios, making it possible to analyze multi-attribute choices and trade-offs. In addition, conjoint experiments are useful for estimating the causal effect of each attribute on the outcome of interest, as the attributes presented in each profile are randomly assigned, thereby avoiding confounding in treatment assignment (Hainmueller et al. 2014; Leeper et al. 2020).

The main objective of our conjoint experiment is to examine which service characteristics and regulatory tools are preferred and perceived as more trustworthy by the relatives of

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TABLE 2 | Attributes and levels in the conjoint experiment.

Attributes	Levels
Attribute 1 (A1): Type of nursing home	• Public nursing home • Private for-profit nursing home • Private nonprofit nursing home
Attribute 2 (A2): Information about service structures	• Professional qualifications of the manager of the nursing home • Staff ratios and professional qualifications of nursing home staff • Security protocols
Attribute 3 (A3): Information about service procedures	• Individual care plans • Detailed menus • Participation mechanisms for residents' relatives • Activity plan
Attribute 4 (A4): Type of organization responsible for monitoring and evaluating nursing homes	• Government agency • Public body but independent from the government • Public body dependent on parliament • Private sector body
Attribute 5 (A5): Control and evaluation system	• User satisfaction surveys conducted by the nursing home • Public five-star quality rating system that includes all nursing homes • Public system that reports the results of inspections and sanctions of all nursing homes (omitting personal information)
Attribute 6 (A6): Type of sanction in the case of serious violations	• Economic penalties • Contract termination

TABLE 3 | AMCE on preference outcome.

Attributes/levels	Estimate	SE	*Z*	*p*	Lower CI (95%)	Upper CI (95%)
Nursing home type (ref. category: private for-profit)						
Public	0.083	0.015	5.512	0.000	0.053	0.112
Private nonprofit	0.049	0.014	3.496	0.000	0.021	0.076
Information regarding service structure (ref. category: prof. qualif. manager)						
Prof. qualif. staff	0.011	0.014	0.839	0.402	−0.015	0.038
Security protocol	−0.012	0.014	−0.916	0.360	−0.039	0.014
Information regarding service procedure (ref. category: menus)						
Indiv. care plan	0.027	0.016	1.692	0.091	−0.004	0.058
Participation mechanisms	0.016	0.015	1.021	0.307	−0.014	0.046
Activity plan	−0.003	0.015	−0.184	0.854	−0.033	0.027
Control and evaluation system (ref. category: gov. agency)						
Rating system	0.043	0.014	3.148	0.002	0.016	0.070
Inspection results	0.030	0.014	2.166	0.030	0.003	0.057
Monitoring body type (ref. category: satis. surveys)						
Indep. public body	0.026	0.015	1.697	0.090	−0.004	0.057
Parlm. public body	0.014	0.016	0.902	0.367	−0.017	0.045
Private body	0.005	0.016	0.305	0.760	−0.026	0.035
Sanction type (ref. category: economic)						
Contract termination	0.025	0.011	2.167	0.030	0.002	0.047

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TABLE 4 | AMCE on trust-levels outcome.

Attributes/levels	Estimate	SE	*Z*	*p*	Lower CI (95%)	Upper CI (95%)
Nursing home type (ref. category: private for-profit)						
Public	0.099	0.025	3.907	0.000	0.049	0.149
Private nonprofit	0.055	0.026	2.151	0.031	0.005	0.106
Information regarding service structure (ref. category: prof. qualif. manager)						
Prof. qualif. staff	0.021	0.024	0.878	0.380	−0.026	0.068
Security protocol	0.015	0.024	0.641	0.522	−0.032	0.063
Information regarding service procedure (ref. category: menus)						
Indiv. care plan	0.050	0.027	1.879	0.060	−0.002	0.103
Participation mechanisms	0.056	0.027	2.072	0.038	0.003	0.109
Activity plan	0.019	0.028	0.680	0.497	−0.036	0.073
Control evaluation system (ref. category: gov. agency)						
Rating system	0.016	0.024	0.661	0.509	−0.031	0.062
Inspection results	−0.009	0.023	−0.406	0.685	−0.053	0.035
Monitoring body type (ref. category: satis. surveys)						
Indep. public body	0.027	0.027	1.001	0.317	−0.026	0.080
Parlm. public body	0.011	0.028	0.406	0.685	−0.043	0.065
Private body	0.013	0.030	0.453	0.650	−0.045	0.072
Sanction type (ref. category: economic sanction)						
Contract termination	0.037	0.020	1.906	0.057	−0.001	0.076

nursing home residents. Specifically, we analyze the effect of six attributes (the attributes and their levels are presented in Table 2):

- First, the type of service provider. This includes: (1) public providers, which are directly owned and managed by government authorities (e.g., regional governments); (2) private for-profit providers, which operate as commercial entities; and (3) private nonprofit providers, which are typically managed by civil society organizations (i.e., religious foundations or charities).
- Second, the provision of specific information related to the structure of the services provided: (1) professional qualifications of the staff, (2) professional qualifications of the manager, and (3) the security protocol.
- Third, the provision of specific information related to the service procedures: (1) individual care plans, (2) detailed menu, (3) participation mechanisms for relatives, and (4) activity plans.
- Fourth, the type of body in charge of controlling the services and facilities: (1) government agency, (2) public body but independent from the government, (3) parliament-dependent public body, and (4) private sector body.
- Fifth, the control/evaluation system adopted: (1) user satisfaction surveys conducted by the nursing home, (2) public five-star quality rating system that includes all nursing homes; and (3) public system that reports the results of inspections and sanctions of all nursing homes (omitting all personal information).
- Sixth, the type of sanctions that can be applied to the nursing home: (1) contract termination and (2) economic sanctions.

The experiment was carried out as follows. Respondents were presented with two hypothetical models of nursing homes, from which they had to select their preferred option, that is, it was a forced-choice variable. Subsequently, respondents were asked to rate their level of trust in the first proposal using a five-category scale, and then to indicate how much they trusted the second proposal. This hypothetical choice task was repeated four times. In total, each respondent evaluated four pairs of profiles and rated all eight profiles. From these evaluations, we obtained responses to our two key outcomes: respondents' preferences and their level of trust in the various nursing home profiles. The first question was coded as 1 when individuals selected the proposal and 0 if not. The second question was answered using a numerical scale that ranged from 0 to 4: (0) Not at all, (1) Very little, (2) Somewhat, (3) Very much, and (4) Completely. The hypothetical models were constructed by randomizing the order of levels. However, the order of the attributes was fixed for each respondent. Thus, the sample of 1009 respondents produced 8072 observations based on individual comparisons of four pairs of two randomly assigned models of nursing homes ($1009 \times 2 \times 4$).[1]

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TABLE 5 | Marginal means of preferences and trust by left-wing ideological self-placement and low income.

Attributes/levels	Estimate	SE	*Z*	*p*	Lower CI (95%)	Upper CI (95%)
Outcome: preference						
Nursing home type: Private for-profit × not left	0.470	0.010	−3.172	0.002	0.451	0.488
Nursing home type: Public × not left	0.530	0.010	2.998	0.003	0.510	0.550
Nursing home type: Private nonprofit × not left	0.501	0.009	0.131	0.896	0.483	0.519
Nursing home type: Private for-profit × left	0.416	0.017	−4.892	0.000	0.382	0.449
Nursing home type: Public × left	0.565	0.018	3.641	0.000	0.530	0.599
Nursing home type: Private nonprofit × left	0.519	0.016	1.250	0.211	0.489	0.550
Nursing home type: Private nonprofit × other income levels	0.508	0.011	0.695	0.487	0.486	0.529
Nursing home type: Private for-profit × other income levels	0.459	0.012	−3.372	0.001	0.435	0.483
Nursing home type: Public × other income levels	0.533	0.012	2.664	0.008	0.509	0.557
Nursing home type: Public × low income	0.544	0.012	3.620	0.000	0.520	0.568
Nursing home type: Private nonprofit × low income	0.504	0.012	0.346	0.729	0.481	0.527
Nursing home type: Private for-profit × low income	0.453	0.012	−4.020	0.000	0.431	0.476
Outcome: Trust						
Nursing home type: Private for-profit × not left	2.253	0.026	−0.543	0.587	2.201	2.304
Nursing home type: Public × not left	2.305	0.027	1.403	0.161	2.252	2.357
Nursing home type: Private nonprofit × not left	2.278	0.026	0.433	0.665	2.228	2.329
Nursing home type: Public × left	2.343	0.045	1.706	0.088	2.256	2.431
Nursing home type: Private nonprofit × left	2.251	0.042	−0.381	0.703	2.169	2.333
Nursing home type: Private for-profit × left	2.107	0.050	−3.207	0.001	2.010	2.205
Nursing home type: Private for-profit × other income levels	2.261	0.033	−0.190	0.849	2.196	2.325
Nursing home type: Public × other income levels	2.307	0.032	1.264	0.206	2.245	2.370
Nursing home type: Private nonprofit × other income levels	2.287	0.031	0.637	0.524	2.226	2.348
Nursing home type: Private for-profit × low income	2.175	0.033	−2.778	0.005	2.111	2.240
Nursing home type: Public × low income	2.321	0.033	1.647	0.100	2.257	2.386
Nursing home type: Private nonprofit × low income	2.256	0.031	−0.353	0.724	2.195	2.317

To test our hypotheses, we estimate average marginal component effects (AMCE) following the approach proposed by Hainmueller et al. (2014). This method allows us to identify the causal effect of each attribute level on the outcome variable—relative to a reference category—by averaging over the joint distribution of the remaining attributes. Standard errors are clustered at the respondent level to account for unobserved heterogeneity across individuals. Combined with the random assignment of attribute levels in each profile, the AMCE offers a robust and interpretable causal estimand in multiattribute choice settings.

In addition, we use marginal means to examine whether the effects of the attribute levels on the outcomes are moderated by respondents' left-wing political orientation and income level.

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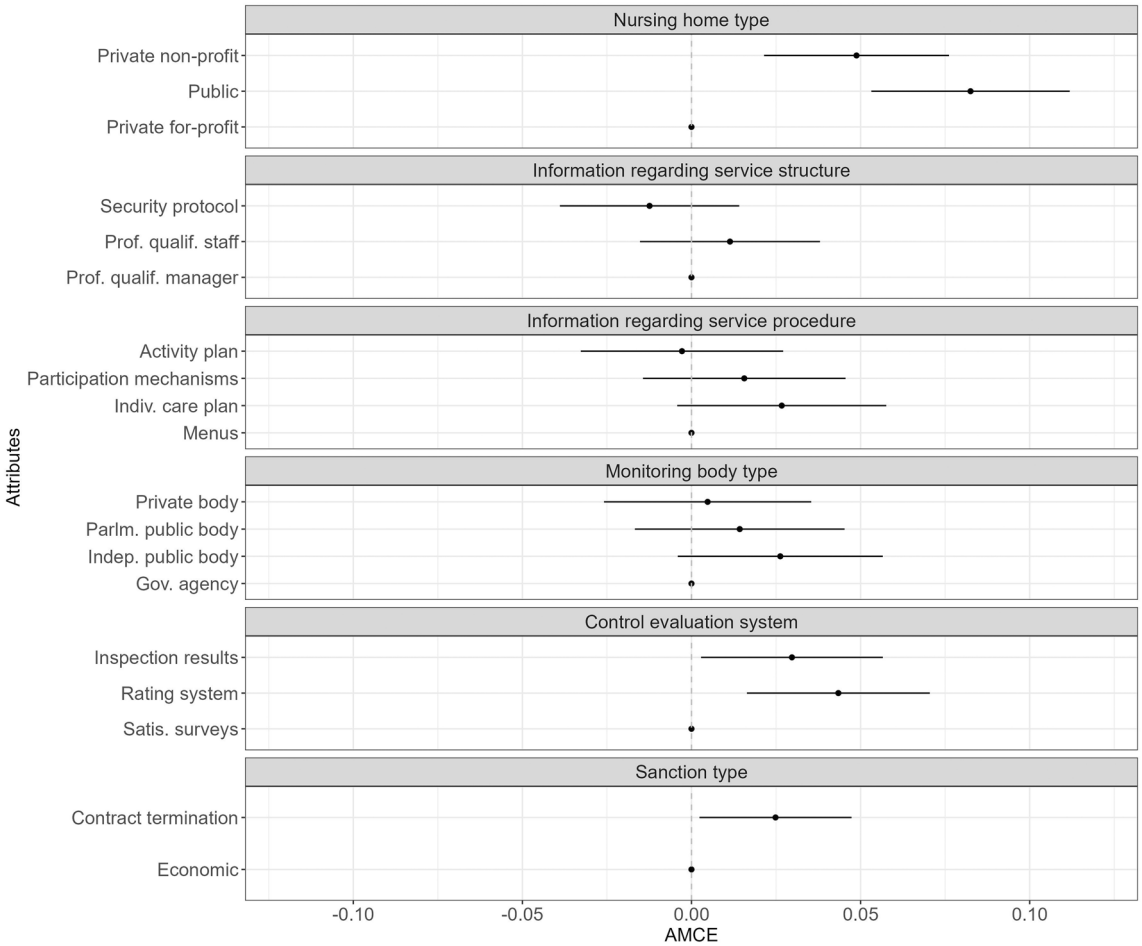


FIGURE 1 | AMCE on preference outcome. The complete specifications for the marginal means model are available in Table 3.

This approach enables us to identify how the impact of different levels varies across groups (left-wing vs. nonleft-wing, and low-income vs. higher-income respondents). As with the AMCE estimates, standard errors are clustered at the respondent level to account for within-subject correlation.

We test H1–H6 using AMCEs, focusing on the levels of attributes A1 through A6, respectively. H7 and H8 are tested using marginal means with interaction effects: first, between the levels of A1 and respondents' left-wing ideological self-placement, and second, between the levels of A1 and respondents' income level.

Regarding the interactions, the respondent's left-wing ideology is measured using the question: "Where would you place yourself on a scale where 1 represents far left and 10 represents far right?" Since our theoretical interest lies in respondents with left-wing orientations, we recoded the answers as follows: (1) Left (scores 1–4) and (0) Not left (scores 5–10, including "don't know"/"no answer").

In the case of respondents' income, we use the question: "What is your household's approximate total monthly net income?" Since our interest lies in examining the effect of having a low income, we recoded the responses into a binary variable: (1) low-income households (2500 euros or less) and (0) households above this threshold (2501 euros or more). We chose this cut-off because 2500 euros corresponds to one of the predefined response categories in our survey and lies slightly below the average monthly net household income in Spain in 2022, which was 2647 euros (Instituto Nacional de Estadística 2023). Questions regarding respondents' ideology and household income were placed after the conjoint experiment. As ideology and income are structural and nontheoretically associated conditions with the experiment, the order of these two questions in the survey does not interfere with the implementation of the conjoint experiment.

4 | Results

To address H1–H6, Figures 1 and 2 present the AMCE estimation results on respondents' preferences and trust, showing the effects of the different levels of the hypothetical regulatory tools and service characteristics of nursing homes. We assess the statistical significance of these results—reflected by their position relative to the dotted vertical reference line in the figures—using 95% confidence intervals. It is important to note that the following levels were used as reference categories for each attribute: private for-profit for the type of nursing home; manager's professional qualifications for information on service structure; meal menus for information on service procedures; satisfaction surveys for the type of monitoring body; government agency for the control and evaluation system; and economic penalties for the type of sanction.

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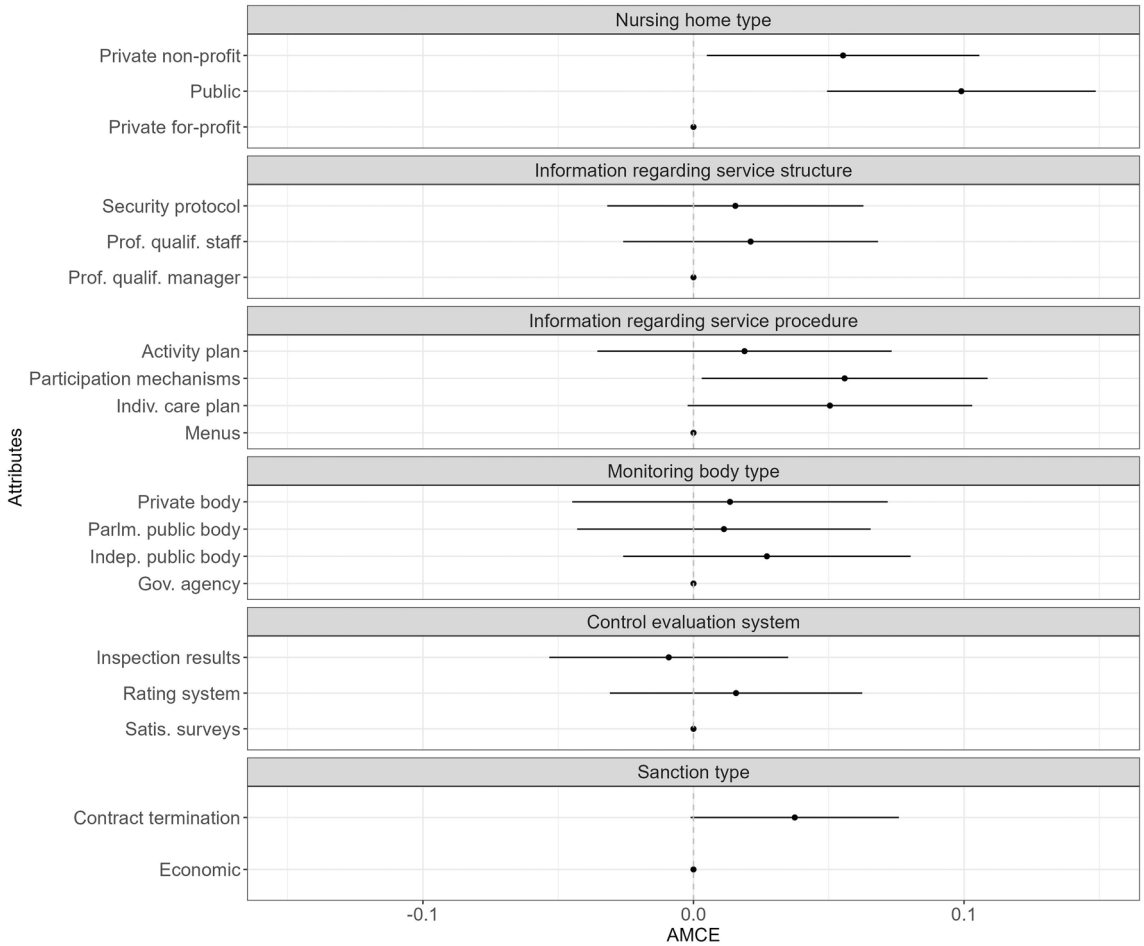


FIGURE 2 | AMCE on trust-levels outcome. Complete specifications for the marginal means model are available in Table 4.

Our results show that respondents prefer public and private nonprofit nursing homes over private for-profit ones, with the effect of public provision being larger than that of private nonprofit provision. They also prefer services that use a five-star rating system and that provide information on inspection results as control and evaluation mechanisms over those that rely on satisfaction surveys, with the five-star system having the strongest effect. In addition, respondents prefer nursing homes that are subject to stricter sanctions—specifically, contract termination rather than economic penalties (Figure 1). Hence, for the preference outcome, we find evidence supporting H1 (nursing home types) and H6 (sanction type), and mixed evidence to H5 (control and evaluation system). Although we hypothesized that respondents would be more likely to prefer public monitoring systems that disclose inspection results (H5), our analysis shows a stronger preference for a five-star rating system. Regarding the hypotheses related to the type of information provided about the structure and procedures of the services (H2 and H3), as well as the type of monitoring body (H4), we do not find empirical support for these expectations.

For the outcome of trust, Figure 2 shows similar patterns to the AMCE analysis of respondents' preferences, but with some nuances. Respondents trust private nonprofit and public nursing homes more—in this order—than private for-profit ones. This aligns with the results regarding preference of nursing home prototype and our theoretical expectation formalized in H1. Although we expected in H3 that, among the information related to service procedures, respondents would trust nursing home services that provide information on individual care plans, our results indicate that they place greater trust in service prototypes that disclose information about participation mechanisms, compared to the reference category: information on meal menus.

As for H7 and H8—the moderation effects of left-wing ideology and low income—we calculated the marginal means of the results, but moderated by the respondent's self-placement on the left ideologically (=1) and low income (=1). Figure 3 shows that the left-leaning respondents are less likely to prefer private for-profit facilities than those who place themselves elsewhere on the ideological spectrum. The direction of the effect of ideology is similar in the case of trust, but this effect is not statistically significant (the confidence intervals overlap). As for the interaction between type of nursing home and income, the direction of the effect aligns with our expectations: low-income individuals tend to prefer public facilities and to trust them more; the differences between individuals with low incomes and those with other income levels are clearer in the trust outcome. However, in both cases, the effect is not statistically significant. Thus, we find partial evidence in support of H8 (the moderating effect of left-wing ideology).

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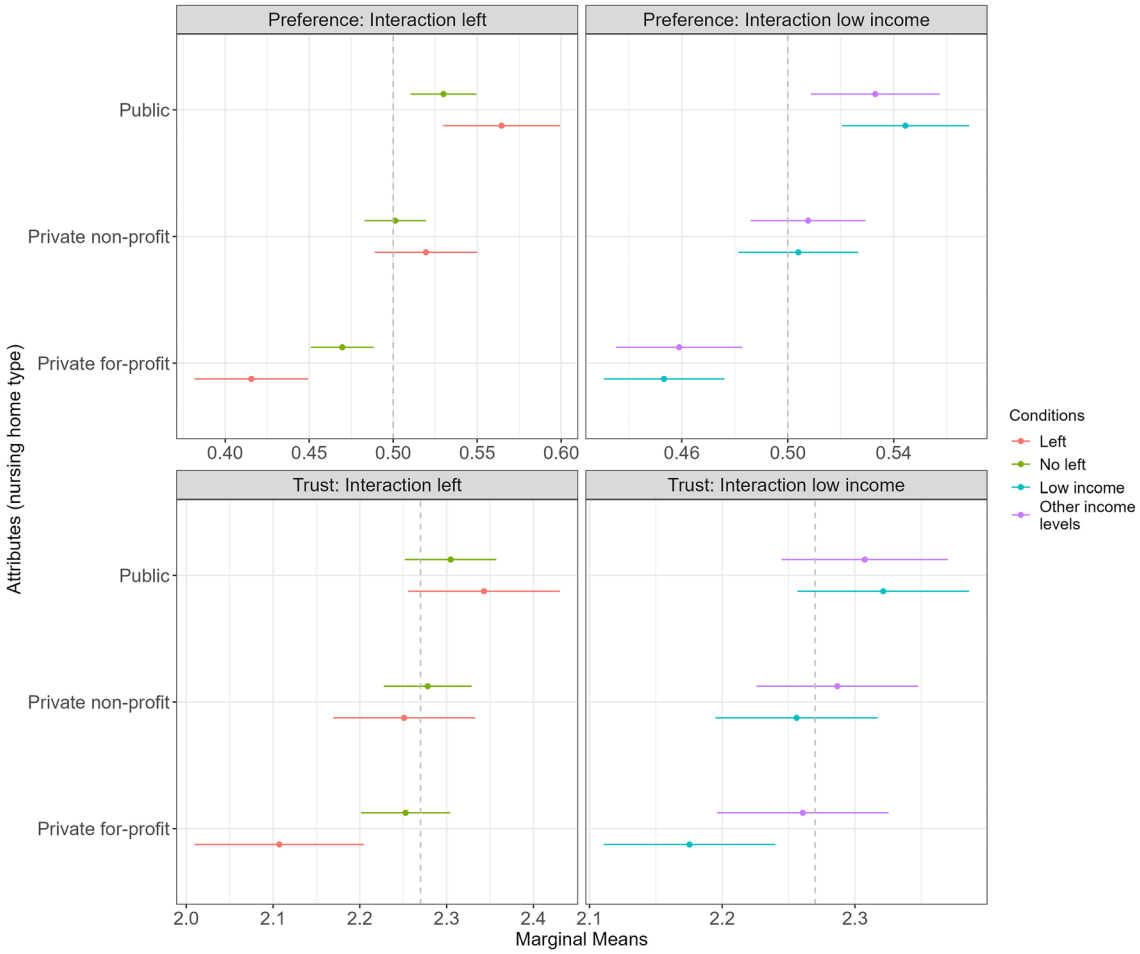


FIGURE 3 | Marginal means of preferences and trust by left-wing ideological self-placement and low income. Complete specifications for the marginal means model are available in Table 5. The dotted lines in the figure represent the average of preference and trust outcomes.

4.1 | Robustness Checks and Exploratory Analysis

To provide additional evidence and conduct robustness checks, we examine whether trust and preference outcomes are empirically associated. We estimate models with standard errors clustered at the respondent level, using trust to predict preferences and vice versa. The results indicate that trust is positively associated with preferences for prototypes of regulatory tools and nursing home service characteristics ($p < 0.01$), and, similarly, that preferences have a positive effect on trust ($p < 0.01$). Although these analyses do not allow us to establish causality or determine the direction of the relationship, they support the idea that trust and preference—while conceptually distinct—can be empirically aligned dimensions (see Table C.1 in the Supporting Information Appendix).

Second, we replicate the AMCE analysis using a binary measure of trust to assess whether the operationalization of this variable affects the results. In this recoding, trust levels from 2 to 4 ("somewhat" to "completely" trust) are coded as 1, and levels 0 and 1 ("not at all" and "very little") are coded as 0. Compared to the results obtained with the numerical trust variable, the findings are largely the same: the estimates remain consistent in terms of statistical significance, except for the effect of information on participation mechanisms within the service procedures attribute, which loses statistical significance (see Figure C.1 and Table C.2 in the Supporting Information Appendix).

Third, we estimate marginal means to analyze the moderating effect of income on preference and trust outcomes using all the categories of the income variable.[2] We replicate the analysis with this alternative specification because the binary operationalization may hide patterns among middle- and higher-income levels. The findings show that the lower the income, the stronger the positive effect of public facilities on individuals' preferences and trust. The opposite pattern emerges for private facilities: as income increases, so does the positive effect of both private nonprofit and private for-profit providers on individuals' preferences and trust in the prototypes. These differences are more pronounced for the preference outcome than for the trust measure (see Figure C.2 and Table C.3 in the Supporting Information Appendix).

Fourth, to control for potential differences in preferences under hypothetical conditions in which prices are equalized, we examine whether the cost of nursing home services affects trust and preferences. Since our conjoint experiment does not include service cost as an attribute, we rely on two survey questions as proxies. First, we use the question in which respondents reported the monthly price of the nursing home where their relative resides. This question included 12 categories, ranging from €0 to more

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than €4500. For this analysis, we compare individuals whose relatives pay less than the median category versus above—specifically, less than €900 versus more than €900. Second, we use the survey question asking whether the resident receives any public subsidy to help cover the cost. The results show no differences between respondents whose relatives pay less or more than €900, nor between those who do or do not receive public subsidies (see Figures C3 and C4, and Tables C4 and C5 in the Supporting Information Appendix).

Fifth, we replicate the analysis using marginal means instead of AMCE to assess the robustness of our findings related to hypotheses H1–H6. Because marginal means estimate the effect of each attribute level without relying on a reference category—while holding the other attributes constant—the resulting estimates may differ from those obtained by using AMCEs. We obtained practically the same results and arrived at the same conclusions (see Figures C.6 and C.7, and Tables C7 and C8 in the Supporting Information Appendix). The only difference compared to the AMCE estimates is that the inspection results level (within the control evaluation system attribute) does not differ from the average preference in the preference outcome. We attribute this difference to the use of a different estimation approach. Unlike AMCEs, marginal means do not use a reference category and subdivide the sample more extensively. As a result, it is common for some estimates to lose statistical significance, as this subdivision increases standard errors.

Finally, following an exploratory analysis suggested during the review process of this paper—but not included in the preregistration—we examined whether individuals' social trust affects the outcomes being studied. To do this, we used a survey question on social trust in which respondents rated their trust in others on a 1–10 scale, where 1 corresponds to "you can never be too cautious" and 10 to "most people can be trusted." We recoded this scale into three categories—low (1–4), medium (5–6), and high (7–10) trust to assess whether the impact of the attribute levels differed across these groups. The exploratory analysis shows no variation across trust levels in the effect of each attribute on preferences and outcomes. However, individuals with high social trust report higher levels of trust in all nursing home attributes compared to those with low or medium trust (see Figure C.5 and Table C6 in the Supporting Information Appendix). These findings suggest that future research could consider broader measures of trust—specifically trust in the government and in public institutions—as trust can be also shaped by contextual factors.

5 | Discussion and Conclusions

This article has examined which nursing home service attributes and regulatory tools are most preferred and trusted. This was carried out by conducting a conjoint experiment—a survey-based method that allowed us to assess how specific service characteristics and regulatory tools shaped individual preferences and levels of trust. This approach closely mirrors real-life decision-making, where individuals simultaneously weigh up multiple aspects of a service's regulatory design before making a choice (Hainmueller et al. 2014; Leeper et al. 2020). In examining trust and preference for different attributes of nursing home services, we found broadly similar patterns across both outcomes, though with some notable differences. First, our results showed that respondents have stronger preferences for public and private nonprofit providers, five-star evaluation systems, information on inspection results, and strict sanctions. Second, regarding trust, we find statistically significant positive effects for public and private nonprofit facilities, as well as for information on participation mechanisms. Third, the results show that left-leaning respondents find private for-profit facilities less preferable and trustworthy.

Our results support H1, indicating that respondents consistently prefer and trust public and private nonprofit nursing homes over private for-profit facilities. These results are consistent with previous research showing that public providers tend to generate more favorable perceptions than private for-profit ones (Berg and Dahl 2020; Winblad et al. 2017), as well as aligning with recent studies indicating that the negative effect associated with private provision is mitigated when providers are nonprofit (Broms et al. 2024; Meier et al. 2022).

In line with previous studies (Grimmelikhuijsen et al. 2021) showing that certain types of information are more influential than others in fostering trust, we test hypotheses H2 and H3, which examine whether different types of information about service structures and procedures influence preferences and trust. The results show limited statistically significant effects. However, in the case of trust, we find that information about participation mechanisms tends to generate higher levels of trust among respondents. This suggests that individuals value opportunities for having their voices heard and involvement in both decision-making and care processes, which may be perceived as signals of accountability.

Although one of our central hypotheses—aligned with the regulatory governance literature (e.g., Koop and Jordana 2023)—was that independent oversight bodies of these services would generate higher levels of trust and preference (H4), our results do not show statistically significant effects for this specific regulatory tool. One possible explanation is that, although respondents are highly familiar with the services themselves, they may not clearly distinguish between different types of oversight authorities, which may reduce the salience of this attribute and limit its impact on evaluations of trust and preference. Another interpretation may relate to the limited visibility of these oversight actors: if family members lack access to clear, accessible information about what these bodies actually do, they may be unable to assess their effectiveness or credibility, making it difficult to favor one type of oversight over another.

In the case of the evaluation system (H5), where we hypothesized that inspection results would be more preferred and trusted than other forms of control or evaluation, our findings reveal a different pattern. Specifically, a public five-star quality rating system is preferred over user satisfaction surveys conducted internally by the nursing home. One possible explanation is the simplicity with which the evaluation is presented, which may enhance its comprehensibility and perceived reliability. It also suggests that such ratings might be viewed as more impartial than evaluations conducted by the facilities themselves, or as more accessible than detailed inspection reports issued by

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public authorities. This is a dimension that warrants further investigation in future research.

For H6 (stricter sanctions being more preferred than more lenient ones), the evidence supports the hypothesis but only for the preference outcome. This finding aligns with previous studies (Grimmelikhuijsen et al. 2025; Maman et al. 2023), which suggest that individuals are more likely to trust and prefer regulators who employ stricter enforcement tools over those that rely on less stringent self-regulatory approaches. One possible explanation is that instances of abuse and malpractice have been documented in the long-term care sector, which may increase public support for strong and punitive regulatory mechanisms that are aimed at holding service providers accountable.

Finally, we find evidence supporting H8: that left-wing ideology moderates the relationship between the type of nursing home and respondents' preferences. This finding is consistent with previous research showing that individuals with left-wing ideological orientations tend to favor greater state involvement in service provision compared to those with other political worldviews (Qi and Haselswerdt 2024; Claassen et al. 2015). These results suggest that the strong preference for public provision among left-leaning individuals may reflect their ideological alignment with state-led service delivery.

These findings are particularly relevant given that the participants in our survey experiment are individuals with direct experience of nursing home services. As such, the results offer clear policy implications for practitioners. Overall, our study shows that structural elements of the services and the tools that regulate them—particularly, the type of provider—are key factors in shaping both preference and trust in these services. This highlights the role of institutional design in building public support for care systems, especially in contexts marked by rising demand and limited public provision.

Public providers consistently generate higher levels of trust and preference, while nonprofit providers are also seen as more trustworthy than their for-profit counterparts. This likely reflects a shared perception that public and nonprofit providers are more oriented toward the public interest, enhancing their legitimacy in the eyes of users. In particular, our findings emphasize the importance of reinforcing the role of the State—and its strong and visible regulatory capacity—as a means of enforcing accountability, and of fostering institutional trust in long-term care provision. Our study also demonstrates that information about participation mechanisms is associated with higher levels of trust, pointing to the value respondents place on having a voice in care-related decisions. Similarly, the five-star public rating system was preferred over more technical evaluation tools, suggesting that accessibility and clarity in how information is presented may enhance the perceived legitimacy of the services and trust in them.

Finally, it is important to acknowledge the limitations of our study, which also point to valuable directions for future research. First, in order to investigate perceptions of eldercare services, we surveyed the relatives of service users rather than the users themselves, due to ethical considerations. While this approach allows us to capture the informed perspectives of individuals who are closely involved in the care process, it may also introduce bias, as there could be discrepancies between the perceptions of relatives and those of the care recipients themselves. Second, even though conjoint experiments are well-suited tools for studying real-life decision-making situations, these experiments force respondents to choose one of just a few options, whereas in real life, people are often faced with many competing alternatives and also have the possibility of not selecting any of them. That said, conjoint experiments are a very good approach for studying individual decision-making processes, but we must be aware that they are only a proxy for actual political and administrative contexts. For instance, our findings are limited to the dimensions included in our experimental design. Hence, further studies could examine other core service features—such as preferences for different administrative structures, administrative personnel, or care workers—that constitute additional dimensions of service quality (see ISO/IEC Guide 76 and De Vries and Wiegmann 2017).

Third, while our study does not include measures of service quality, the perceptions of trust and preferences captured in our survey can be closely linked to respondents' perceptions about which regulatory attributes—such as oversight mechanisms, information disclosure, and sanctions—can be seen as proxies for perceived service performance. Nevertheless, future research would benefit from examining both subjective perceptions and objective indicators of service quality to assess the effectiveness of different regulatory models.

Fourth, our conjoint experiment was conducted in one specific context—Spain—at a particular point in time. Although our study only draws on empirical data from the Spanish case, long-term residential care services for older adults share common features across many European countries (Broms et al. 2024; Kröger 2024; Ranci and Pavolini 2015). These include strong market orientation in service provision, limited public availability, and a predominantly residual character—particularly, when contrasted with other areas of social policy. Therefore, our study may offer relevant insights for welfare regimes that share similar characteristics. While we cannot empirically demonstrate that certain models actually lead to better services, our findings show which service characteristics and regulatory tools are perceived as more reliable and desirable by those with direct experience of these services. Our study constitutes an important step for future cross-national comparative research—particularly, within European welfare states—by offering a systematic assessment of how variations in the regulatory tools governing care services shape patterns of trust and preferences.

Fifth, our study identifies the institutional attributes that help foster trust in nursing home services, but it also raises an important paradox: mechanisms commonly associated with increased trust—such as public oversight, certifications, or transparency—may also provoke skepticism, particularly when users interpret their existence as indicative of potential service deficiencies. While our findings point to clear user preferences for attributes such as public oversight and detailed information provision, we acknowledge that these very mechanisms may, in certain contexts, unintentionally undermine trust by signaling institutional fragility. Although disentangling this tension falls

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beyond the scope of our current experimental design, which isolates service features at the point of hypothetical choice, we view this paradox as an important avenue for future research; in particular, the conditions under which trust-enhancing measures may actually yield counterproductive effects could be examined.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Endnotes

[1] For more detailed information of the conjoint experiment and its implementation, please see Section A of the Supporting Information Appendix.

[2] The categorical variable of the individuals' household income was operationalized as follows: (1) less than 1000 euros; (2) 1001–1500 euros; (3) 1501–2500 euros; (4) 2501–3500 euros; (5) 3501–4500 euros; (6) 4501–5500; (7) more than 5500 euros; (8) don't know/no answer.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** rego70128-sup-0001-Appendix.docx.

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