PSYCHOLOGICAL SCIENCE MEETS POLICY

Motivation
BAROMETER

SYMPOSIUM

LESSONS LEARNED FROM THE PANDEMIC

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VOLKSGEZONDHEID,
VEILIGHEID VAN DE VOEDSELKETEN
EN LEEFMILIEU

sciensano

PART 1 : THEMATIC SESSIONS

Motivation and risk perception

♦

Vaccination and communication

♦

Wellbeing

MOTIVATION AND RISK PERCEPTION

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Motivation BAROMETER

Motivation: two key questions

1. Which motivational factors play a role in predicting people's adherence to the measures?

2. Are stricter measures demotivating?

Which motivational factors play a critical role?

Which motivational factors play a critical role in adherence?

1 Autonomous motivation (« want-ivation »)

- Internalization & ownership of the measures (meaningful, coherent, aligned with values)
- Self-driven and sustainable over time
- Best predictor of adherence (even for difficult measures)

2 Controlled motivation (« must-ivation »)

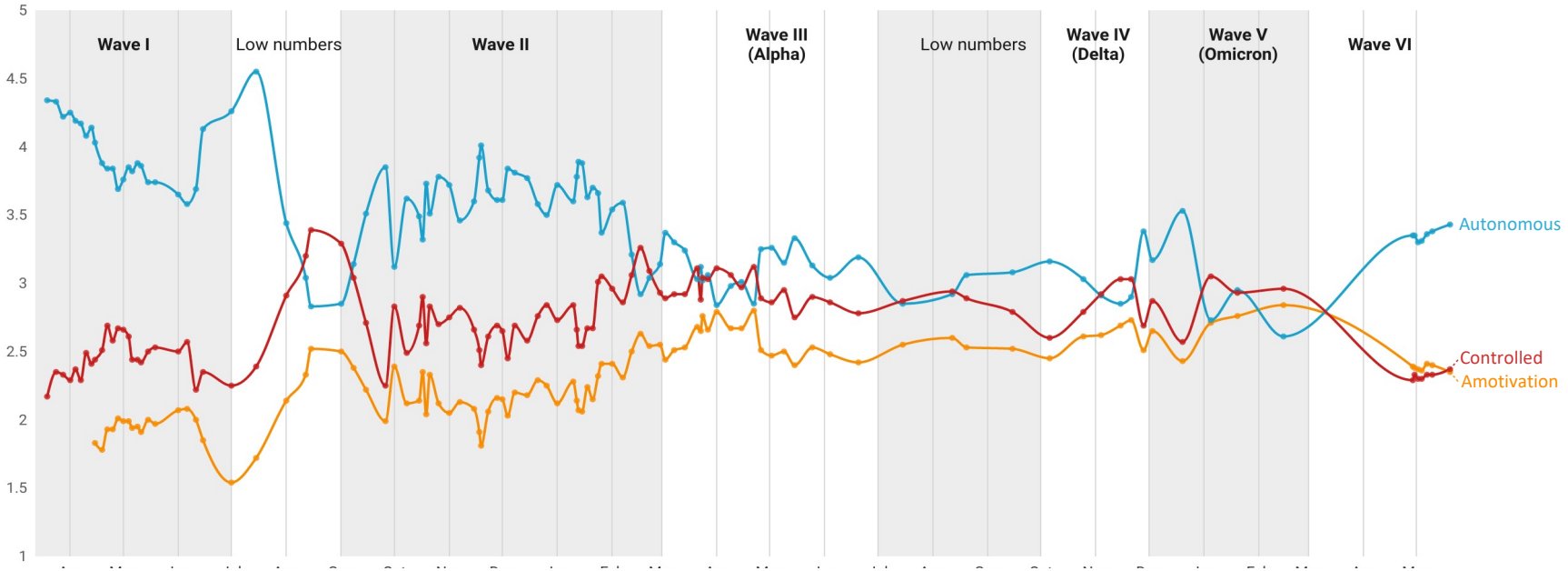
- External pressures (rewards/sanctions, social approval)
- Short-lived (disappear when pressures are lifted)
- May have a negative impact on adherence (backfire, reactance)

3 Amotivation (lack of motivation)

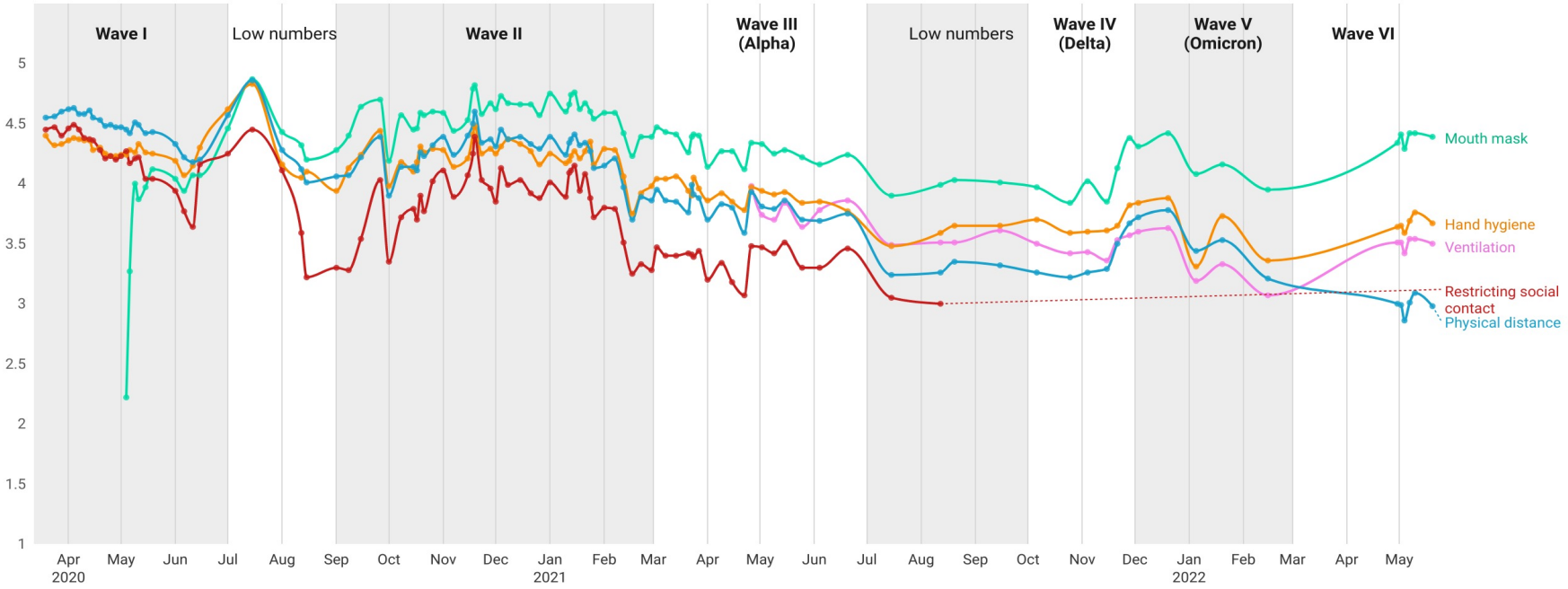
- Measures not perceived as effective
- Takes too much effort

Martela et al., 2021; Morbée et al. 2021, 2022; Waterschoot et al., in progress

Motivation during the COVID-19 pandemic in Belgium



Adherence during the COVID-19 pandemic in Belgium



Motivation BAROMETER

Which factors affect motivation?

Motivation is affected by:

- **Social norms:** We tend to imitate what people around us do and believe
- **Sense of competence:** Do I have the capacity to carry out and stick to the measures? (e.g., hand washing vs. social contact limitation)
- (Lack of) **trust in the politicians** (e.g., second wave, see Report 37)
- **Epidemiological situation** & **risk perception** (detailed later)

Schmitz et al. 2022; Van Oost et al. 2022

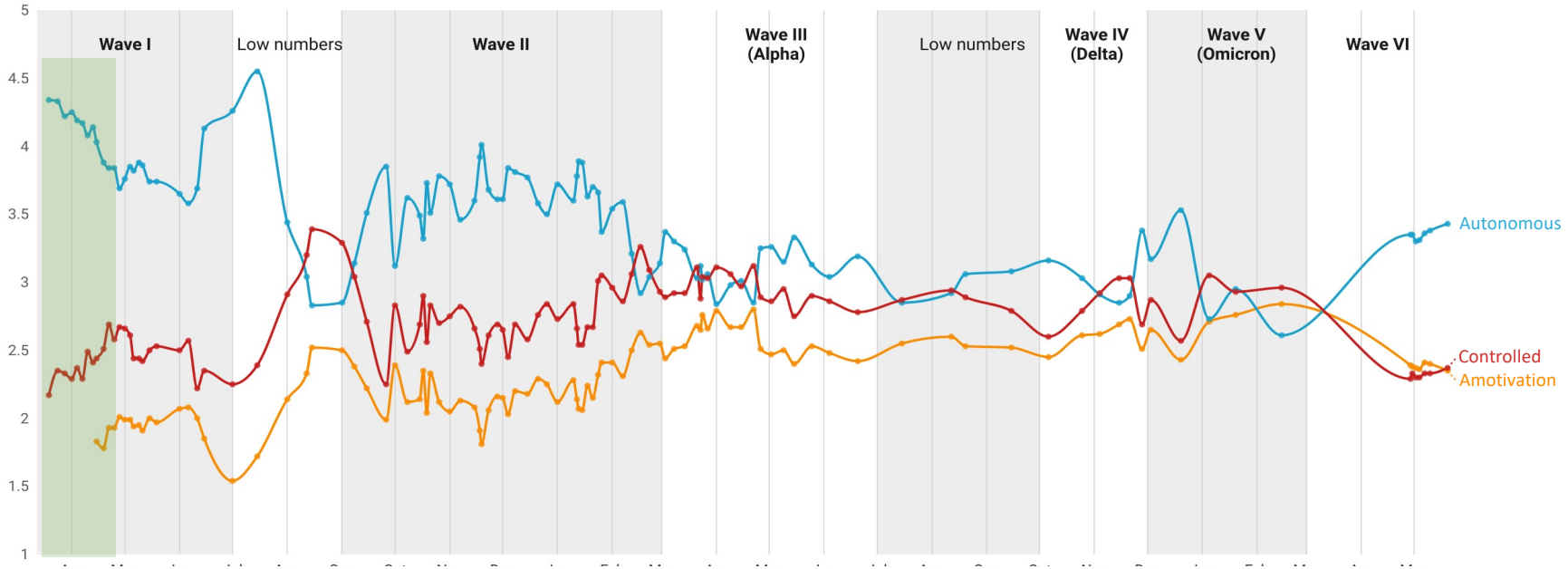
Are stricter measures demotivating?

- Hesitancy in politicians to take stricter measures because of fear to demotivate people
- Not necessarily the case! **No linear relation between strictness and demotivation**
- People will follow **strict measures if**:
  - **Meaningful** (fit between risk and strictness)
  - **Coherent** (e.g., across life domains, across time)
- Conversely, people will not follow if meaningless and incoherent
- Some examples…

Fear of the virus during the first lockdown, uncertainty.

→ Ready to accept intrusive measures to protect themselves and others

Motivation during the COVID-19 pandemic in Belgium



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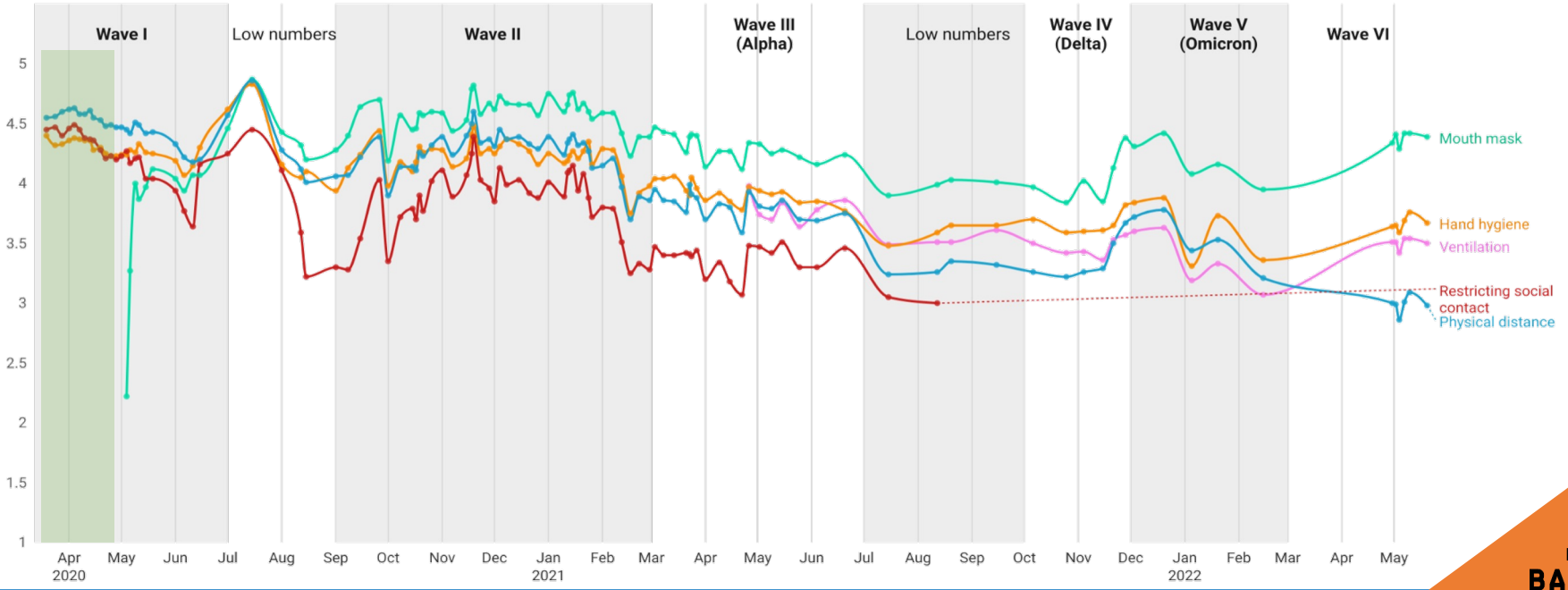
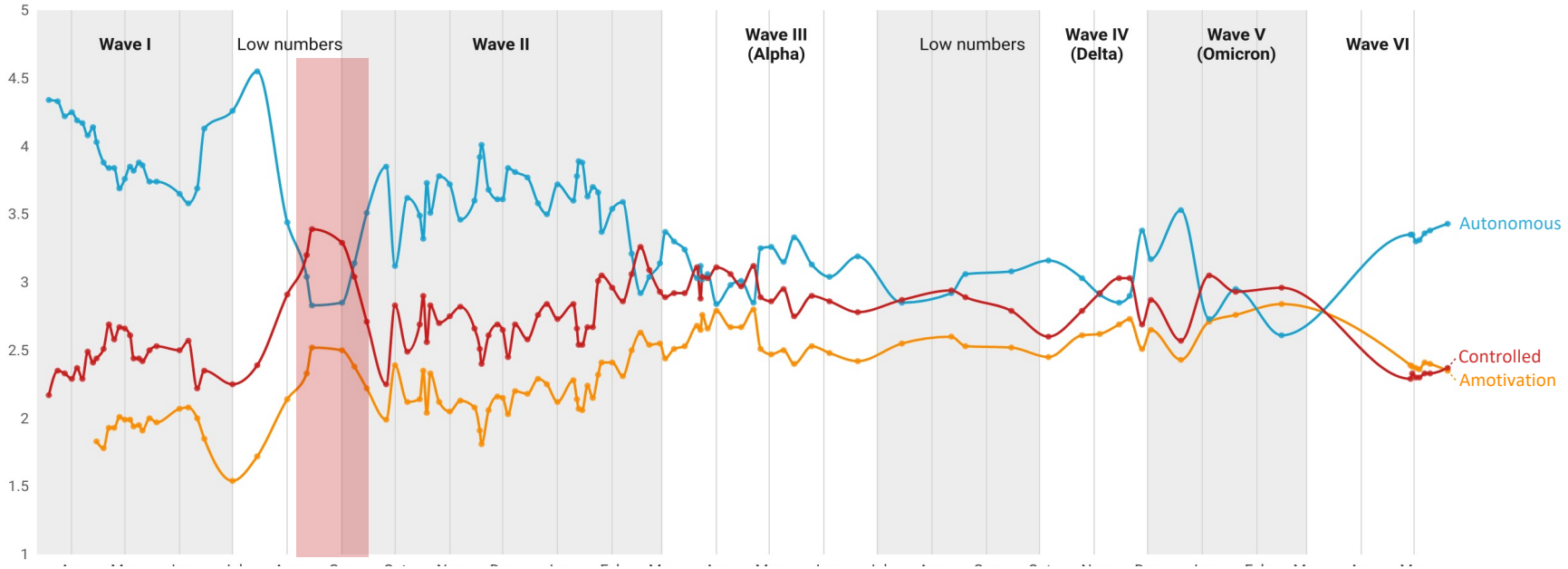


Motivation BAROMETER

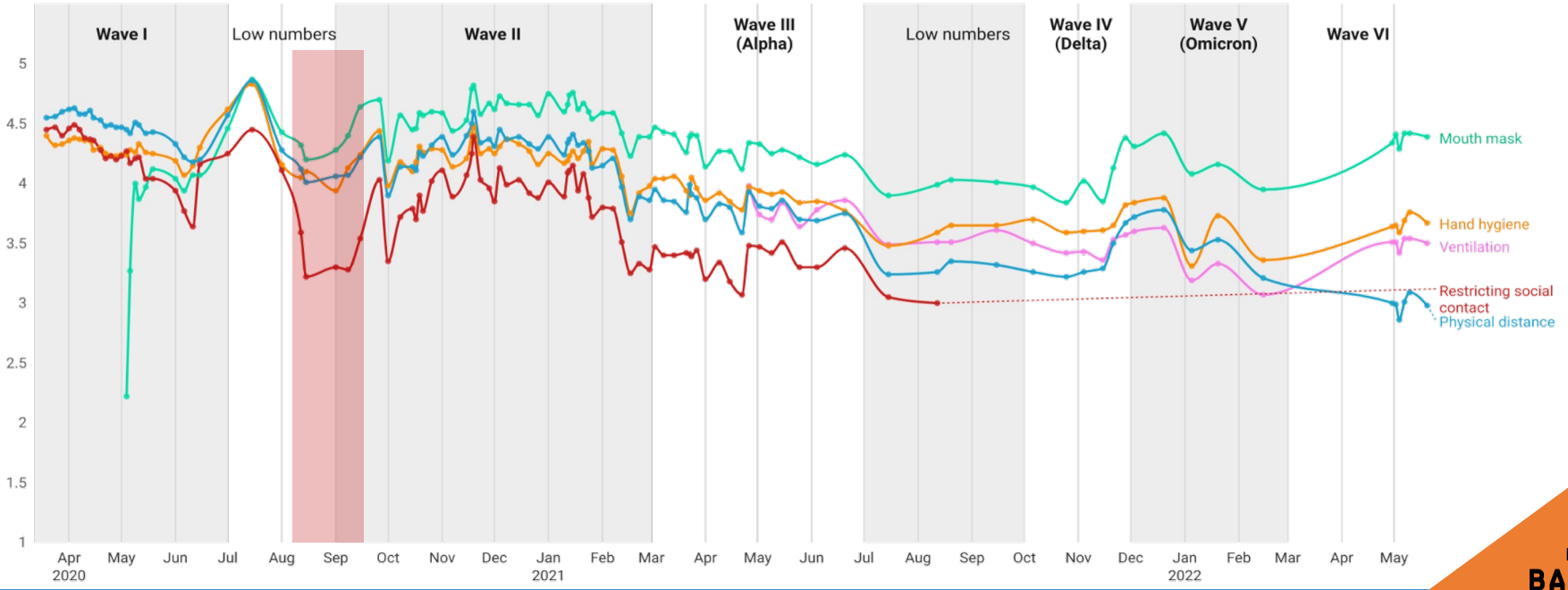
Relaxation of measures in Sept. 2020: extending number of close contacts.

→ Drop in motivation due to a drop in risk perception

Motivation during the COVID-19 pandemic in Belgium



Adherence during the COVID-19 pandemic in Belgium

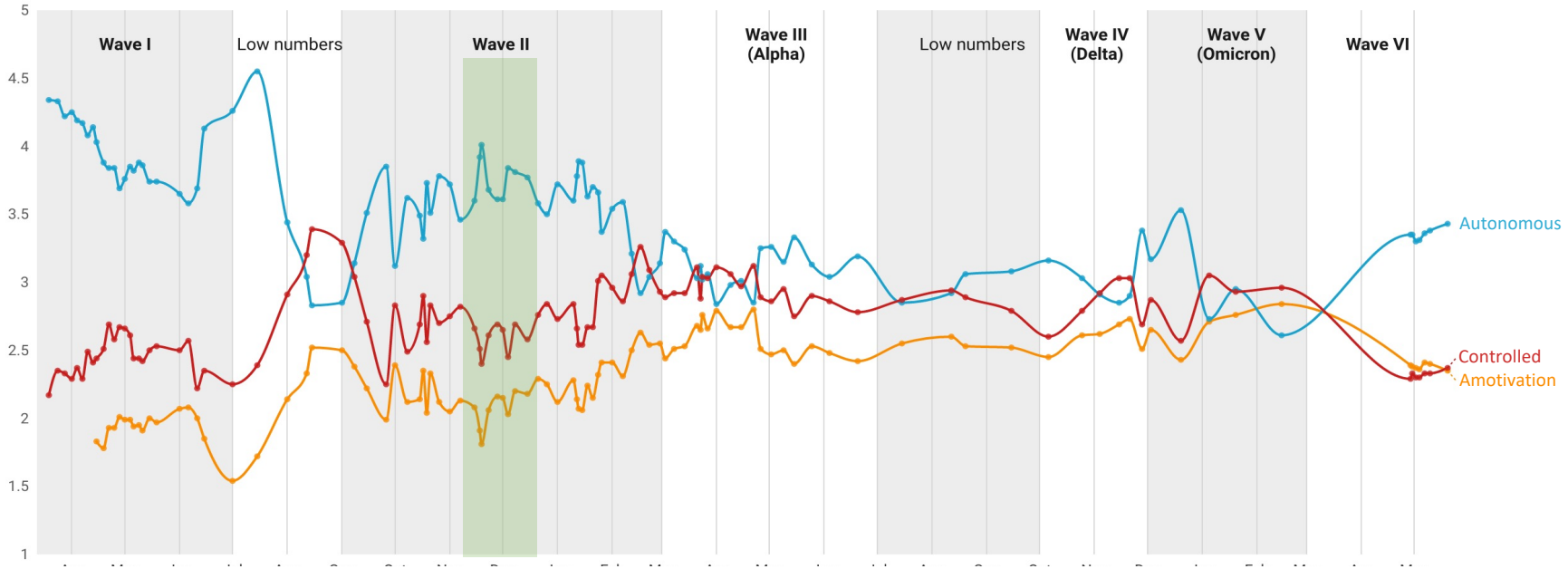


Motivation BAROMETER

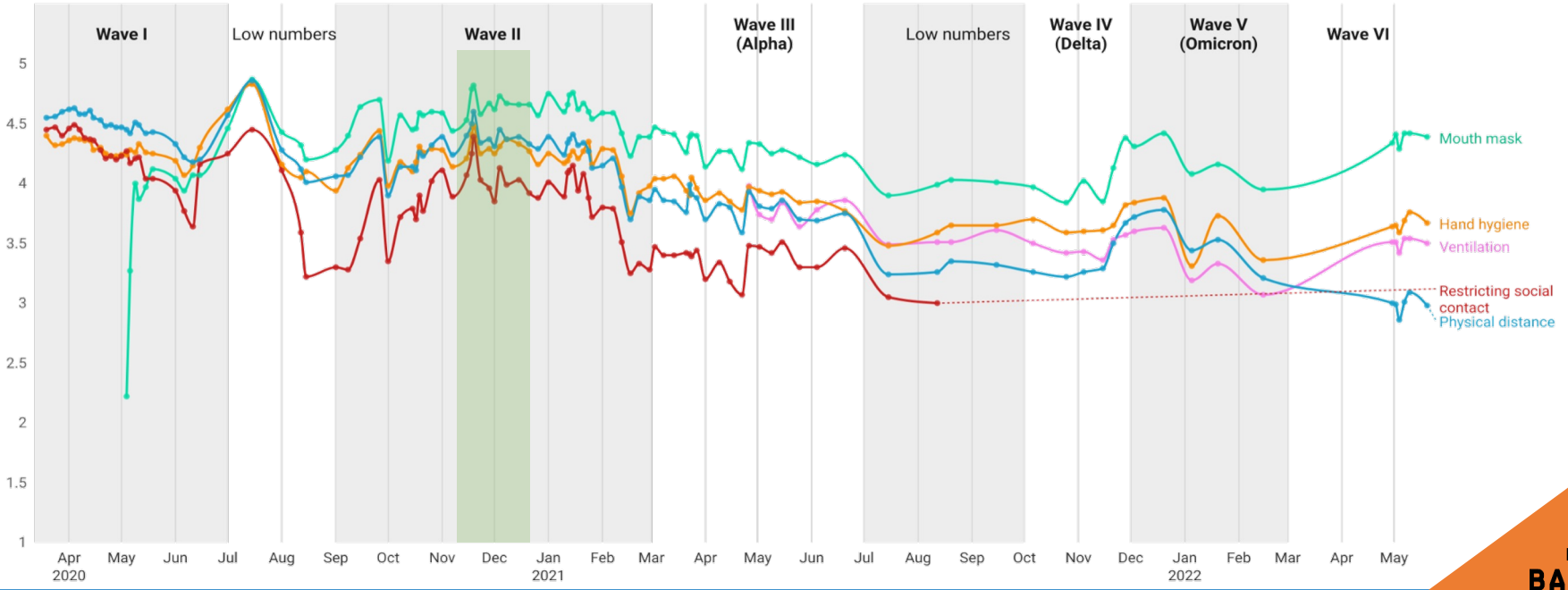
Stricter measures: only 1 contact in Christmas. Reasons and consequences clearly explained

→ People understand the situation, take responsibility, and are more voluntarily motivated

Motivation during the COVID-19 pandemic in Belgium



Adherence during the COVID-19 pandemic in Belgium

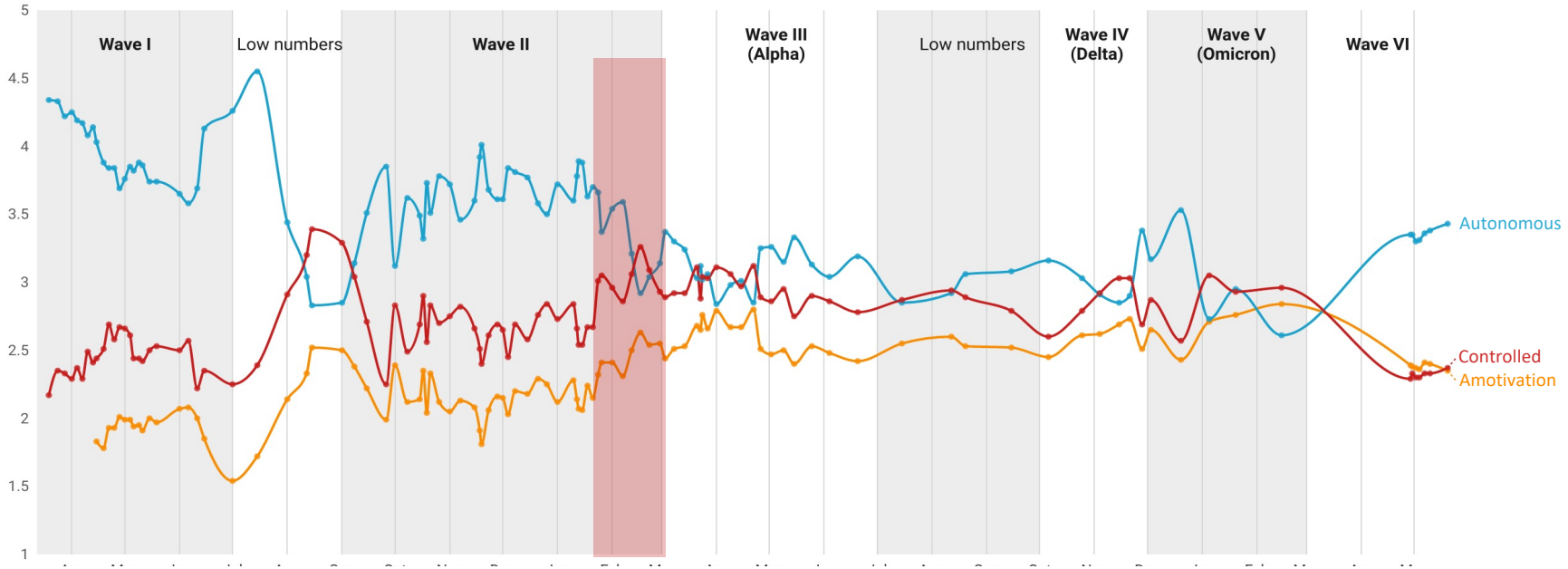


Motivation BAROMETER

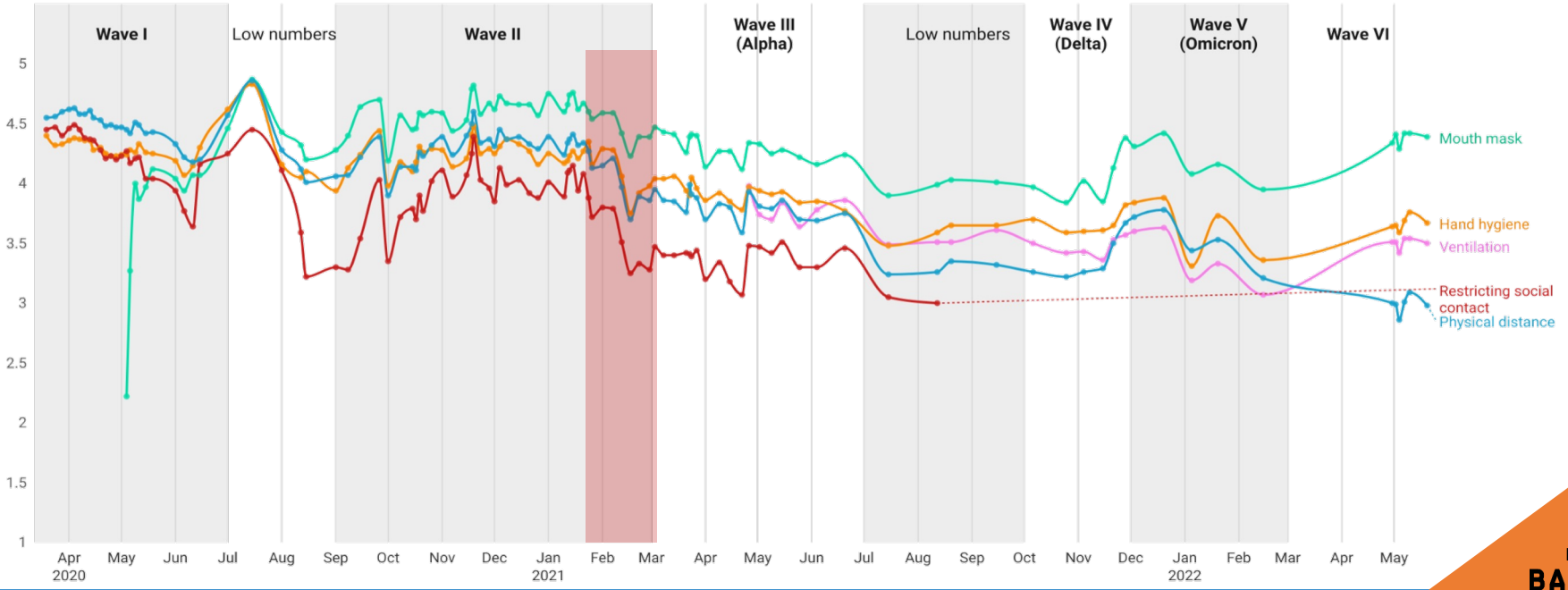
Relaxation of measures in Feb. 2021: Opening of the hairdressers but some close contact sports not allowed

→ Drop in motivation because measures seem inconsistent and meaningless

Motivation during the COVID-19 pandemic in Belgium



Adherence during the COVID-19 pandemic in Belgium

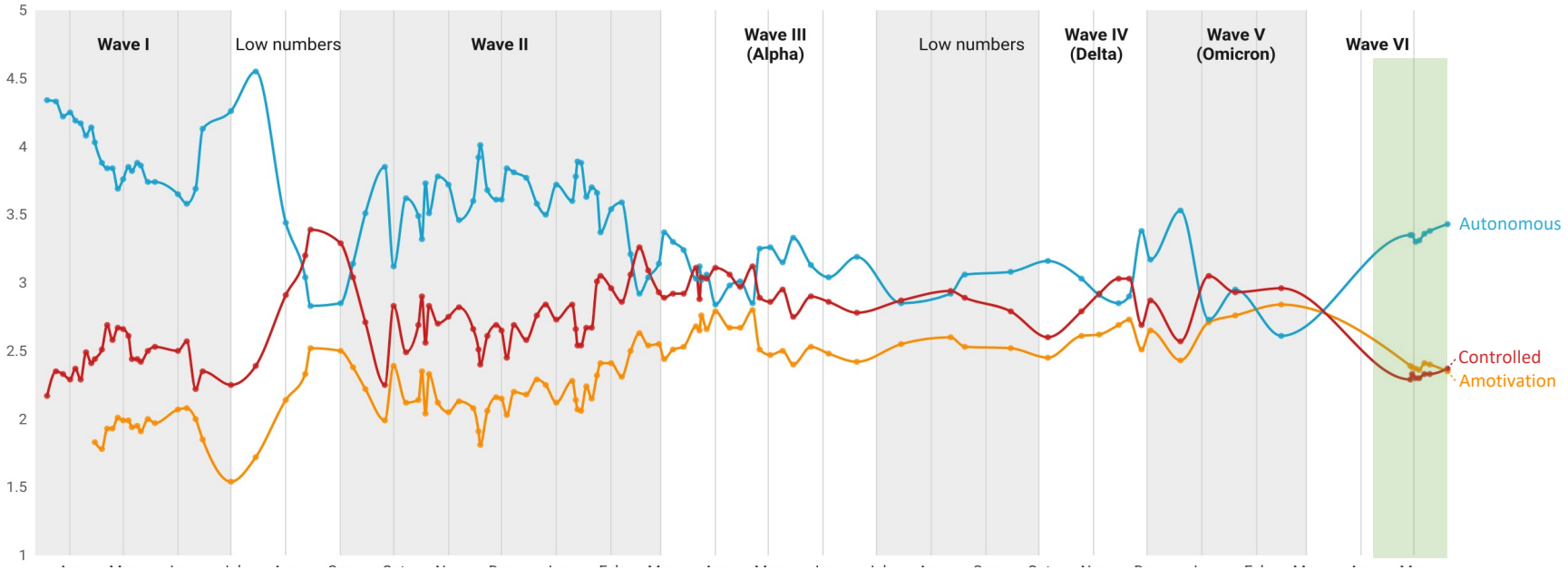


Motivation BAROMETER

Relaxation of the measures in line with the epidemiological situation (less virus)

→ Meaningful
→ Easier to follow the measures
→ Internalization of the measures over time

Motivation during the COVID-19 pandemic in Belgium



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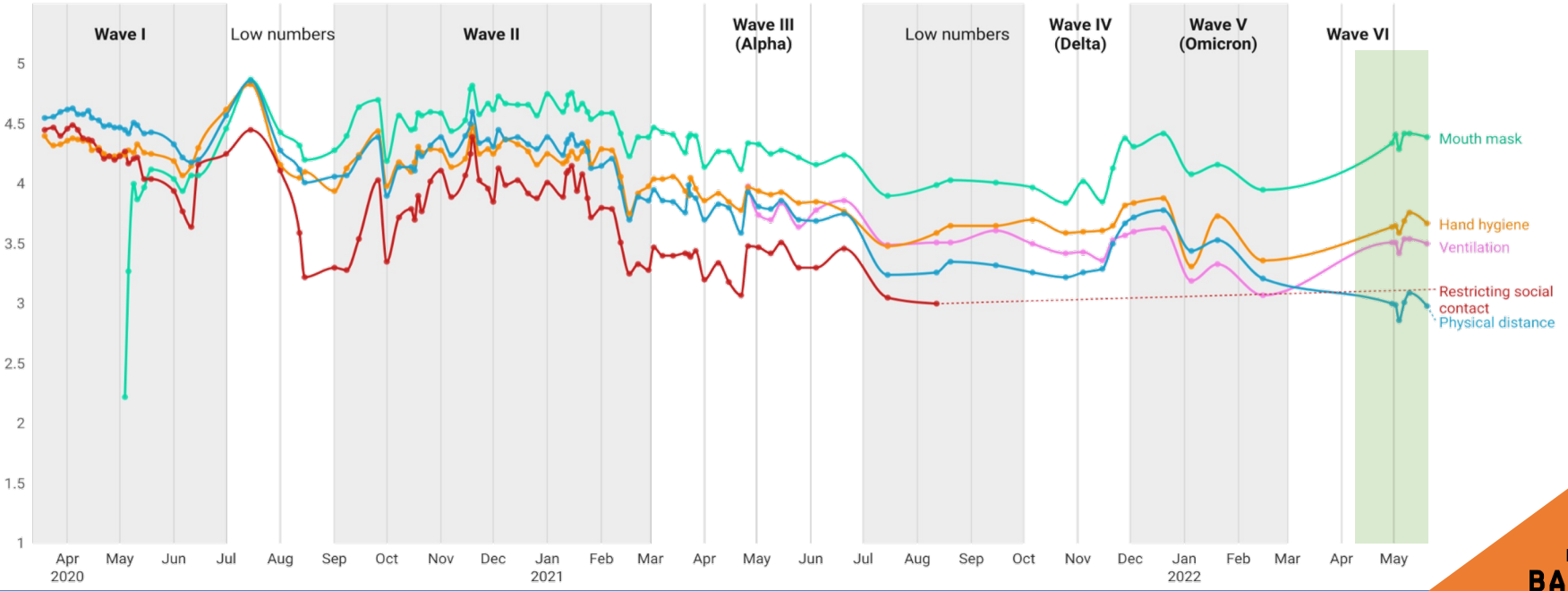


Motivation BAROMETER

Recommendations

- **Personalize motivation:** following the rules not because "important" but because meaningful (e.g., "to go back to a normal life", "to protect the most vulnerable", "to lift the burden on the medical sector")
- **Clear communications and consistency**, what is expected from people
- **Empathic communication:** Take the perspective of others (e.g., how effortful it is for youngsters), highlights collective and progressive effort

Risk perception: two key questions

1. Which dimensions of risk perception play a critical role in people's adherence to sanitary measures?

2. How Omicron changed the situation?

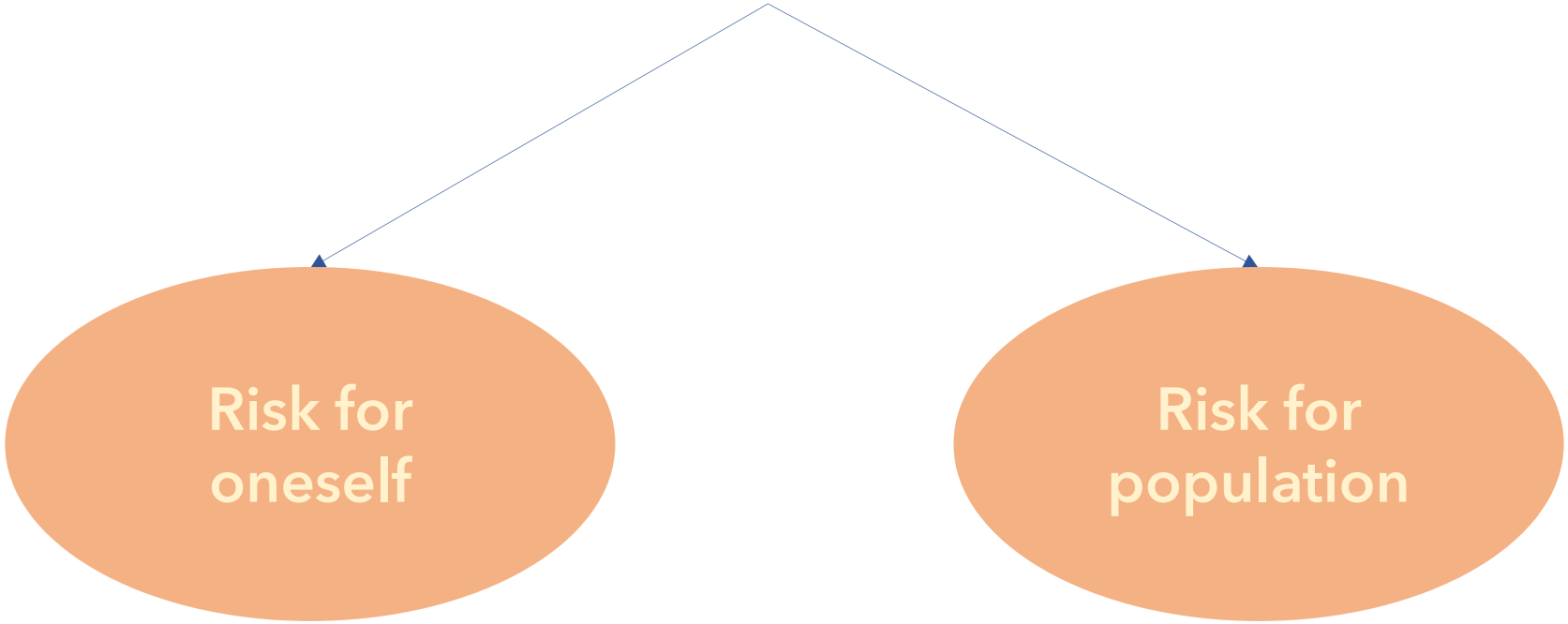
Which dimensions of risk perception play a critical role in people's adherence to sanitary measures?

Risk perception: definition

- Perceiving health threat = condition for individuals to change their health behaviors (Renner & Schupp, 2011)

- If someone unaware of the risky nature of their actions => not motivated to change them

Risk perception: targets



- Population > Oneself
  - People underestimate likelihood of experiencing a negative event
  - Particularly in comparison with others in a similar situation (Weinstein, 1982)

Risk perception: components

Probability of becoming infected

Severity of illness

Variations with perceived level of:

- virus circulation
- threat of the illness
- protection level provided by vaccines

Wolf et al. (2019)

Concerns

Form of repetitive negative thinking that is

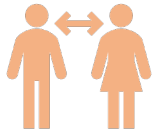
- not solution-oriented
- associated with negative emotional states
- inducing avoidance behaviors

Adherence to the measures

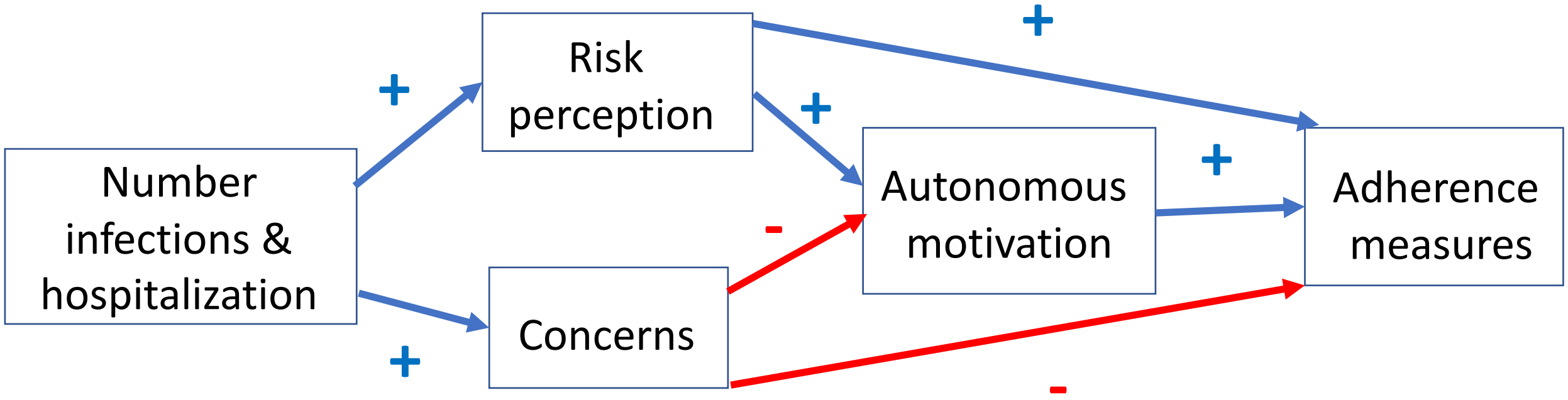
"washing your hands frequently"

"wearing your face mask when mandatory or recommended"

"maintaining physical distance from other"



From hospitalization to adherence to measures



Three critical phases

From September 2020:

- Second wave

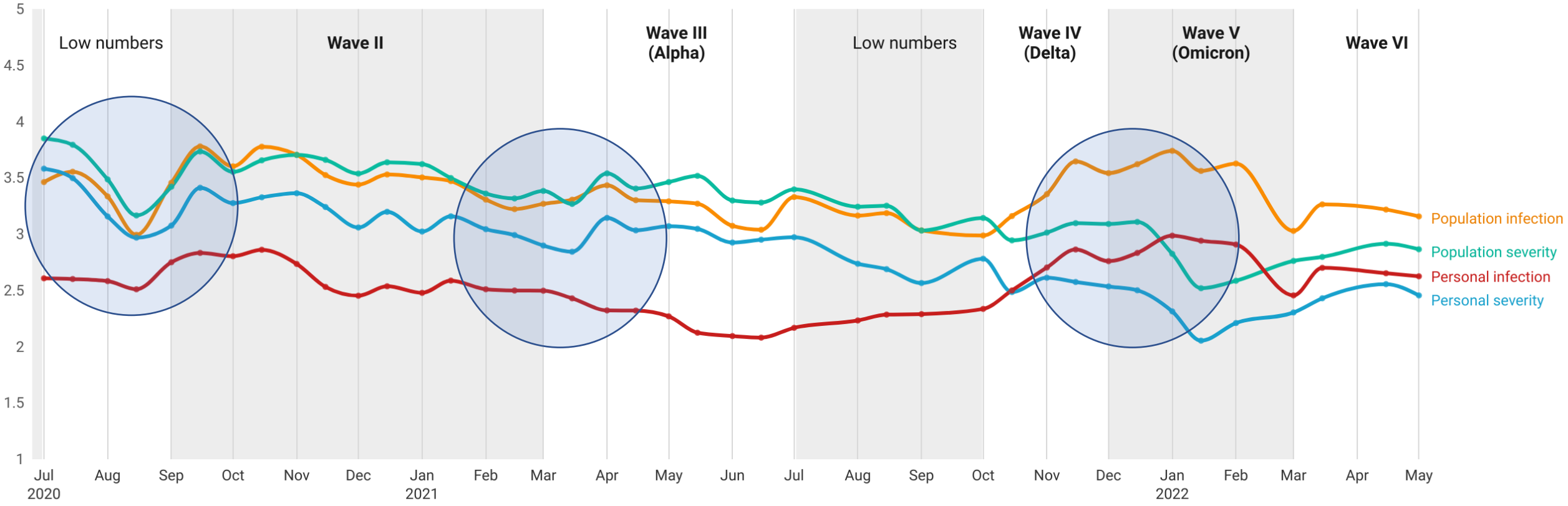
March 2021:

- Decrease in infection numbers

Nov-Dec 2021:

- Delta variant

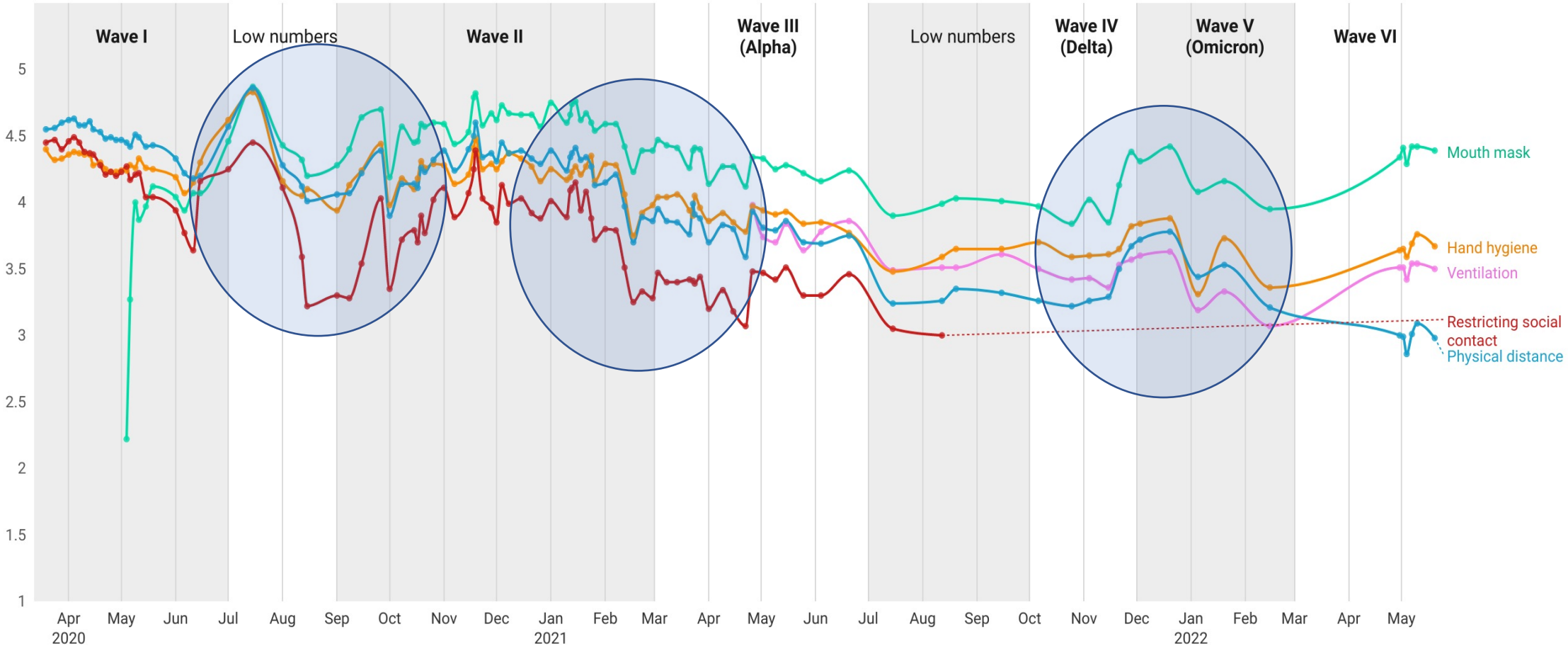
Evolution of risk perception



Weights are based on age, gender, education and region

Source: Motivationbarometer • Created with Datawrapper

Evolution of sanitary behavior adherence



Study 1: How these three variables interact?

- Variation risk perception related to variation in
  - autonomous motivation?
  - adherence to sanitary measures?
- Concerns in addition to risk perception?

Waterschoot et al. (in prep)

Results

- Days during which risks perceived to be more elevated
  - people being more adherent
  - because higher autonomous motivation
- Concerns
  - negatively correlated to autonomous motivation
  - hampering individuals' willing to endorse the measures on a given day

Waterschoot et al. (in prep)

How Omicron changed the situation?

Variations in risk perception across the pandemic

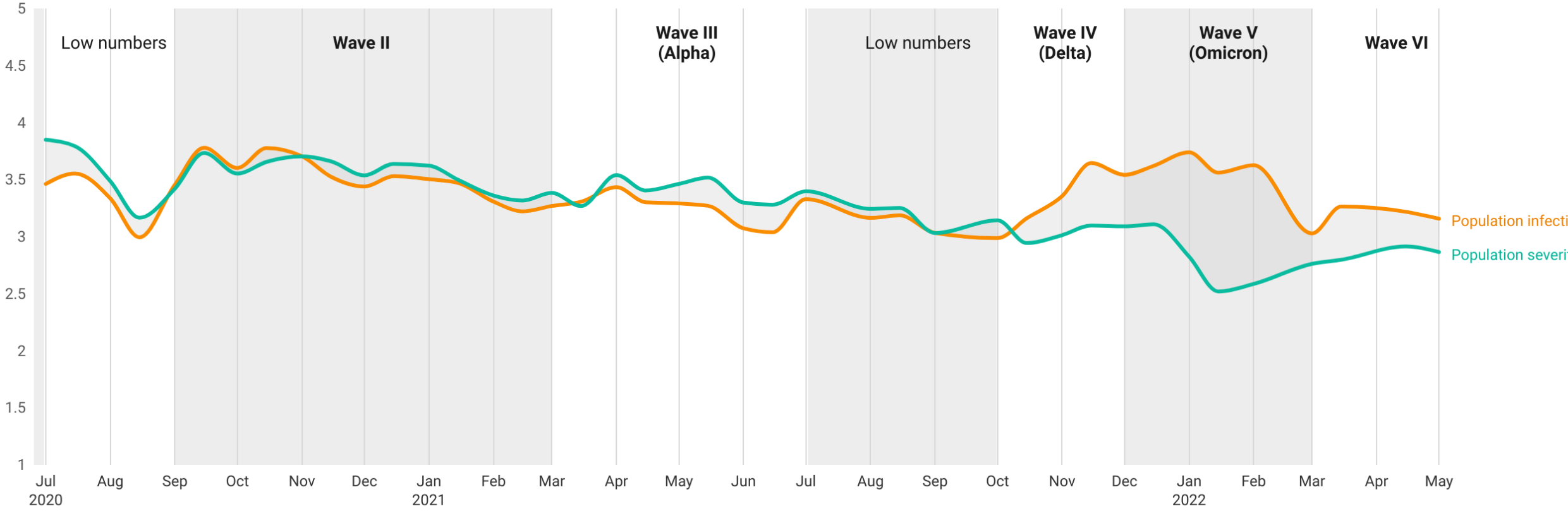
- Most of the crisis, **probability** and **severity** moving in parallel

- But with Omicron:
  - Less severe
  - Highly contagious

➡ Different role to predict autonomous motivation and adherence to behaviors?

Omicron: Dissociation probability infection vs. severity symptoms

Risk perception during the COVID-19 pandemic



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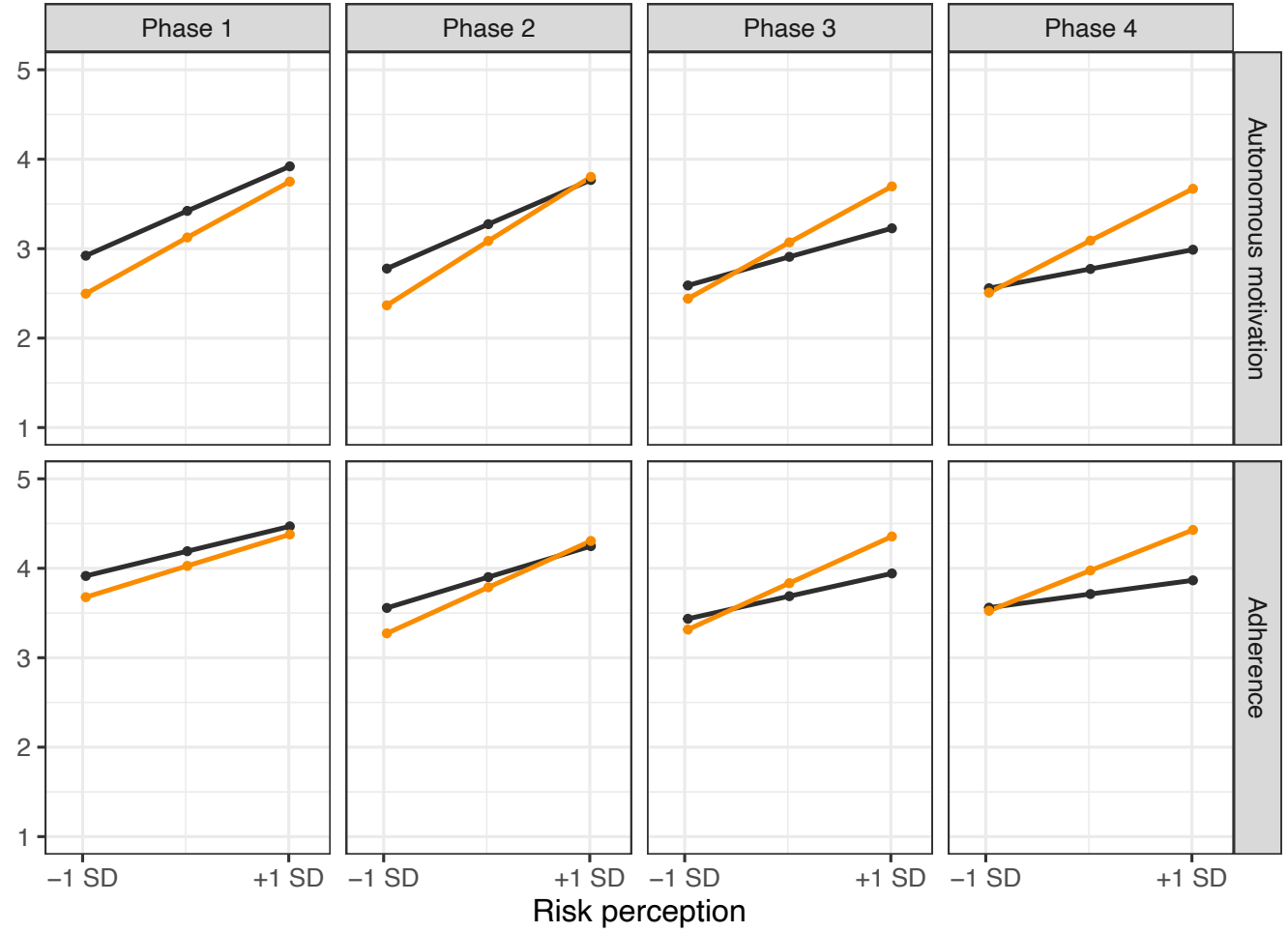
Study 2

- How both types of risk perception predict **autonomous motivation** and adherence to **sanitary behaviors**?

Prediction of autonomous motivation and adherence from two dimensions of risk perception



With time, **severity** being the best predictor of autonomous motivation and adherence to measures

Risk perception

Infection

Severity

Phase 1: March-May 21
Phase 2: July-Aug 21
Phase 3: Sept-Nov 21
Phase 4: Dec 21 – March 22

Policy implications (1)

- Avoid **fear/threat** messages
  - more concerns => less autonomous motivation => less sanitary behaviors

- Inform **risks** people are exposed to in different circumstances
  - Concrete **visuals**: people can get a concrete picture of contagiousness of Omicron variant

Policy implications (2)

- Anticipate **where** and **when** a risk might arise => identify **effective solutions** to avert risk in particular situations
  - Inside (a1) vs. outside (a2)
  - Many people (b1) vs. few people (b2)
  - Low ventilation (c1) vs. high ventilation (c2)
  - If a1, b1, c1 => risk +++

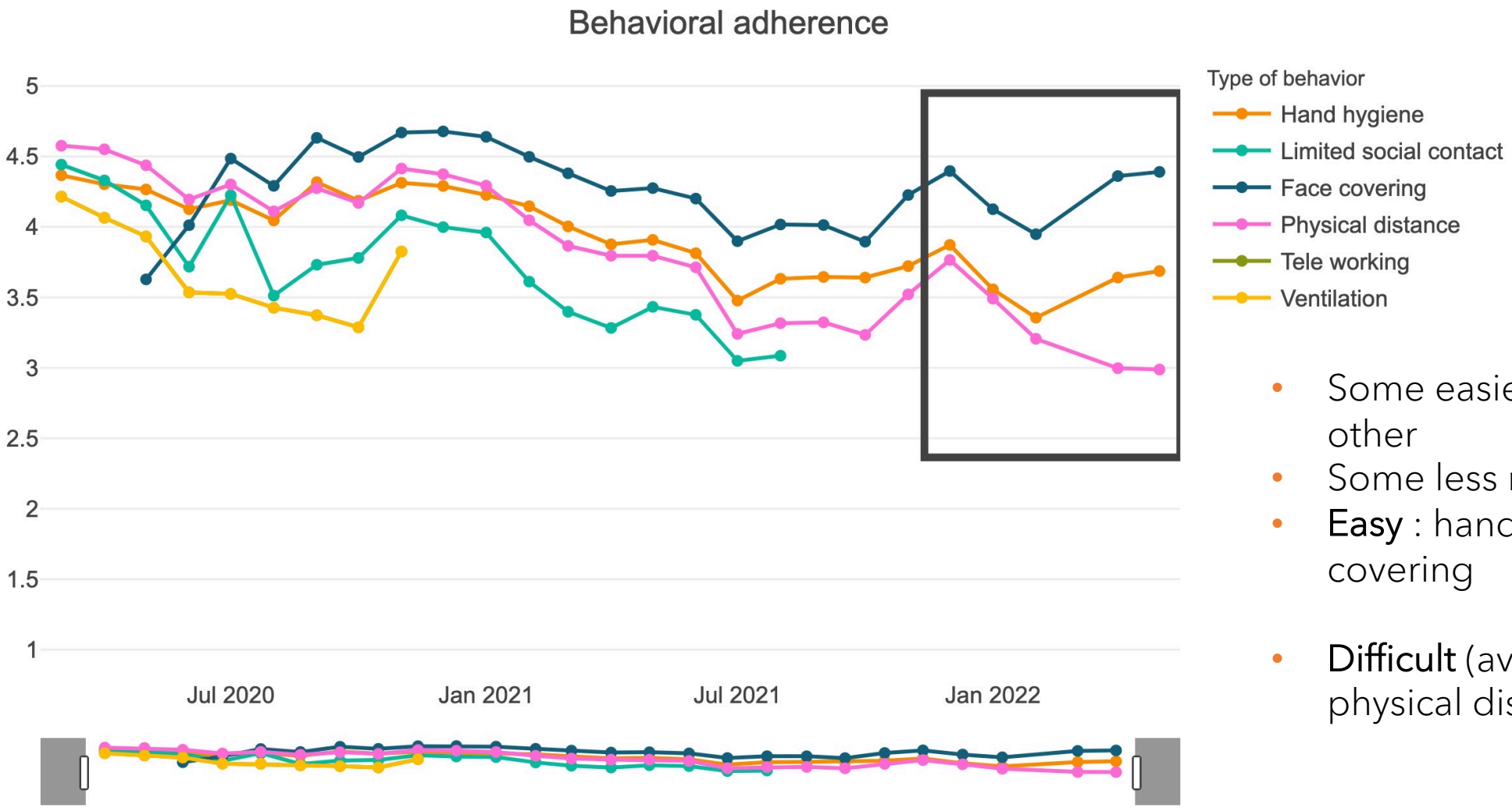
Policy implications (3)

- If–then scenarios
  - People need to understand **why** measures still needed
  - Project **future** consequences for people to keep valuing the measures **today**
  - Examples used:
    - Simulating **different models** of evolution infections depending on **measures taken**
    - If you want **normal Christmas**, then **relaxing measures** implemented **later**

Policy implications (4)

- Insist on **severity** infection for vulnerable populations (elderly, comorbidity, ….)
- Communicate why increased virus circulation has disadvantages for:
  - **Physical health** (e.g., projections of burden in health care)
  - **Mental health** (e.g., school closures)

Two categories of sanitary behaviors



- Some easier to follow than other
- Some less needed today
- **Easy** : handwashing, face covering

- **Difficult** (avoidant behaviors): physical distance

Thank you!