

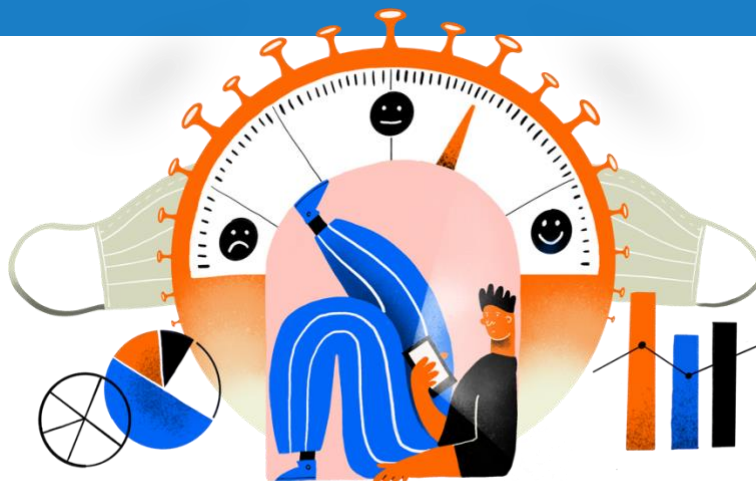
REPORT 34:

Is there still motivational support for the measures in various regions?

The Motivation Barometer

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Reference: Motivation Barometer (9 September 2021). Is there still motivational support for the measures in various regions? Ghent, Leuven, Louvain-la-Neuve, Bruxelles, Belgium.



Last weekend, various Flemish politicians stated that support for the corona measures had completely evaporated. The public would no longer be prepared to follow the remaining health measures. Is this true? While the vaccination campaign is going well in Flanders and Wallonia, Brussels is lagging somewhat behind: the risk of infection and disease is higher there. What influence does this have on the motivation to follow the measures? How do the unvaccinated and the vaccinated look at each other and what do both think of the COVID-Safe Ticket (CST) as a condition for participation in various social activities? Based on the results of the most recent measurement within the motivation barometer ($N = 3006$; average age = 52.9 years; 65.7% highly educated; 72.7% vaccinated; 62.4% Flemish, 15.9% Brussels and 21.7% Walloon), we offer an answer to these questions.

Description of samples (collected between 3 and 8 September 2021)

Vaccinated

- $N = 2120$
- Average age = 54.09 years (72.2% women; 62.1% Flemings, 17.3% from Brussels, 20.5% Walloons; 30.5% master degree)
- Employment status: 39% full time employed, 17.7% part time employed, 5.4% unemployed, 1.5% student, and 33.9% retired
- 13.6% have already been infected (23.5% of non-vaccinated people).

Non-vaccinated

- $N = 886$
- Average age = 49.41 years (62.7% women; 64.6% Flemings, 11.2% from Brussels, 24.2% Walloons; 23.6% master degree)
- Employment status: 51.5% employed full time, 16.6% employed part time, 8.2% unemployed, 1.5% student, and 18.1% retired
- If they were to receive a new invitation to get vaccinated, 65.9% would absolutely refuse, 25.9% would refuse, 7.3% would doubt and 1% would accept (without doubt).

Take home shopping

- The statement of some policymakers that there is no longer any motivational support for the corona measures needs to be nuanced. Although the percentage of (highly) motivated citizens in Flanders today is lower than in Wallonia and Brussels, 6 out of 10 vaccinated Flemish people are still (highly) motivated to follow specific measures.
- At the same time, half of the vaccinated Flemish people no longer believe in the overall strategy being followed, a percentage that is much higher than before the summer.
- Unvaccinated people - especially those who were already infected - are no longer motivated and want to abolish the measures (see also report 33).
- Since the inhabitants of Brussels consider the risks of (serious) contamination to be higher, they are even more motivated than the Flemings or the Walloons and they also indicate that they comply more strictly with the measures. Such results indicate that the population is prepared to make a sustained effort if the situation so requires.
- The wider introduction of the CST remains a sensitive issue and acts as a double-edged sword.
 - Non-vaccinated people remain strongly opposed to it because they perceive it as an instrument to put them under pressure and they expect it to increase tension between population groups. They ask for patience and want to follow their own rhythm to come to a decision.
 - But the patience of vaccinated people is waning and they see the use of the CST as positive. They see it mainly as a tool to ensure safety and health and to motivate the unvaccinated. They therefore argue for a gradual extension to high-risk contexts, such as nightlife or medium-sized events.
 - The fact that Brussels residents in particular are more in favour of this is logical in light of the rising corona figures.

Policy recommendations

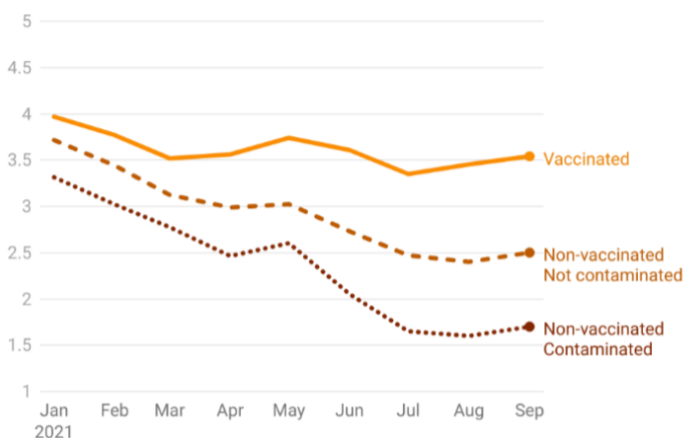
- Communicate explicitly about the **effectiveness of the vaccination**. Indicate in the **daily corona figures the percentage of hospitalised persons who have not been vaccinated**. This will increase belief in the added value of the vaccine and may increase risk awareness among the unvaccinated. These two factors contribute to an increased willingness to be vaccinated.
- Make it clear that vaccination continues to have an added value **even if previously infected**. This information is crucial to encourage previously infected but unvaccinated persons to vaccinate.
- **Provide insight into the overall strategy being followed**. Explain clearly why not all behavioural measures can be abandoned in every situation, even if the vaccination targets have been met in Flanders and Wallonia. Explain properly the **added value of the 'residual measures'** for our health and safety. Outline a medium to long-term vision so that the population knows what to expect during the autumn and winter months.
- **Put a lot of effort into communicating the necessity of the CST. Frame the CST as a necessary instrument to ensure the safety** of the population and the proper functioning of the healthcare sector (rather than as an instrument to give freedom). In this way, the motivational potential of CST is maximised. The focus on safety increases its acceptance among the unvaccinated and elicits less resistance because it is perceived less as a means of pressure.
- **Link the use of the CST to the corona figures (i.e., alarm levels). This has a number of psychological advantages**. It makes clear that the primary purpose of the CST is to ensure the safety and health of people. Moreover, it emphasises the **temporary nature**: if the corona figures improve, then the CST can be abolished again.
- Introduce the CST only in **sub-regions** and **specific contexts** where its use is perceived as **legitimate**, such as large-scale events and nightlife (keeping a distance is impossible; people screaming). Choose contexts where control and supervision are routine tasks to limit the logistical burden.

Question 1: Is there still support for following the recommended behavioural measures?

- The role of vaccination status:** The motivation to voluntarily follow the measures - especially wearing a mouth mask, keeping a distance, hand hygiene and ventilation - has been stabilising for some time and has not decreased further since August 2021¹. Figure 1 shows that the already established motivational gap between vaccinated and unvaccinated people remains, with unvaccinated people being especially undermotivated. In percentage terms, 51% and 22% of the vaccinated, respectively, are still strongly or somewhat motivated to follow the measures, while these percentages drop to 12% and 14%, respectively, among the unvaccinated. This means that there is still motivational support among the vaccinated. Furthermore, there are important differences within the unvaccinated group: those who have already had a COVID infection are much less motivated to comply with the measures than those who have not yet been infected. Infected and unvaccinated people most probably assume that they have already built up sufficient immunity to be protected. As a result, they no longer see the need for the measures.

Figure 1

Voluntary motivation to monitor measures among vaccinated and unvaccinated people from January 2021.



Scores are weighted

Note. Response scale ranges from 1 (= Totally disagree) to 5 (= Totally agree)

- Regional picture:** As vaccination coverage differs in different regions of our country, the motivational support for the measures in place could also differ between regions.

¹ In examining differences between vaccinated and unvaccinated individuals, the role of other relevant socio-demographic characteristics, such as age, gender, education level and region, were statistically filtered out.

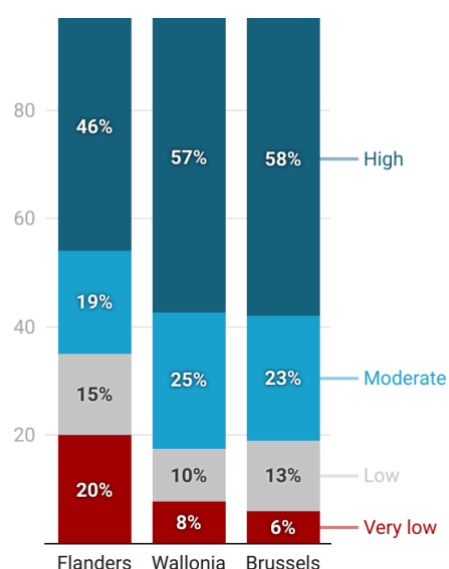
This indeed appears to be the case². Figure 2 shows that the proportion of strongly and partially motivated vaccinated people is lower in Flanders (46% and 19%, respectively) than in Wallonia (57% and 25%, respectively) and Brussels (58% and 23%, respectively). By way of comparison: in July 2020 - at a time when the measures had also been greatly eased - 50% of the Flemish people were strongly and 23% somewhat motivated, respectively. At the beginning of the second lockdown in November 2020, 56% and 24% of the Flemish people were, respectively, strongly or somewhat motivated.

However, it should be noted that an important indicator of demotivation, namely the degree to which people doubt the strategy adopted to control the pandemic, increased during the summer months. Figure 3 indicates that 51% of the vaccinated Flemish people no longer believe (at all) in the global approach, a percentage that is comparable to that of Brussels (50%) and Wallonia (48%). While this percentage is lower among vaccinated Flemish people than among unvaccinated Flemish people (87%), it is also higher than in June (21%). The higher vaccination rate in Flanders undoubtedly plays a role in this: the population was promised that the measures would be abolished if the intended vaccination targets were achieved.

Parallel to the regional differences in (de)motivation, differences can also be observed in the perceived risks of (serious) contamination and the effective compliance with the measures. Participants from Brussels consider the chance of (serious) contamination of the population to be higher and indicate that they follow the measures more strictly than Walloon or Flemish participants. This dynamic has been observed on several occasions: rising COVID figures increase risk awareness, which in turn leads citizens to further support the measures. This increased motivation contributes to their (continued) compliance with the measures.

Figure 2

Percentage of voluntary compliance among vaccinated persons in separate regions in September 2021



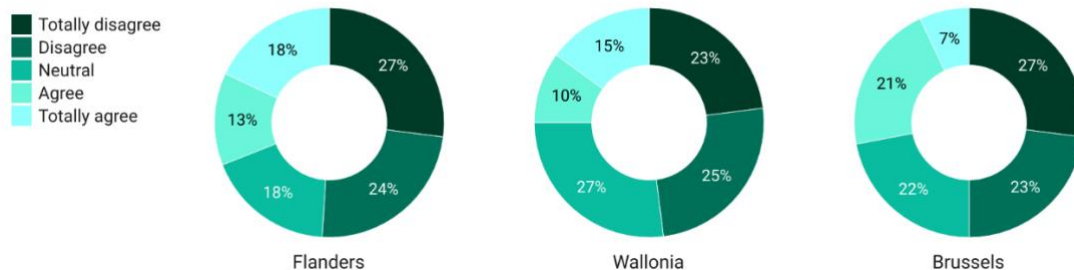
² The samples collected are not representative of the socio-demographic distribution of the population. Nevertheless, since December 2020, both Dutch- and French-speaking participants were recruited and the presented findings are weighted for age, region, educational level and gender to (partially) correct for the non-representative nature of the samples.

Figure 3

Percentage of scepticism about the overall strategy across regions in September 2021 among vaccinated people

"Because I do not believe that the current approach to the corona crisis is helping to solve the problem"

The Motivationbarometer
September, 2021, among vaccinated persons



- Conclusion:** The statement of some policymakers that there is no longer any motivational support for the COVID measures needs to be nuanced. Although the percentage of (highly) motivated citizens in Flanders today is lower than in Wallonia and Brussels, 6/10 vaccinated Flemish people are still (highly) motivated to follow specific measures. At the same time, ½ no longer believes in the overall strategy being followed, a percentage that is much higher than before the summer. Unvaccinated people - especially those who were already infected - are no longer motivated and want to abandon the measures (see report 33). Since people from Brussels consider the risks of (serious) contamination to be higher, they are even more motivated than Flemings or Walloons and also say that they are more strictly committed to the measures. Such results indicate that the population is prepared to make a sustained effort if the situation so requires.
- Recommendations:**
 - Communicate explicitly about the **effectiveness of the vaccination**. Indicate in the **daily COVID figures the percentage of hospitalised persons who have not been vaccinated**. This will increase belief in the added value of the vaccine and may increase risk awareness among the unvaccinated. These two factors contribute to an increased willingness to be vaccinated.
 - Make it clear that vaccination continues to have an added value **even if previously infected**. This information is crucial to encourage previously infected but unvaccinated persons to get vaccinated.
 - Provide insight into the overall strategy being followed. Explain clearly why not all behavioural measures can be abandoned in every situation, even if the vaccination targets have been met in Flanders and Wallonia. Explain properly the **added value of the 'residual measures'** for our health and safety. Outline a medium to long-term vision so that the population knows what to expect during the autumn and winter months.

Question 2: What do we think of the Covid Safe Ticket?

- *Evolution of usefulness of the CST:* Participants indicated to what extent they support the use of a Covid Safe Ticket (CST) in various contexts. The question is whether and how the attitudes of vaccinated and unvaccinated people towards the CST have evolved since August. Figure 4 highlights two findings. First, unvaccinated persons are strongly opposed to the use of the CST, whereas vaccinated persons are more positive about the use of the CST. Secondly, vaccinated persons are not in favour of a broad introduction of the CST without nuance. They are in favour of targeted and selective use, particularly in contexts where health and safety cannot be guaranteed without using the CST. For example, they favour its use at major events, travel and nightlife, but much less for work, in secondary schools and colleges, with the preference for this declining slightly in September compared to August 2021.

Figure 4

Evolution in preference for introduction of the CST by sector according to vaccinated and unvaccinated participants

To what extent do you find it acceptable to introduce a corona pass in the following circumstances?

The Motivationbarometer
August - September 2021

● Aug-21 ● Sep-21



Means are weighted

- *Regional differences:* There are also regional differences in the attitude towards the use of the CST (Figure 5): vaccinated Brussels residents appear to be stronger proponents of its use on average across all contexts compared to vaccinated Walloons and vaccinated Flemings. In Flanders and Wallonia, there is much less support for the CST, in particular in the educational and professional fields.

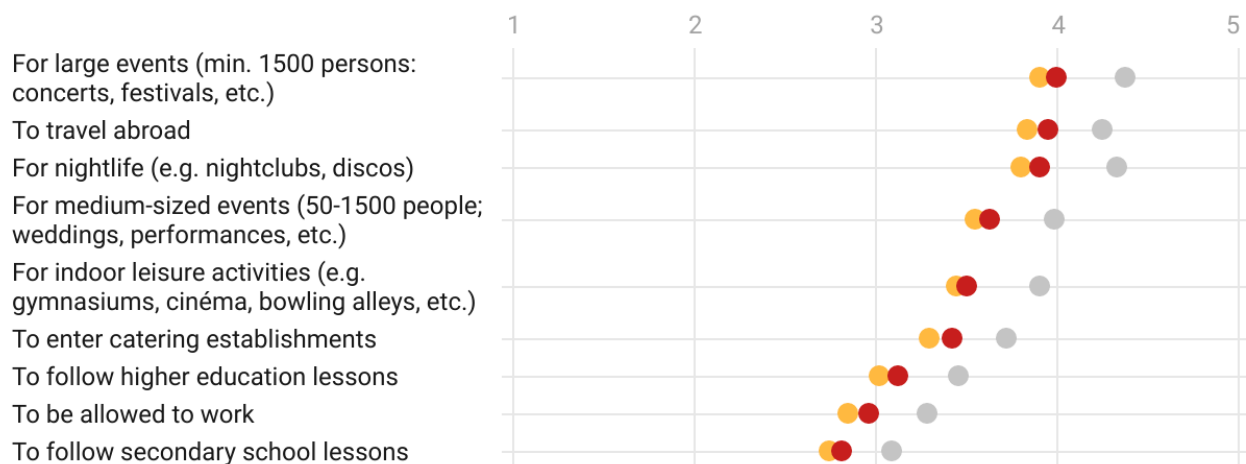
Figure 5

Evolution in preference for introduction of the CST by sector and region among vaccinated people

To what extent do you find it acceptable to introduce a corona pass in the following circumstances?

The Motivationbarometer
By region, September 2021

● Brussels ● Flanders ● Wallonia



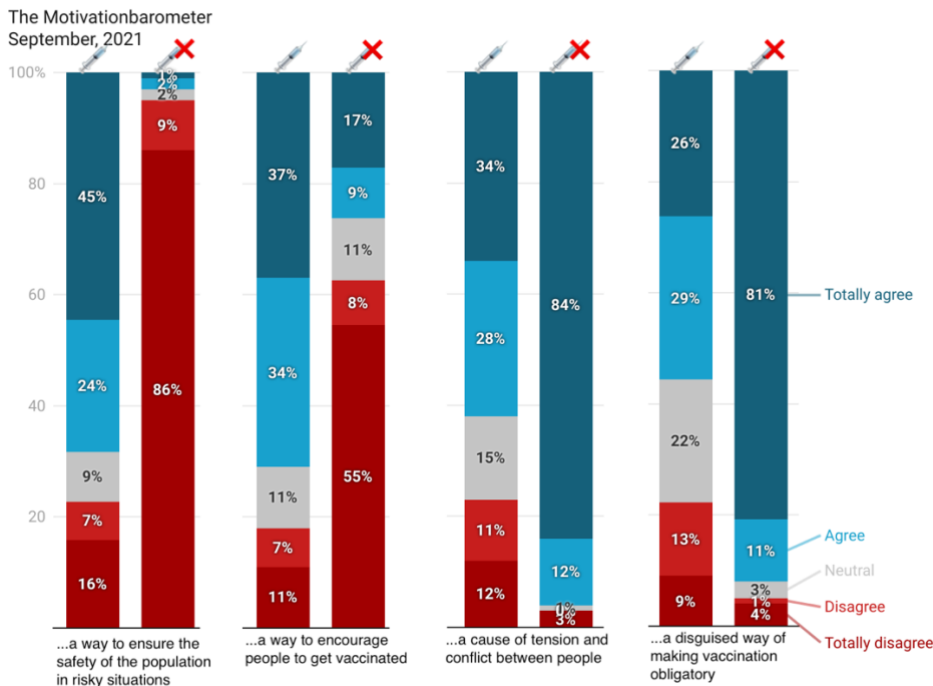
- *Assigned meaning:* The CST can serve various purposes and therefore also have different meanings. For example, making the CST compulsory may show citizens that some situations are risky and that using it increases safety. On the other hand, the CST can be used to encourage citizens to vaccinate, or it can be seen as a hidden form of obligation or potential source of tension between the vaccinated and the unvaccinated. Figure 6 provides an overview of the meaning attributed to the CST as a function of vaccination status. Almost 7 out of 10 vaccinated people indicate that the CST has a (strong) informational value and draws the public attention towards risk situations, something the unvaccinated participants do not agree with. Furthermore, 71% of the vaccinated are convinced that the CST can play a (very) motivating role, which the non-vaccinated believe less firmly. 92% of the unvaccinated experience (moderately or strongly) the CST as a means of pressure to force them to get vaccinated. In addition, 96% indicate that the CST can be a source of potential conflict between people. However, 6 out of 10 vaccinated people

also think that the introduction of the CST can cause tension. These results show that communication during the introduction of the CST will be very crucial in order to avoid tension between groups and effectively increase willingness to be vaccinated.

Figure 6

Attributed meaning of the CST according to vaccinated and non-vaccinated people

If such a pass were to be widely introduced, I would see it as a...



- Evolution of motivation strategies:** The use of the CST represents just one motivational strategy to encourage unvaccinated people to get vaccinated. Figure 7 shows the evolution of the extent to which certain strategies are considered effective by vaccinated and unvaccinated people over the past few months. Some strategies focus on internal factors (i.e., following the rhythm, explaining, informing) and others on external factors (i.e., use of privileges for the vaccinated, rewarding vaccination, compulsory vaccination). Internal strategies are generally rated as more effective by both groups, but an effect of time is apparent. While belief in the usefulness of most strategies stabilizes among the vaccinated, it decreases among the unvaccinated. Undoubtedly, this is a selection effect, with a growing hard core of unvaccinated people. They feel above all that their rhythm should be followed and they consider this to be the most effective strategy. At the same time, the belief in this strategy is declining among the vaccinated. They seem to have less patience than before the summer.

Figure 7

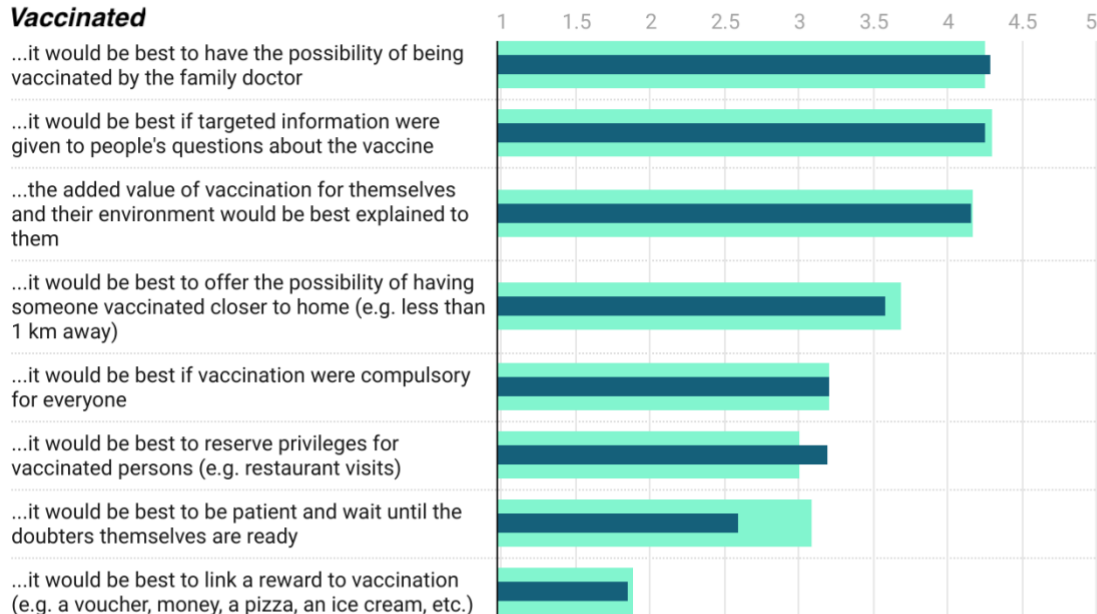
Evolution in perceived suitability of motivational strategies according to vaccinated and unvaccinated people

Motivational strategies

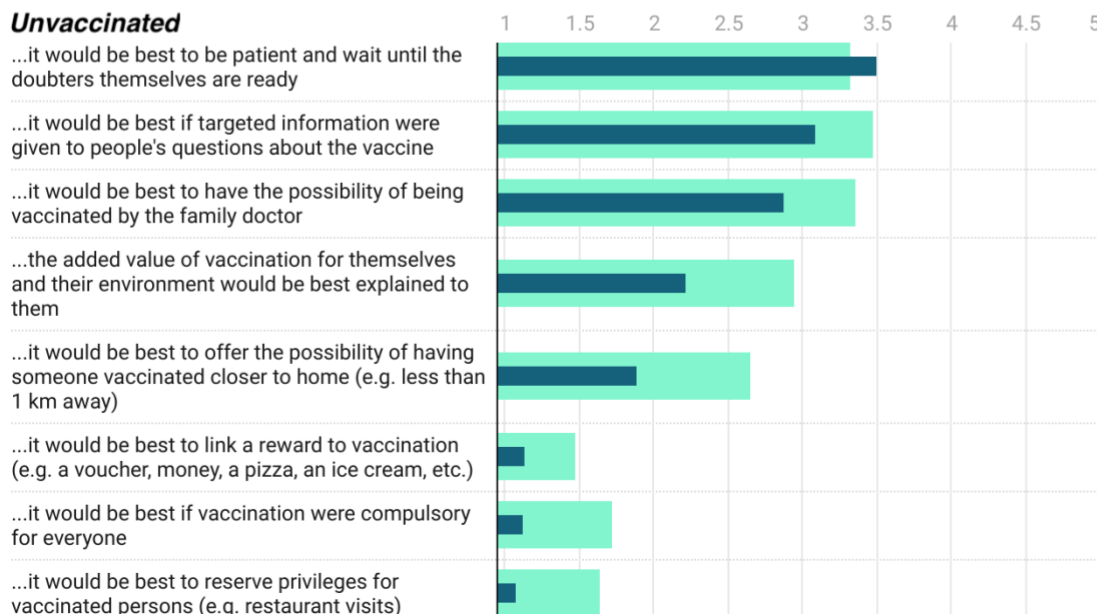
The Motivationbarometer
June and September, 2021

Jun-21 Sep-21

Vaccinated



Unvaccinated



- *Conclusion:* The wider introduction of the CST remains a sensitive issue and acts as a double-edged sword. Non-vaccinated people remain strongly opposed to it because they perceive it as a tool to put them under pressure and they expect it to increase tension between population groups. They ask for patience and want to follow their own rhythm to come to a decision. But the patience of vaccinated people is fading away and they see the use of the CST as positive. They see it mainly as a tool to ensure safety and health and to motivate the unvaccinated. They therefore argue for a gradual extension to high-risk contexts, such as nightlife or medium-sized events. The fact that people from Brussels, in particular, are especially more in favour of this is logical in light of the rising COVID figures in Brussels.
- Policy recommendations:
 - **Put a lot of effort into communicating the necessity of the CST. Frame the CST as a necessary instrument to ensure the safety** of the population and the proper functioning of the healthcare sector (rather than as an instrument to give freedom). In this way, the motivational potential of the CST is maximised. The focus on safety increases its acceptance among the unvaccinated and elicits less resistance because it is perceived less as a means of pressure.
 - **Link the use of the CST to the COVID figures (i.e., alarm levels). This has a number of psychological advantages.** It makes clear that the primary purpose of the CST is to ensure the safety and health of people. Moreover, it emphasises the temporary nature: if the COVID figures improve, then the CST can be abolished again.
 - Introduce the CST only in **sub-regions** and **specific contexts** where its use is perceived as **legitimate**, such as large-scale events and nightlife (keeping a distance is impossible; people screaming). Choose contexts where control and supervision are routine tasks to limit the logistical burden.

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