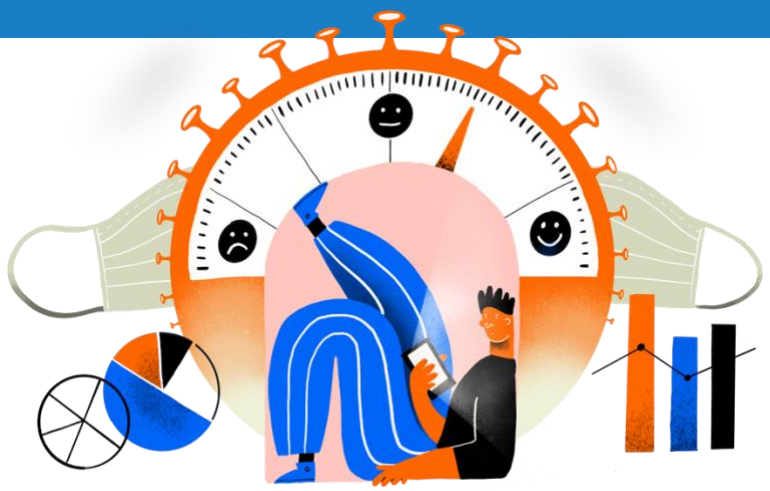
REPORT 35:

Is the population still conscious of the risks and motivated to follow the measures? What is the role of the COVID Pass in this?

The Motivation Barometer

Authors (in alphabetical order): Olivier Klein, Olivier Luminet, Sofie Morbée, Mathias Schmitz, Omer Van den Bergh, Pascaline Van Oost, Maarten Vansteenkiste, Joachim Waterschoot, Vincent Yzerbyt

Reference: Motivation Barometer (November 12, 2021). Is the population still conscious of the risks and motivated to follow the measures? What is the role of the COVID Pass in this? Ghent, Leuven, Louvain, Bruxelles, Belgium.



During a quiet summer and after a successful vaccination campaign, the gates to freedom were opened, bringing their share of hope. But a damper on the joy followed in the meantime. COVID numbers rose again in recent weeks. The abolition of the mouth mask requirement in public places and stores was reversed and other interventions were introduced (Covid Pass) or are being considered (mandatory vaccination in healthcare). The question arises as to how the population is experiencing this yo-yo movement and whether they remain willing to comply with the measures imposed or new ones.
In this report, we present the results of various measurement occasions collected during the months of October and November with the motivation barometer (N = 12788; mean age = 52.5 years; 68.5% highly educated; 74.7% vaccinated; 60.3% Dutch speakers). Is the population still risk sensitive? How are the risks assessed when they attend an event with or without a Covid pass? To what extent do they still follow the measures and do they see the need for them? And how do the answers to these questions differ between vaccinated and non-vaccinated people? We formulate ten recommendations to strengthen motivational communication and policy.

The following five questions are answered in this report:

1. To what extent is the population still motivated to respect the COVID measures and to what extent does it comply with?
2. How can differences in motivation between vaccinated and unvaccinated individuals be explained?
3. How are risks assessed and how do we behave when attending an event for which a 'Covid Safe Ticket" is required?
4. How has our attitude toward the 'Covid Safe Ticket' and the vaccination requirement evolved over time?
5. How has our preoccupation with the situation evolved and how autonomous do we still feel to decide about our own behavior?

Description of samples (collected at three measurement points between October 5 and November 8, 2021: measurement point 1 (October 5-11) = 4171; measurement point 2 (October 25 - 30) = 5330; measurement point 3 (November 1 - 8) = 3287.

Vaccinated

- N = 9345
- Average age = 53.94 years (64.3% female; 64.6% Dutch speaking; 31.7% master's level).
- Employment status: 41.6% full-time, 16% part-time, 5.5% unemployed, 1.5% student, and 32.7% retired.
- 14.5% were previously infected.

Non-vaccinated people who have already been infected (29.6% of non-vaccinated people)

- N = 937
- Average age = 45.83 years (58.8% female; 45.7% Dutch speaking; 30.9% master's level).
- Employment status: 59.4% full-time, 19.1% part-time, 6% unemployed, 2.2% student, and 9.6% retired.

Non-vaccinated people who have not been infected (70.4% of non-vaccinated people)

- N = 2231
- Average age = 48.75 years (60.1% female; 51.2% Dutch speaking; 24% master's level)
- Employment status: 54.5% full-time, 16.1% part-time, 9% unemployed, 1.6% student, and 15.3% retired

Take-home messages

- Motivation and behavior: A significant proportion of our large sample remains voluntarily motivated to follow the measures, even though fewer measures apply today (e.g., no restrictions in private contacts) or are more noncommittal (e.g., recommendation of telecommuting). The gap in motivation between vaccinated and unvaccinated individuals is reflected in differences in adherence to the measures. At the same time, it appears that unvaccinated persons are more faithful to basic measures (mouth mask requirement, keeping their distance, decontamination) today than in the summer months. Moreover, there is also considerable motivational support among them for telework, ventilation, and following quarantine measures.
- Risk awareness: There are several reasons to be concerned about the fate of the unvaccinated. They rate the risks of infection - despite their unvaccinated status - as lower. Moreover, they are less susceptible to the motivating power of such a perception of risk. Even though unvaccinated people are not blind to the risks of serious infection, the awareness contributes less to the motivation to take action. At the same time, risk awareness is also rising among them in recent weeks.
- Events with 'Covid Safe Ticket': Vaccinated individuals adapt their behavior according to the circumstances. They rate events with a 'Covid Safe Ticket' as less risky than events without a 'Covid Safe Ticket', so they are somewhat looser in following through. They will then shake hands, hug or kiss more, but remain more cautious than unvaccinated people. The latter are less cautious because they rate the risks of serious infection as lower, regardless of the use of a 'Covid Safe Ticket'.
- Support for 'Covid Safe Ticket' and mandatory vaccination: Opinions about the 'Covid Safe Ticket' remain divided between vaccinated and unvaccinated individuals. While unvaccinated individuals strongly reject the 'Covid Safe Ticket', they are more accepting of its use if it serves to increase safety. Vaccinated individuals increasingly fear that the 'Covid Safe Ticket' can lead to tensions, but also increasingly recognize that it is not a foolproof safety tool. Support for mandatory vaccination among +18 year old increases slightly among vaccinated individuals.
- Uncertainty: The growing uncertainty requires a clear plan for the winter. Thanks to a good interpretation of the current evolution of the situation, people will better understand what is happening which will make them accept the situation more easily.

Policy Recommendations

1) **Abolish the term 'Covid Safe Ticket'**. It creates the false impression that a "Covid Safe Ticket" is a free pass to closer contacts. Systematically use the term Covid pass'.

2) Have a **clear, coherent, and new winter plan**:
   - Provide predictability: indicate the critical threshold for proceeding to a strengthening of the measures.
   - Specify what additional measures may be required at those times.
   - Specifically state when a third jab is anticipated for the population and what its added value is.

3) Rather than recommending **telework** without obligation, it is important to communicate a clear rule, with some room for flexibility. For example, instruct people to telecommute at least 3 or 4 days, allowing them to set their own days at work, which will improve their job satisfaction and help preserve connectedness with colleagues.

4) **Teach the population to think in terms of probabilities rather than** in binary terms. The probability of infection after vaccination, after a booster shot or after entering with a Covid Pass is reduced, but not reduced to zero. Statements such as 'the realm of freedom' or 'it's over' give the false impression that the chance of serious infection becomes non-existent.

5) Invest in **visual communication** that demonstrates the beneficial impact of one's own behavior. This requires sustained communication so that people in any circumstance can better imagine how quickly the virus can spread in a community. Both governments and the media can play an important role in this.

6) Always emphasize that only a **combination** of various security measures increases security. It is not about an either-or story, but about an and-and story. Communicate the 'why': indicate concretely (with figures, visuals) what the added value of mouth masks and keeping a distance is when attending an event with a Covid Pass.

7) Communicate continuously and explicitly about the **effectiveness of vaccination**. Indicate in **daily covid figures the percentage reduction in the chance of ending up in hospital or intensive care as a vaccinated person.** In this way, belief in the added value of the vaccine grows and risk awareness may increase among the unvaccinated. These two factors contribute to increased vaccine readiness.

8) **Show projections** of what the current situation would look like in intensive care without large-scale vaccination or what it might look like in the future if the population refuses a booster vaccine. This reinforces the belief in the effectiveness of the vaccine.

9) **Share testimonials** from vaccine-critical individuals who decided after being infected to get vaccinated anyway. The motivating power of like-minded people is greater in winning over those who are against vaccination. Emphasize that the benefits not only affect them, but also their environment.

10) Make it concretely (graphically) clear that vaccination remains an added value **even if one was previously infected**. This information is crucial to encourage previously infected but unvaccinated individuals to vaccinate.

Question 1: How motivated is the population still to adhere to the basic measures and to what extent is it doing so?

- *Vaccination status:* The evolution in motivation and behavior of respondents is strongly related to their vaccination status. Figure 1 shows the average evolution in voluntary motivation in general and for wearing a mouth mask in particular, broken down by vaccination status. Figure 2 expresses in percentage terms how many vaccinated individuals adhere to various specific measures (telework, quarantine, mouth mask requirement, etc.) [1]. The differences in motivation between vaccinated and unvaccinated individuals are also reflected in differences in behavior (i.e., physical distance, disinfecting hands, and wearing mouth masks; see Figure 3).
    - Vaccinated individuals are more strongly convinced of the importance of the general covid measures and of following the mouth mask requirement in particular. However, the gap in motivation between vaccinated and unvaccinated individuals has been stabilizing for several months (Figure 1). This gap can be attributed to the increasing selective nature of the unvaccinated. Motivated unvaccinated persons were required to wait for their vaccine in the spring and thus disappeared from the group of unvaccinated persons after vaccination[2].
    - In terms of percentages, 45.92% of those vaccinated are still strongly and 22.47% are still somewhat motivated to follow the general measures. A similar ratio is noticeable for the motivation for the mouth mask requirement (Figure 2)[3].
    - Unvaccinated persons are, on average, less voluntarily motivated for the various specific measures than vaccinated persons, but there is also considerable motivational support among unvaccinated persons for telework (53% and 13%, respectively, strongly and somewhat motivated), ventilation (49% and 27%, respectively, strongly and somewhat motivated), and quarantine (26% and 44%, respectively, strongly and somewhat motivated).
    - Vaccinated people are more compliant with the basic measures than unvaccinated people, a trend also seen for the mouth mask requirement. Nevertheless, it should be noted that the behavioral gap between the two

[1] In examining differences between vaccinated and unvaccinated individuals, the role of other relevant socio-demographic characteristics, such as age, sex, and educational attainment, was controlled for.
[2] Note that this is not about the same group of people followed over time. Differences over time may therefore reflect not only intra-individual differences, but also differences in the composition of the sample.
[3] 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 were weighted for age, region, educational level and gender to (partially) correct for the non-representative nature of the samples.

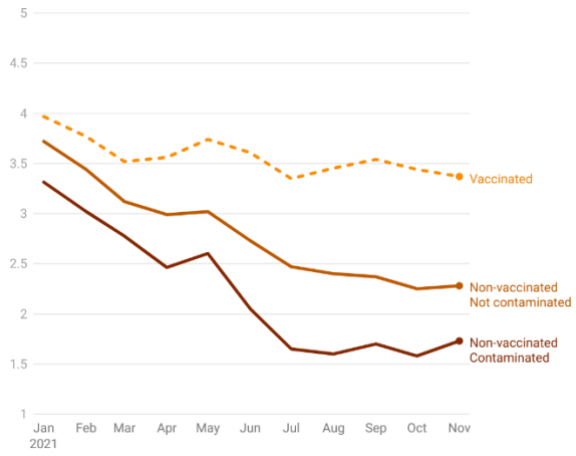
groups has narrowed, and that unvaccinated people are more compliant with the measures than during the summer months (Figure 3).

- In particular, unvaccinated individuals who have already experienced COVID infection are much less motivated to adhere to and follow the measures (Figures 1 and 3).

Figure 1

Voluntary motivation to follow the measures in general (left) and to wear a mouth mask in particular (right) among vaccinated (dotted line) and unvaccinated (solid lines) individuals as of January 2021.

General



Mouth mask requirement

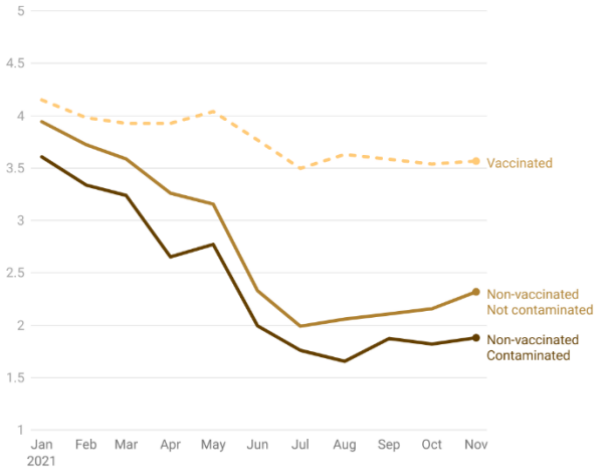
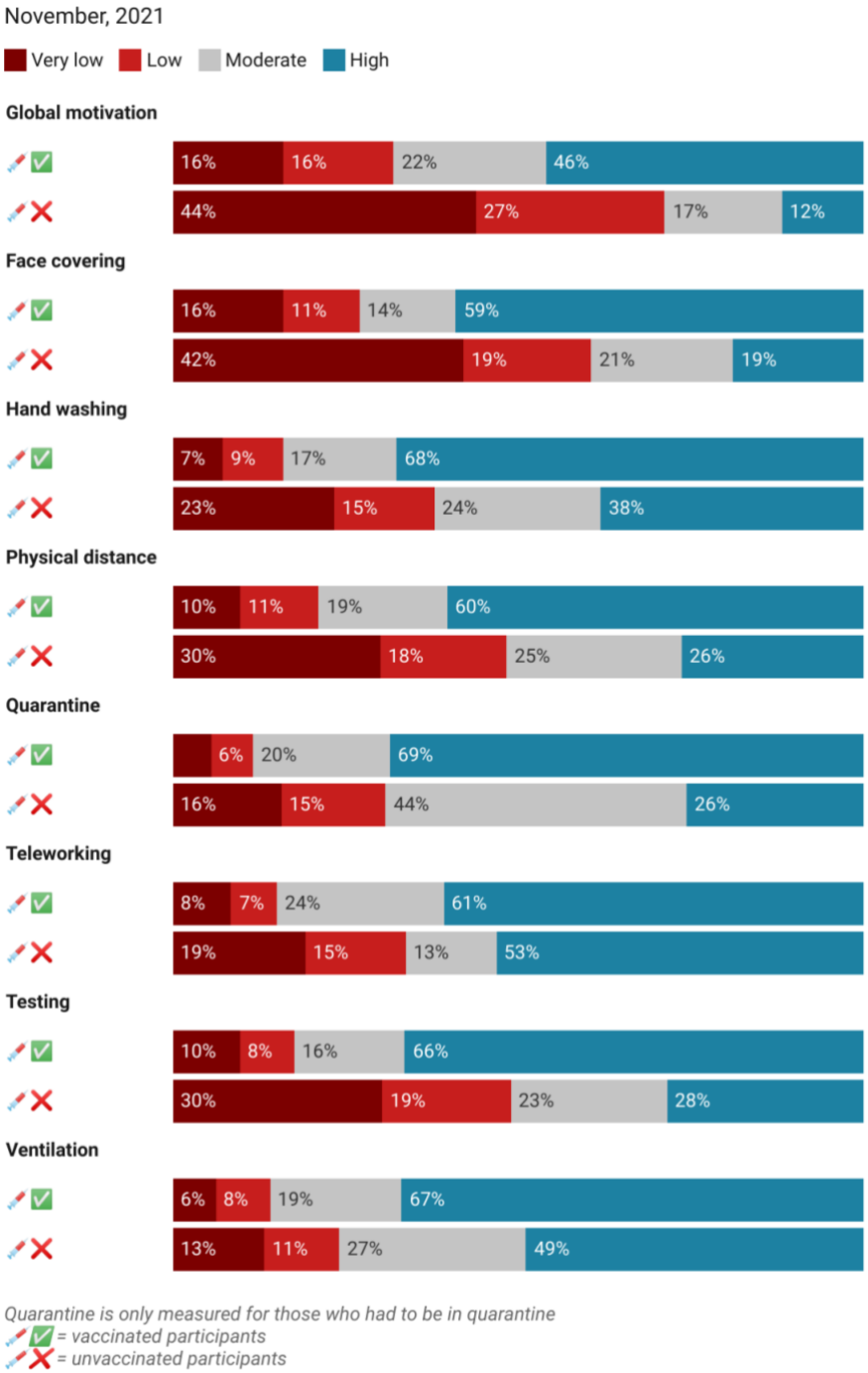


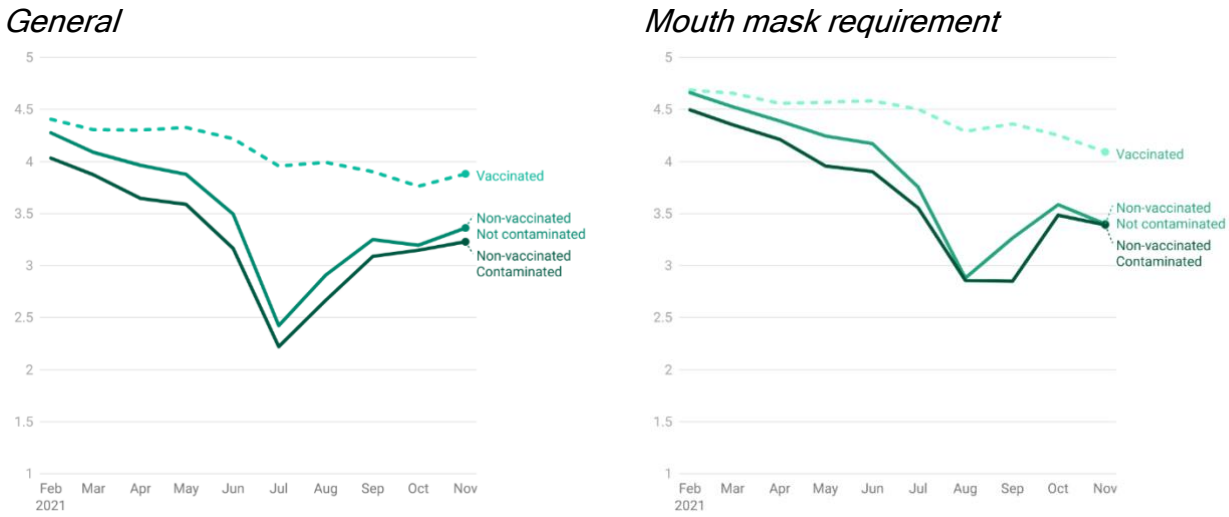
Figure 2

Percentage of the population, divided into vaccinated (💉✅) and unvaccinated (💉❌), who are voluntarily motivated in general and for specific measures in particular.



Quarantine is only measured for those who had to be in quarantine
💉✅ = vaccinated participants
💉❌ = unvaccinated participants

Figure 3
Self-reported extent to which measures in general (left) and wearing a mouth mask in particular (right) were followed by vaccinated (dotted line) and unvaccinated (solid lines) individuals as of February 2021.



- *Conclusion*: A significant proportion of our large sample of participants remain voluntarily motivated to follow the measures today, even though fewer measures apply today (e.g., no restrictions on private contacts) or are more noncommittal in nature (e.g., recommendation of telecommuting). The gap in motivation between vaccinated and unvaccinated individuals is reflected in differences in their behavior regarding adherence to the measures. At the same time, it appears that unvaccinated persons are more faithful to basic measures (mouth mask requirement, keeping their distance, decontamination) today than in the summer months. Moreover, there is also considerable motivational support among them for telework, ventilation and following quarantine measures.

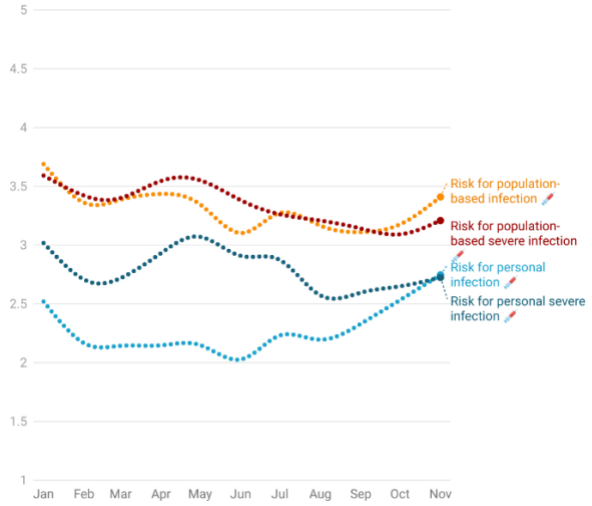
Question 2: How can differences in motivation between vaccinated and unvaccinated individuals be explained?

- *The role of risk awareness:* Vaccinated and unvaccinated individuals have different levels of risk awareness. Vaccinated individuals rate the risks of serious infection for themselves or the population higher compared to unvaccinated individuals.
    - Figure 4 shows that the risk awareness of vaccinated persons (left) is systematically higher than that of unvaccinated persons (right).

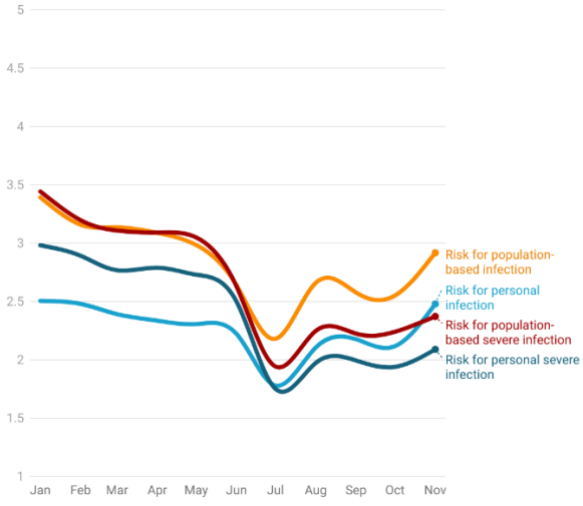
- Several indicators of risk awareness increased over the past few weeks. Both groups considered the probability of infection for themselves or the population to be higher, but the estimated probability of a serious infection and therefore hospitalization increased less rapidly.

Figure 4
The different aspects of risk perception in vaccinated (left) and unvaccinated (right) individuals as of January 2021.

Vaccinated



Unvaccinated

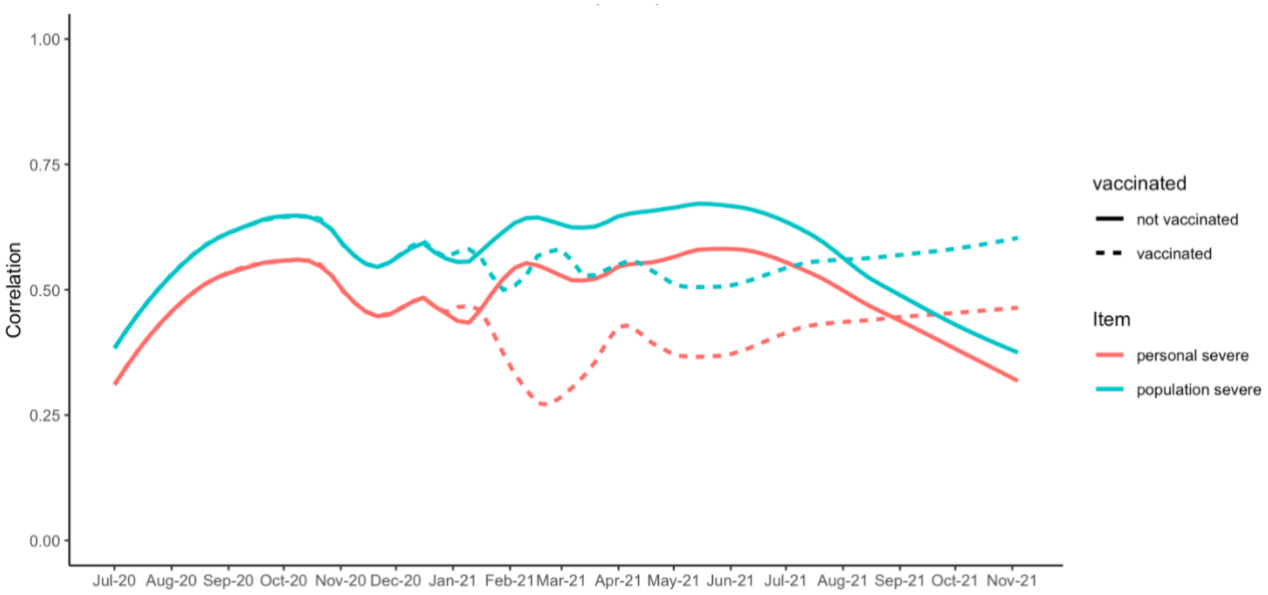


- *Risk Responsiveness:* Unvaccinated individuals not only rate their personal risks and those of the population at risk of serious infection lower, but they are also less risk-responsive. In other words, even with higher risk awareness, unvaccinated individuals are less likely to follow through. Figure 5 shows the relationship between risk awareness and motivation for action throughout the pandemic, with this relationship calculated for vaccinated (dotted lines) and unvaccinated (solid lines) individuals separately.
  - The association between risk awareness and voluntary motivation remains strongly positive and stable throughout the pandemic in vaccinated individuals. In unvaccinated individuals, this association decreases over time, partly because unvaccinated individuals form a more selective group the longer the vaccination campaign lasts. The smaller correlation among the unvaccinated indicates that their risk awareness is less of a driving force for action. More concretely, the number of hospitalizations required for a motivational wake-up call is a lot higher among the unvaccinated than among the vaccinated.
  - Furthermore, it appears that both vaccinated and unvaccinated individuals are motivated primarily by the awareness that others (and to a lesser extent themselves) are at risk of serious infection. Indeed, the link between risk of serious infection for others is more strongly associated with their voluntary

commitment than the risk of serious infection for themselves. This shows once again that motivation is not exclusively based on self-interest but is primarily prosocial in nature.

Figure 5

The relationship between motivation and risk awareness in vaccinated (dotted lines) and unvaccinated (solid lines) individuals as of July 2020.



- *Conclusion*: There are several reasons to be concerned about the fate of the unvaccinated. First, they rate the risks of infection - despite their unvaccinated status - as lower than the vaccinated. Second, they appear to be less susceptible to the motivating power of such a perception of risk. Even though unvaccinated people are not immune or blind to the risks of serious infection, the awareness contributes less to the motivation to take action. At the same time, risk awareness also increased among them in recent weeks.

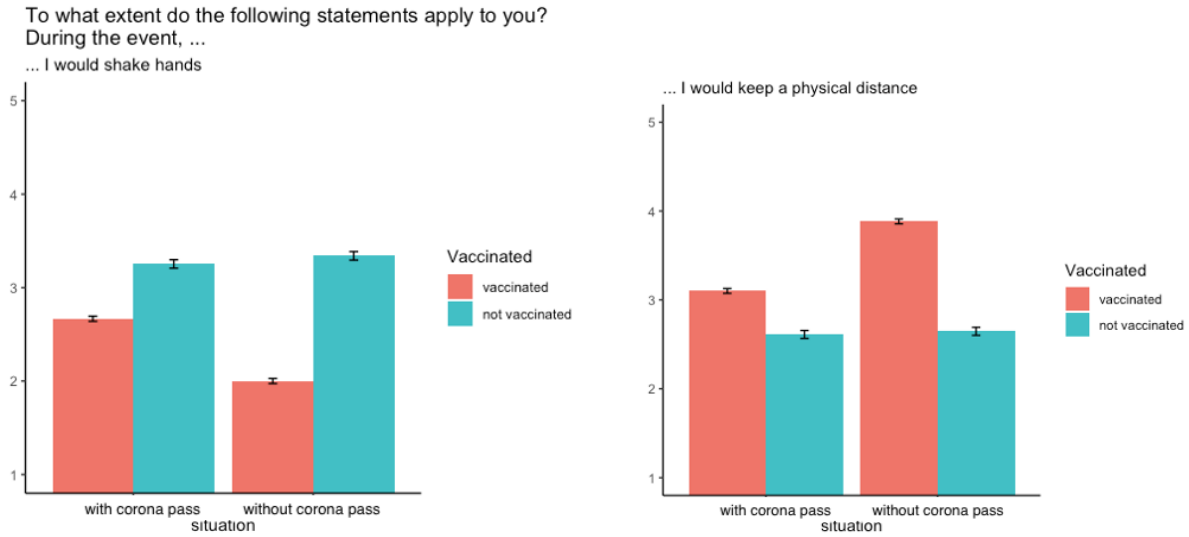
Question 3: How are risks assessed and how do we behave when attending an event for which a 'Covid Safe Ticket' is required?

The 'Covid Safe Ticket' has been implemented more broadly throughout Belgium since November 1st. An important question is to what extent the population adapts its behavior depending on whether or not a Covid Pass is required at an event. To answer this question, participants were asked to imagine themselves attending an event with 200 people where distance rules cannot be respected and where no mouth mask is required. Two versions were created: for event A, everyone was required to show a 'Covid Safe Ticket', while for event B, a 'Covid Safe Ticket' was not required. For both events, respondents were asked how they would behave, how much they estimated their risk of infection, and to what extent they would feel free. The differences between the two events were remarkable and, again, the vaccination status of the respondent plays an important role. Four findings stand out:

- Vaccinated individuals adjust their behavior according to the presence or absence of a 'Covid Safe Ticket'. For example, they say they will keep more distance if they attend an event without a 'Covid Safe Ticket' and are less likely to shake hands with others (Figure 6a). Unvaccinated people are less compliant across the board and do not factor in the fact that a 'Covid Safe Ticket' was or was not requested. At the same time, the question remains as to whether vaccinated individuals do not interact too loosely with others at an event with 'Covid Safe Ticket'.

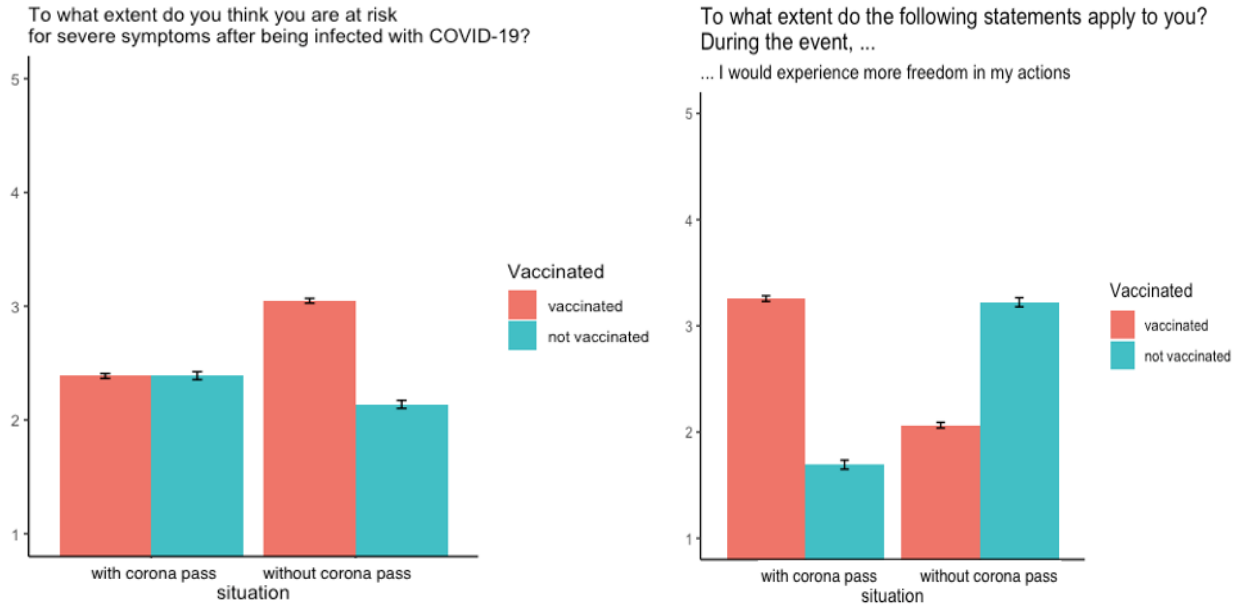
Figure 6a

The difference in behavior between vaccinated and unvaccinated individuals at an event with and without 'Covid Safe Ticket'.



- Vaccinated individuals adjusted their behavior because they rated the risks of serious infection at the event without a 'Covid Safe Ticket' as higher. Unvaccinated individuals rated the risk of severe infection as low regardless of whether or not a 'Covid Safe Ticket' was required to attend the event (Figure 6b - left figure).
- Of interest are the differences between the two groups in experienced freedom under both conditions: vaccinated subjects experienced more freedom thanks to the 'Covid Safe Ticket', while unvaccinated subjects just experienced more freedom without the 'Covid Safe Ticket' (Figure 6b - right figure).

Figure 6b
The difference in estimated risk of severe infection (left) and perceived freedom (right) between vaccinated and unvaccinated individuals at an event with and without 'Covid Safe Ticket'.



- *Conclusion*: Vaccinated individuals adapt their behavior according to the circumstances. They consider events with a 'Covid Safe Ticket' as less risky than events without a 'Covid Safe Ticket', so they are somewhat looser in following through. They are more likely to shake hands, hug, or kiss. At the same time, they do remain more cautious than unvaccinated people. The latter are less cautious anyway because they assess the risks of serious infection as lower, regardless of the use of a 'Covid Safe Ticket'. Because their risk estimation is low and because a 'Covid Safe Ticket' can be used to exclude unvaccinated people, it is logical that unvaccinated people experience a 'Covid Safe Ticket' as an attack on their freedom.

Question 4: How has our attitude toward the 'Covid Safe Ticket' and a vaccination mandate evolved over time?

- *'Covid Safe Ticket':* Participants indicated the extent to which they support the use of the 'Covid Safe Ticket' in various contexts. Figure 7 shows the evolution of support for the 'Covid Safe Ticket' over time, separately for vaccinated and unvaccinated individuals.
    - There are significant differences between the two groups, with vaccinated people more strongly in favor of the introduction of the 'Covid Safe Ticket'.
    - Remarkably, however, the acceptability of the 'Covid Safe Ticket' in the vaccinated individuals decreases.

- *Meaning of 'Covid Safe Ticket'*: Figure 8 provides insight into why unvaccinated people are opposed to the 'Covid Safe Ticket' and why its acceptability decreases even among vaccinated individuals.
    - Unvaccinated individuals experience the 'Covid Safe Ticket' primarily as a tool to force them to vaccinate, rather than as a tool to ensure safety.
    - Acceptance of the 'Covid Safe Ticket' is strongly related to the degree to which people perceive this tool as safety-enhancing. The more this is emphasized, the more both vaccinated and unvaccinated individuals accept a Covid Pass as a legitimate measure.
    - The slightly declining acceptance of the 'Covid Safe Ticket' among vaccinated persons is related to the growing understanding that the 'Covid Safe Ticket' does not provide maximum safety.
    - Both groups indicate that the introduction of a 'Covid Safe Ticket' can create tensions, with vaccinees increasingly finding that the 'Covid Safe Ticket' is a source of tension and conflict.
    - The vaccination readiness of unvaccinated individuals is related to the assigned meaning of the 'Covid Safe Ticket'. When they perceive the 'Covid Safe Ticket' as a way to ensure safety, there is a positive correlation with their vaccination intention. When the 'Covid Safe Ticket' is perceived as a coercive strategy, there is a negative correlation with vaccination intention.

Figure 7

The evolution of support for the acceptability of 'Covid Safe Ticket' in different domains among vaccinated (dotted lines) and unvaccinated (solid lines) individuals (in percentage of participants).

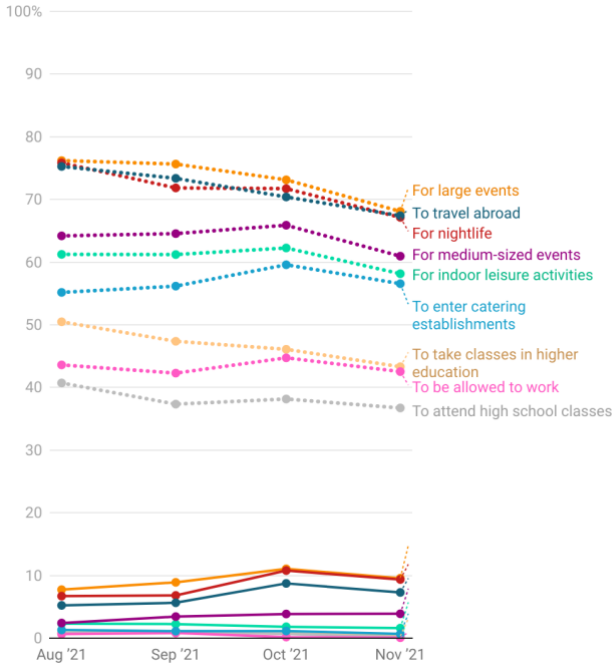
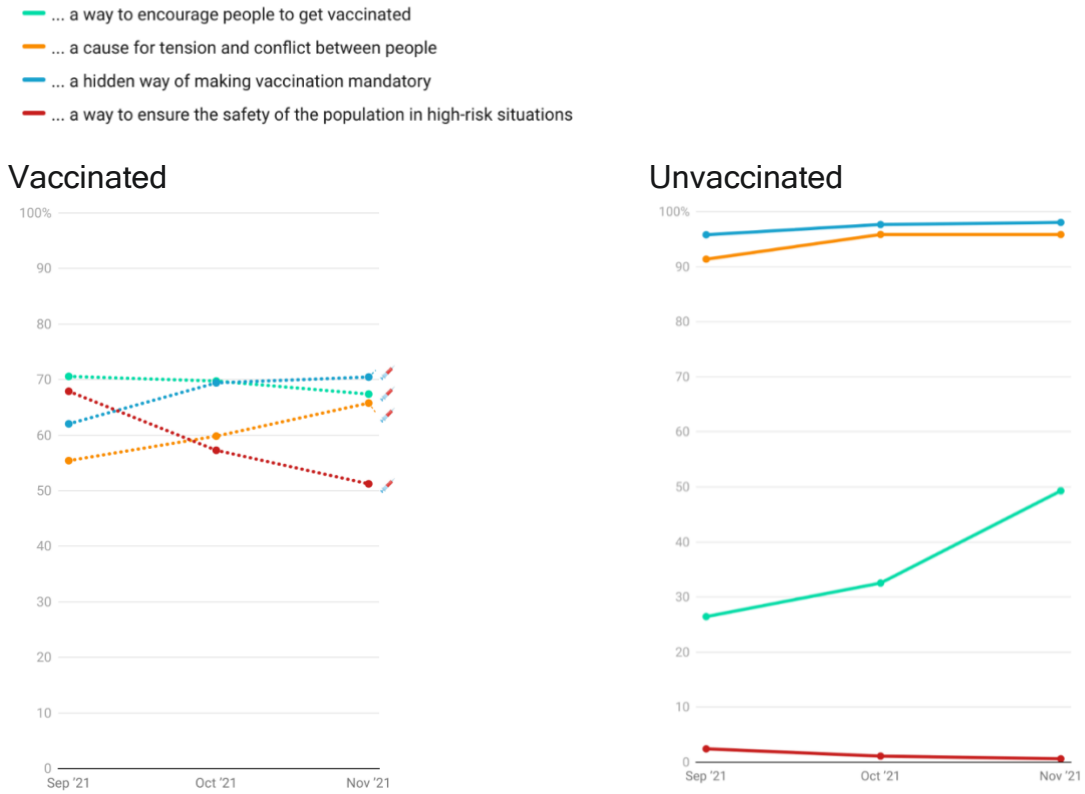


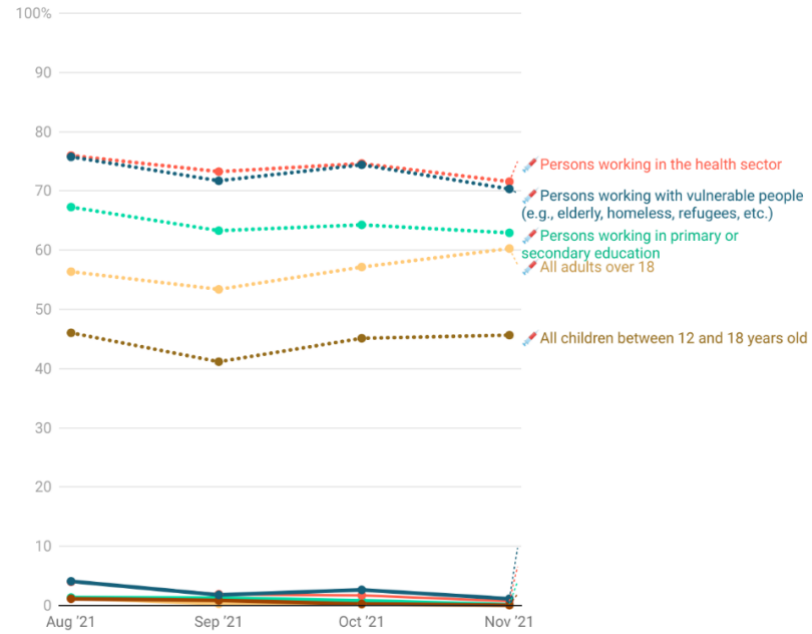
Figure 8

The evolution in psychological meaning of the 'Covid Safe Ticket' in vaccinated (dotted lines) and unvaccinated (solid lines) individuals.



- *Vaccination requirement:* Figure 9 shows the support for mandatory vaccination and its evolution over time.
    - The already established differences between vaccinated and unvaccinated individuals in the preference for a vaccination requirement are reaffirmed.
    - Vaccinated individuals differentiate the acceptability of such an obligation according to the risks that individuals face in a sector. There is more support for obligation in the health sector or for individuals who come into contact with vulnerable people.
    - While support for various sectors remains fairly stable, it is notable that support for a general obligation among the vaccinated to vaccinate adults is rising slightly. From 53% in September to 60% in November.

Figure 9
Number of participants (in %) who (totally) agree with the requirement for vaccination of different target groups among vaccinated (dotted lines) and unvaccinated (solid lines) participants.

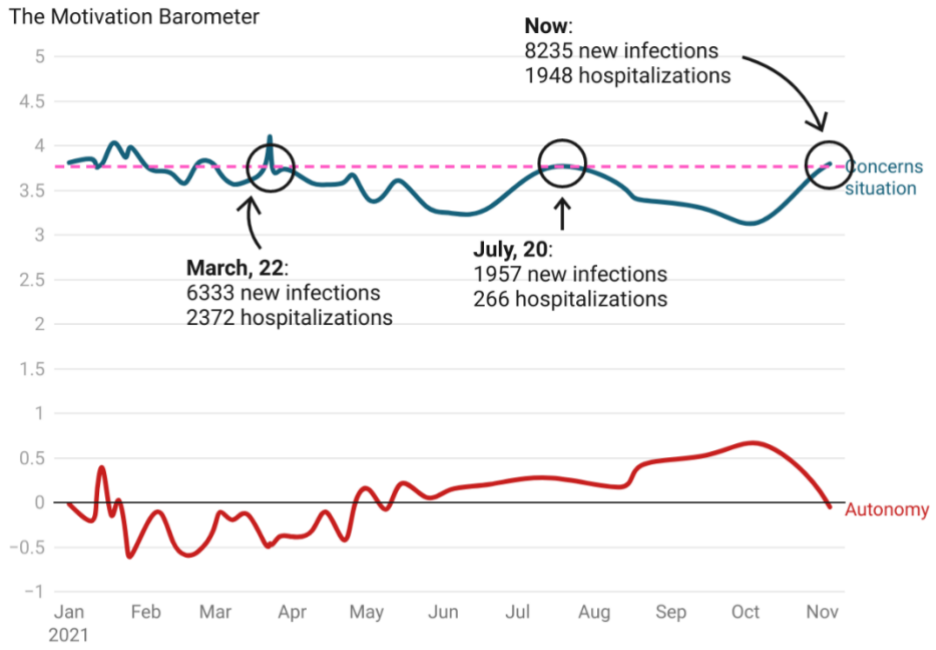


- *Conclusion*: Opinions about the 'Covid Safe Ticket' remain divided between vaccinated and unvaccinated individuals. Although unvaccinated individuals strongly reject the 'Covid Safe Ticket', they are more accepting of its use if it serves to increase safety. Vaccinated individuals are increasingly concerned that the 'Covid Safe Ticket' could lead to tensions but are also more aware that it is not a foolproof safety tool. Support for mandatory vaccination for +18 year old increases slightly among vaccinated individuals, although they are more likely to support mandatory vaccination in specific target groups that are at higher risk (i.e., health care, individuals who come into contact with vulnerable people).

Question 5: How has our preoccupation with the situation evolved and how autonomous do we still feel to decide about our own behavior?

Figure 10 shows the evolution of two well-being indicators since the beginning of the pandemic. Uncertainty about the overall evolution of the situation has been increasing sharply in recent weeks, while the degree to which one feels able to make autonomous decisions has been decreasing sharply. A lack of firm and clear communication can explain both evolutions. In the absence of a clear long-term plan, the population is increasingly concerned that we will return to stricter measures. The need for autonomy comes under pressure when people do not sufficiently understand what measures and efforts are necessary and in what direction we will generally evolve during the winter months. On the other hand, uncertainty peaked even more during the 2021 winter lockdown, and our autonomy needs were also under more and longer-term pressure then.

Figure 10
Evolution in perceived uncertainty and autonomy satisfaction among Belgian participants since January 2021.



Datapoints are weighted regarding age, gender, education and region

- *Conclusion:* The growing uncertainty requires a clear plan for the winter. Thanks to good interpretation of the current evolution of the situation, people will better understand what is happening, making it easier for them to accept the situation.

CONTACT INFORMATION

- **Principal Investigator:**
  Prof. Dr. Maarten Vansteenkiste (Maarten.Vansteenkiste@ugent.be)

- **Co-investigators:**
  Prof. Dr. Omer Van den Bergh (Omer. Vandenbergh@kuleuven. be)
  Prof. Dr. Olivier Klein (Olivier.Klein@ulb.be)
  Prof. Dr. Olivier Luminet (Olivier. Luminet@uclouvain.be)
  Prof. Dr. Vincent Yzerbyt (Vincent.Yzerbyt@uclouvain.be)

- **Development and distribution of the questionnaire:**
  Drs. Sofie Morbee (Sofie.Morbee@ugent.be)
  Drs. Pascaline Van Oost (Pascaline.Vanoost@uclouvain.be)

- **Data and Analysis:**
  Drs. Joachim Waterschoot (Joachim.Waterschoot@ugent.be)
  Dr. Mathias Schmitz (Mathias.Schmitz@uclouvain.be)

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