Report # 12 The population is no longer motivated. How can we create a motivating climate?

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The second wave of infections is taking its motivational toll. Corona fatigue is creeping into many Belgian citizens. While we yearned for an invigorating summer vacation, the virus put us at a frenzied pace. The motivation of the population has been mapped since the beginning of the semi-lockdown in March in the motivation barometer study. To date, 51,167 individuals participated in this study, including 5,192 since the recent tightening of measures in late July. The results of this survey show that our motivation for following the measures is diminishing rapidly. This is not only due to the long duration of the corona crisis so far, but also due to insufficient scientifically-substantiated commitment to behavioral factors to manage the crisis. Additional efforts are urgently needed. In this report, we provide an overview of the main results of the recent surveys, we advocate an interdisciplinary approach, and offer a series of recommendations (do's and don'ts) of motivational communication and policy.

Part I: Motivation for measures at rock bottom

Whether or not to follow the behavioral measures is motivationally driven. The current motivation of the population will predict future behavior. The more citizens are motivated to adhere to the measure, the more likely they will effectively do so (Morbée et al., 2020), which then limits the number of infections and thus the number of hospital admissions and deaths. It is crucial to focus on the motivation of the populace and monitor motivational functioning, so that we can intervene earlier in the corona chain (see figure 1). This is exactly the purpose of the motivation barometer. We highlight four recent findings that point to a worrisome downward motivational trend.

Figure 1

Corona chain



Finding 1:

Voluntary motivation falls sharply, while 'must' ivation and demotivation increase

Since the start of the measurements, participants indicated whether they agree with the measures because they find them meaningful and necessary (voluntary or identified motivation) or whether they feel obliged to comply with them, for example to criticize others or to avoid a fine ('must' ivation of external motivation). The distinction between the two types of motivation is crucial because only voluntary motivation predicts whether citizens will adhere to the measures in the long term. For those citizens who feel they 'must' comply, they more easily dismiss or resist safety measures (e.g., accepting an invitation to a social gathering with 12 people) (see Morbée et al., 2020). In addition to these two forms of motivation, the demotivation or a-motivation of citizens is also measured. Demotivated citizens react helplessly; they can no longer muster the energy to follow the measures consistently and question their usefulness.

Figure 2 shows that voluntary motivation has decreased sharply. At the start of the corona crisis (mid-March), 81% of those surveyed fully supported the measures. This motivational support had its ups and downs throughout the semi-lockdown in function of granted easing and the (de) motivational communication from the government, with a low of 47% at the end of May. After the easing granted by the National Security Council at the beginning of June, motivation rose again to 69% support in mid-July. However, since the introduction of stricter measures in early August, voluntary motivation appears to be in free fall: from 69% to 35% in the week of August 12. At the same time, the "must"ivation saw a significant rise. Note: both motivational data lines almost intersect. Parallel to the rise in "must"ivation, there is an increase in demotivation. Extensive research shows that a combination of "must"ivation and demotivation - both have never been so high – is consequently associated with the most undesirable behavioral and well-being effects (e.g., Haerens et al., 2010). Citizens are more likely to give up: they no longer count their social contacts; they do not wear their face masks properly; and the door is open to blunt resistance where the measures are squarely ignored.

Figure 2

Evolution of Motivation during the COVID-19 crisis

Corona study, Ghent University



Update: August the 17th, 2020

Grafiek: Ghent University • Bron: Ghent University • Gecreëerd met Datawrapper

While these motivational trends occur in all age groups, they are more pronounced in young adults (18-35 years old). Figure 3 shows that young adults are less voluntary and more dependent on the measures than other age groups. In their case, the "must" tipping point was reached: voluntary motivation and "must"ivation appear to be in equilibrium in them (see light blue bars in Figure 3). Note that female and older participants are more strongly represented in this sample. Because these groups are more motivated, the current results most likely underestimate the declining motivational trends.

Figure 3 Average motivations by age group

Motivations on average by age group

Corona study, Ghent university



Update: August the 17th, 2020

Chart: Ghent university • Source: Ghent university • Created with Datawrapper

Finding 2:

These trends towards demotivation appear in particular for the face mask obligation and the limitation of social contacts

Figures 4a, 4b and 4c show the motivational trends for three separate measures: keeping distance; limiting social contacts; and wearing face masks. Three findings stand out. First, the **voluntary motivation** for each of these measures has declined since the introduction of stricter measures, although this decrease is more pronounced for wearing face masks and limiting social contacts (see Figure 4a). Participants indicate that they still support most of the physical distance. Parallel to this, the **perceived ability to follow these three measures decreases** (see figure 4b): participants feel less able to follow the measures. This is especially evident for wearing face masks and limiting social contacts. Finally, it is increasingly questioned whether successfully following the measures will **effectively** get the virus under control? They question this more strongly since the introduction of strict measures, especially for limiting our social contacts (see Figure 4c). In short, the results for the different measures indicate similar declining motivational trends, although these are less pronounced for maintaining physical distance.

Finding 3:

The bubble of 5 is only really followed by a minority

When asked whether participants follow the "bubble of 5" rule, 46.2% said they follow it strictly, 43.4% follow it reasonably and 10.4% do not follow it. But not all persons who report that they follow the measure closely do this. This becomes clear when questions were asked about the reciprocity of their social contacts. About half (47.6%) of the participants who say they adhere faithfully to the social measure maintain reciprocal social contacts. In other words, citizens do not necessarily choose each other so that larger social networks come into contact with each other. **In practice, this means that only 45% of the population adheres to the "bubble of 5" rule**. A majority of people who claim to faithfully follow the "bubble of 5" rule find this very difficult (67%). At the same time, a majority (of those who claim to follow the "bubble of 5" rule) are determined to adhere to the prescribed social restriction as long as the government prescribes it (69%). People who reasonably or do not adhere to the measure indicate that they have met on average about 9 people since its introduction and report that a bubble of 12 would be a feasible bubble size for their family.

Finding 4:

The needs for connectedness and autonomy are threatened, especially among young adults

Our basic psychological needs are also being met less and less. Psychologists distinguish a limited number of basic psychological needs, the **need for autonomy, relatedness, and competence**. Need satisfaction boosts our energy levels and our resilience and provides motivational oxygen to sustain the action. In the case of need frustration, we become depressed or anxious, our sleep quality diminishes and we become demotivated. Figure 5 shows the evolution in the satisfaction of two basic needs: the need for autonomy and for relational connection. When the need for autonomy is met, we experience choice in our actions, thoughts and feelings and we can be ourselves. When this autonomy need is frustrated, we feel controlled and pressured. Satisfaction of relatedness or relational connectedness arises through a warm and close relationship with others. In the case of frustration, we feel lonely and isolated.

Figure 4a, 4b & 4c Evolution in measure-specific motivational processes



Evolution of Self-efficacy during the COVID-19 crisis



Evolution of Outcome expectations during the COVID-19 crisis



Grafiek: Ghent university + Bron: Ghent university + Gecreëerd met Datawrapper

4,6

4,2

3,6

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Figure 5

Evolution of Autonomy and Relatedness during the COVID-19 crisis

Corona study, Ghent university



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When the tighter measures were introduced, we suggested that our basic psychological needs were threatened and suggested ways to deal with them (see "Tightened Measures Are Hard for Us: How to Deal With Them?"). Today's results show that our basic psychological needs are becoming increasingly frustrated, even more so than during the semi-lockdown when there were even stricter measures of forces (e.g., no contact with people outside our bubble; closed boundaries). The frustration of the need for autonomy even outweighs the satisfaction (the middle line indicates a balance between the two). This negative trend is particularly evident in young adults. These worse scores are systematically determined in **younger target groups**. The corona crisis has hit them harder than it has in older generations. Young adults feel forced into a straightjacket; their "traditional" summer activities (e.g., attending festivals; going out in groups) are more strongly restricted and they therefore pay a higher price for the corona crisis than older generations.

Part II: Plea for interdisciplinarity

From the start of the corona crisis, experts emphasized that our behavior is the most important weapon in fighting the spread of the virus. This applies not only to following behavioral measures to prevent infections, but also to important measures such as testing, "tracing", and quarantine to prevent identified infections from spreading further. Targeted and scientifically-based use of behavioral expertise to manage the pandemic can therefore be considered an investment, with the greatest return on investment both for public health and the economy (Kazak, 2020). Behavioral experts therefore see it as a sign of shortsightedness, and even negligence, on the part of the government that at no point has it formally deployed behavioral expertise at levels of decision that can impact behavioral variables. Since population behavior precedes the virologic state of the population by one to two weeks, it is incomprehensible that no poll of crucial motivational processes and actual behavior has been set up in any way. This is essential in developing a preventive policy. Any restriction of economic activity can quickly cost many times the investment in critical expertise to avoid it.

Finding 5:

The lack of formal involvement of behavioral experts at policy level is incomprehensible.

Due to the exclusion of behavioral expertise, committed academics and professionals soon set up an **ad hoc working group for "psychology and corona"**. It consists of a core group of 8 academic psychologists and members of professional organizations, assisted as well by experts from different sub-disciplines of psychology. This group has authored opinion papers, press releases, and reports containing empirical data on motivation and behavior and also disseminated messages with advice and policy proposals to manage the crisis in terms of population behavior. These messages have led to interest and openness to behavioral expertise from key advisory and policy committees, but not to systematic implementation of relevant proposals published by this group. As a result, policy decisions with far-reaching consequences for the population were made mainly on the basis of medical and legal arguments, and were secondly influenced only by the intuition and gut feelings of policy makers about processes that determine behavior.

This is inadequate. So, does this mean that all policy advice thus far has been wrong? No. Nor do we imply that behavioral experts have magical levers and all the answers to steer the behavior of the population in the desired direction. However, behavioral experts can support policy in a scientific and evidence-based way. From the viewpoint of the "psychology and corona" working group, many opportunities have been missed to better manage the epidemic and there ought to be more attention on the needs of the population. There is a need for a more integrative and behavioral supportive framework as well as more inspiring and motivating communication to the public. The results of the

motivation barometer, which have been repeatedly made public (see here for an overview), show that the communication and measures implemented have time and again undermined the motivation of the population. These elements have contributed - partly due to the long duration of the epidemic to keeping the motivation of the population at an all-time low. In the view of the working group it is motivationally **"quarter past twelve"** and the question is whether the missed opportunities can still be made up. More than ever, it is all hands on deck. Long winter days are just around the corner, which we normally brighten up with cultural events and family celebrations. But colds and flu are likely to reappear and it is therefore more important than ever to get the population on board.

Finding 6:

More than ever, there is a need for a connecting, supportive framework and motivating, inspiring communication to stimulate the population to adopt desirable behavior.

The "psychology and corona" working group views behavior as embedded in a complex system of individuals who form groups and communities in diverse physical and social environments. Behavior should be understood and influenced in a science-based manner with respect and cooperation of the population. We therefore argue in favor of **a broader interdisciplinary advisory group** with a substantial behavioral science component that directly advises important policy-making bodies with sound data and informed recommendations regarding policies and measures. In this document, we would like to briefly describe some important advice in terms of concrete "do's and don'ts", drawing to a large extent from the various publications produced by the working group.

Part III: Behavioral measures: Some do's & don'ts from a behavioral science perspective

The key to population behavior in controlling the pandemic requires a coherent framework that consists of motivational messages and other measures that fosters communal responsibility and ownership; emanates leadership and unity; garners public acceptance; and, considers the needs and capacities of different population groups. Without such a comprehensive framework, relaxation of measures threatens to become a safe passage for the population to do its own thing (see opinion article). However, if a framework is properly designed and implemented, it will be possible to take preventive action and make adjustments to limit or avoid contamination risks and subsequent economic and health damage.

Recommendation 1: Make the approach to the crisis as predictable and controllable as possible

Events that are experienced as unpredictable and uncontrollable are particularly aversive and stressful. This undermines mental resilience, and thus the motivation and commitment to adhere to rules of conduct. People dispositionally want to be able to plan, at least in the short term. By making the approach predictable and giving clear feedback on the results of the efforts, the feeling of controllability and autonomy is reinforced, including the motivation and willingness to persevere. This can be done in the following ways:

- Set up a **flashing light or color code system** that makes it easy to state clearly where we are, in which direction we are going, where we want to go exactly (<50 infections per day? A certain R-value?), and what the criteria are for switching from one color code to another.
- Determine, in consultation with the experts, the threshold values for the flashing light or color code system. Communicate clearly in advance which measures / principles will apply when a

threshold value is exceeded. Conversely, it will immediately become clear when it is possible to relax again. This threshold value must be determined in such a way that the population actually has the opportunity to avoid the next threshold value through its behavior. This "social contract" strengthens autonomy and the sense of predictability and accountability.

- Offer a **self-assessment tool** with which people can evaluate their own corona-relevant behavior (personal corona footprint).
- Offer tools that allow people to simulate "what-if" scenarios (e.g., effects of bubble size, effects of social distance, wearing face masks, worst-case and best-case scenarios, etc.).
- Show **graphs** showing where we will be due to our efforts (forecast) and also graphs where we would be without making the requested efforts. The difference in the forecast figures between the two points directly to the profit to be achieved thanks to our efforts.

Recommendation 2: Determine simple, clear behavioral principles within a logical framework

Step away from a "rule" policy, but try to invest as much as possible in behavioral principles. These behavioral principles best meet the following conditions:

- Make sure they are generally considered **meaningful**. Simplicity and uniformity are subordinate to meaningfulness: a rule perceived as illogical that is simple and clear remains illogical. The greater the understanding of the measure, the greater the chance of sustainable motivation.
- Communicate a **ranking according to the degree of effectiveness** to prevent virus contamination. In this way the population can contribute ideas and make appropriate choices.
- Ensure that these behavioral principles are present everywhere and are **repeated** (media, etc.) with appealing design (visuals, etc.) (See also opinion article).
- Rely on communication science insights to translate these messages (Brossard et al., 2020). This includes avoiding negative elements (e.g. showing undesirable behavior, fatalism, loss framing, incorrect information) and stimulating desired outcomes. For example, appeal to the common good, use confidence-building for people, use profit instead of loss estimating (i.e. emphasize what you can gain instead of what you can lose by doing something), appeal to the identity of the population ("people like us"), etc.
- The **bubble concept** is well established, but the required bubble size is rigid, cannot be properly applied and cannot be checked. Moreover, the bubble concept is used superficially in practice and not in a mathematically correct manner. Because the firmness of the bubble is more important than the size, a number is better guiding with certain limits (e.g., between 5 and 10), which gives people a bit of autonomy in function of their personal situation. This stimulates motivation.
- Facilitate the continued application of 'rules of conduct' through **nudging** principles:
 - a. Suggest alternate sanitizing methods to hand-washing like frequently using alcoholbased gel hand sanitizers.
 - b. Keep distance by marking and designing the physical environment.
 - c. Encourage the use of face masks by making them available as much as possible in critical places.
 - d. Avoid the limitation of frequent contacts through easy regulations for working from home, online cultural performances, etc.

Recommendation 3: Focus on a broad, socially supported project with a common goal to be pursued

People are social beings who seek solidarity in difficulties (for example, the spontaneous moments of applause for the healthcare sector, making face masks in groups, etc.). This is very motivational. Experiencing social support is also important for mental resilience and health.

- Use **social models** through various channels (influencers via social media, well-known Flemish people from sports and entertainment) in which they demonstrate their commitment, their difficulties in keeping going, their way of life in corona times, etc.
- Create a regular column, **e.g. corona quarter** after the TV news, in which all kinds of relevant topics are discussed in a playful way (new corona etiquette in hand, competition to come up with new slogan, interviews with ordinary people who explain how they struggle with the problems but keep going, creative solutions for new problems ("wisdom of the crowd"), etc. An amusing and connecting program can form an important counterweight to the lack of freedom and the doom.
- Mobilize the **cultural sector** that is ideally suited to devise and implement creative socially connecting initiatives via (online) media (e.g. by submitting competitive proposals to a corona fund that provides the financial means).
- Mobilize the events sector to continue cultural projects that are "corona proof".

Recommendation 4: Rely on principles of motivational communication

Thanks to principles of motivational communication, the population can identify with the rules of conduct in order to sustain motivation (see opinion article and report for more information). Sustainable motivation requires continuous:

- **Participative approach**: For example, the population can choose a new slogan; verify support among sectors or target groups before introducing new or adapting existing measures.
- **Attuning approach**: For example, provide a meaningful interpretation for a measure; tailor to the situation and target group; choose wording adapted to the target group.
- **Guiding approach**: For example, emphasize the ever-growing commitment of fellow citizens to achieve the goal; provide good examples that citizens can think of if they are tempted to violate the measures (cf. coping script).
- **Clarifying approach**: For example, communicate clearly and unanimously about new measures; clearly indicate what goal we aim for in the figures and what the intermediate goals are.

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Recommendation 5:
Provide flexibility to geographic locations and groups
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- The previous recommendations should be tailored as much as possible and can be used depending on the situation in a specific geographic area (central cities, provinces, ...)
- Also tailor these recommendations for well-defined subgroups insofar as virologically justifiable, such as:
 - i. Young people at school
 - ii. Singles
 - iii. Elderly

Recommendation 6:

Systematically monitor behavioral determinants and population behavior using representative

Just as it is important to monitor the spread of the virus with sufficient detail, it is also important to measure the nature and degree of motivation and the corona-relevant behavior in a representative sample of the population, based on a **systematic survey of behavioral factors** with sufficient attention for specific target groups. Behavior precedes the spread of infections by 1 to 2 weeks and thus offers an excellent basis for management and adjustment. This data also gives clarity to the (implicit) costbenefit balance that the population makes that is, are the personal psychological and economic costs of the behavioral restriction measures in proportion to the expected increase in safety and health associated with them? Repeated mapping of motivational processes and corona-relevant behavior thus allows identification of "psychological turning points" that indicate when the perceived benefits no longer justify the costs incurred for the population.

Conclusion: Invest in our human behavioral capital

The COVID-19 crisis is a long-term crisis. It is a "marathon" that we are running. This therefore requires a sustained and long-term effort on the part of the population to change its behavior. We note today that the motivation of the population to adjust its behavior is at an all-time low. It is particularly curious that the government has so far not involved behavioral experts in the development of its policy, unlike in other European countries (the Netherlands National Institute for Public Health and the Environment (RIVM) has a complete behavioral unit). Psychologists and other behavioral scientists can make an important contribution to developing a motivational and socially connecting framework. The expert group "psychology & corona" therefore calls once again for urgent action on this.

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