Annex 3. Motivation and communication

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A. Summary

Different motivational indicators (i.e. trust in the measures, voluntary motivation, risk perception, self-efficacy) indicate that motivation has been dropping since half of January, with the increasing corona fatigue explaining the decreasing adherence to the measures. Different recommendations are provided to counter the drop in motivation:

- Choose a fixed weekly or bi-weekly moment during which politicians and experts provide a helicopter perspective on the current situation.
- Develop a coherent narrative that serves as a red line and recurrent theme in the communication of the coming months. The narrative
  o (re)introduces a set of goals, some of which are situated in the near (i.e. intermediate goals) and others in the more distant future (i.e. end goal). Make sure that the sequence of goals are attainable to optimally motivate people and to guide them from one goal to the other, thereby highlighting the key role of our behavior in achieving these goals.
  o makes reference to a set of key values that provide the basis for the choices being made (i.e. pressure on the health care system, schools, mental health, and economy).
  o aims to develop a sense of 'we-ness' around a commonly shared end goal, thereby highlighting the fact that we are all together on a 'shared mission' and need to collectively arrive at the finish line. In the meantime, we need to support each other, for instance, by personalizing our motivation.
- Make more use of visual communication strategies which are easier to cognitively process and can be used as a reminder of required behavior. Figures can provide insight in the broader narrative and framework (e.g. objective-based approach), the reason why efforts are required or relaxations are not feasible yet (e.g. role of variants) and the required behavior (e.g. sector protocols).

B. Current situation

○ During the first months of the second lockdown (November-December), people's motivation has been fluctuating, with 50% to 67% of the population being fully committed to adhere to the measures. Yet, since half of January, a gradual decrease can be noticed, with the current level of motivational support at 26% (figure 4a in the research repository). Several motivational indicators suggest that people report **the highest level of corona fatigue since the beginning of the assessments back in March 2020**. Specifically, people's trust in the effectiveness of the measures (figure 4c in the research repository), their perceived self-efficacy to adhere to the measures (figure 4d in the research repository), and their perceived risk to be infected (figure 4b in the research repository) has dropped considerably. This rather steep motivational decline since half of January helps to explain the decrease in adherence since half of January (figure 4e in the research repository). To illustrate, people now report on average 4.4 close contacts.

C. Explanations

○ Three reasons can be put forward to explain the drop in adherence and motivation. First, people seem to **underestimate** the fragility of the situation and the risks we are still exposed to, presumably because the communication was fairly positive and hopeful over the past week with the hospitalizations slowly decreasing.

Our risk level is as low as back in August, at the moment the situation was objectively much better than today. These reduced risk perceptions lead people to question the necessity of their extra efforts, which helps to explain the **drop in their voluntary motivation** and the increase in experienced autonomy frustration (see Figure 3 in the research repository; which are at a similar level as in August). Second, because this crisis and second lock down has lasted for so long, people feel increasingly **less efficacious** to adhere to the measures. Their energetic resources are depleted, which explains their reduced self-control. Third, people are increasingly **losing their trust** in the effectiveness in the measures, in part because the numbers have been stabilizing for quite some time, in part because the government introduced relaxations that were disconnected from the initially established target to achieve the 'safe haven'. These drops in self-efficacy and outcome expectations help to explain the overall increase in **discouragement** (see Figure 4a in the research repository)**.**

D. Interface between motivation to adhere to the measures and vaccination.

The two broader narratives – people's adherence to the measure and their readiness to be vaccinated - are mutually impacting one another in different ways. This exchange could be positive and reinforcing, but also negative and hampering. Several dynamics play a role. First, people's motivation for being vaccinated relates to their intentions to adhere to the measures after vaccination. Individuals who willingly chose to be vaccinated are more willing to stick to the measures, while those who feel pressured to be vaccinated are less likely to do so[39]. Second, people's perception of the vaccination coverage of vulnerable people may impact on their voluntary motivation to adhere to the measures through their changing risk perceptions. Third, the more people experience the current measures as unnecessarily constraining and autonomy-thwarting, the more they may reactively turn to conspiracy theories that restore their threatened freedom and provide them a sense of meaning and identity. Overall, these interfacing psychological dynamics deserve further attention, both research-wise as well in our communication.

E. Recommendations

Although relaxations were found to increase people's motivation in May, June and July[40], people's motivation can also be improved through systematic and targeted **motivating communication**, even when difficult messages need to be brought to the broader public[41].

General recommendations. Three general recommendations are provided.
1. Choose a **fixed weekly or bi-weekly moment** to communicate about the situation, thereby providing a broader picture of the medical (i.e. infections, hospitalizations; testing, quarantine, vaccination) and psychosocial (e.g. new initiatives being developed) situation. Such communication should not be dependent upon the introduction of relaxation or more stringent measures as one needs to ongoingly motivate the population. To build trust in the government, **two politicians and two experts** could jointly communicate.
2. Develop for these fixed communication moments **a coherent narrative** that serves as a red line and recurrent theme in the communication of the coming months. The narrative contains three elements.
    a. First, (re)introduces a set of **goals,** some of which are situated in the near (i.e. intermediate goals) and others in the more distant future (i.e. end goal). Make sure that the sequence of goals are **attainable** to optimally motivate people and to guide them from one goal to the other, thereby highlighting the key role of our **behavior** in achieving these goals.
    b. Second, consistently refer to a set of **key values** that provide the basis for the choices being made (i.e. pressure on the health care system, schools, mental health, and economy) and make consequent choices aligned with these values.

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[39] Report #20 from the motivation barometer

[40] Report #6 from the motivation barometer

[41] Report #15 from the motivation barometer

      c. Third, try to develop a sense of '**we-ness' around a commonly shared end goal**, thereby highlighting the fact that we are all together on a 'shared mission' and need to collectively arrive at the finish. In the meantime we need to support each other. Frame adhering to the measures as deed of solidarity. Ask people to **personalize their motivation**, that is to think concretely of a person they have in mind for whom they stick to the measures.

3. Make more use of **visual communication strategies** which are easier to cognitively process and can be used as a reminder of required behavior. Figures can provide insight in the broader narrative and framework (e.g. objective-based approach), the reason why efforts are required or relaxations are not feasible yet (e.g. role of variants) and the required behavior (e.g. sector protocols).

Specific recommendations. In light of these general recommendations, the following more specific points deserve attention during these weekly communications:

4. To counter the decreasing risk perception, create **realistic risk perceptions** by presenting key epidemiological information in a neutral and informative way. This implies, first, tempering messages of unjustified hope that can backfire over time (as they elicit disappointment) and, second, communicating about the fragility of the current situation through the **use of 'if-then messages'.** Specifically, to foster **risk awareness,** communicate the expected effect of new variants on the infection and hospitalisation rates depending on their varying levels of contagion**.** To avoid that such information elicits anxiety and panic, it is critical to highlight the factors that help to keep the situation under control (see point 5 & 6).

5. Highlight the critical role of our **behavioral efforts** to get a grip on the situation and to help us move forward to the first goal**.** Provide graphical estimates of how variable adherence to the measures can lead to (a) a faster versus limited outbreak of a new variant and (b) a faster versus delayed attainment of a first goal. **Express confidence** in the population's capacity to keep the situation under control and make steady progress towards the first goal by referring to periods where we successfully adhered to measures (e.g. first month of the lockdown adherence was higher) and managed to get the situation more quickly under control. This helps to build self-efficacy and fosters a sense of **hope**.

6. To increase people's trust and avoid further discouragement, highlight **the effectiveness of measures** that are taken and how they have been effective in reducing the infections and hospitalisations rates in the past. In doing so, the more optimistic situation in Belgium can be contrasted with other countries, where more lenient measures were taken.

7. Rather than highlighting what is forbidden, **positive communication** needs to be oriented to what is still possible within the given circumstances and **support measures** need to be taken to increase people's sense of effectiveness and social cohesion (e.g. inspiration guides; social mobilisation projects).

8. Provide **systematic, concrete and positive feedback** on citizens' efforts, which explains why the curves have decreased, lives have been saved and has put us in a better position than our neighbouring countries. Concretely, express gratitude for adhering to the measures and empathically recognize the distressing times we all face**.**

9. Create **realistic expectations regarding vaccination**. Indicate that even after vaccination people will be required to adhere to the measures. So, vaccination will open the door to freedom, yet, it will be a collective rather than personal freedom.

10. Encourage people who are vaccinated to continue adhering to the measures for **prosocial reasons**. Because it is unclear whether the virus can be transmitted after vaccination, one can avoid infecting others by adhering to the measures (refer to the situation of youngsters, who found themselves in a similar position throughout the crisis). Even if the virus would no longer be contagious after vaccination, by adhering to the measures one empathizes with those who are eagerly waiting to be vaccinated.