

TITEL: UNDERSTANDING AND IMPROVING COMPLIANCE WITH THE COVID-19 PRECAUTIONARY MEASURES.

PROBLEM STATEMENT

In order to decrease the changes for the spread of the COVID-19 it is essential that people comply with precautionary measures to decrease the risk for the spread of the disease.

Precautionary measures include avoidance of crowds, social distancing, (hand) hygiene measures and compliance with quarantine.

It has been shown that not all people comply with the measures. There may be different reasons why people do not comply. Although, it has been assumed that people may willingly ignore the advice to take precautionary measures, as was communicated by policy maker, there may be alternative explanations.

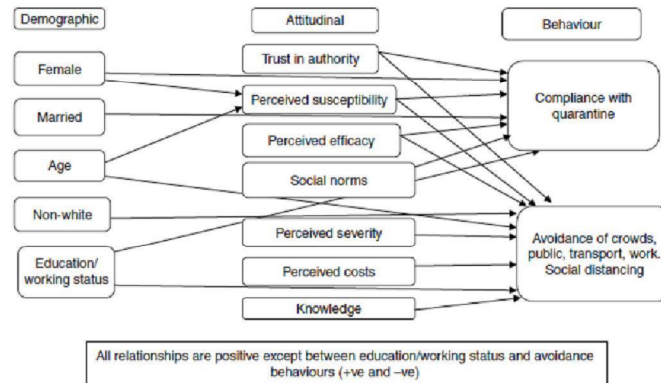
First, people may be willing to comply, but not understand what measures to take. Indeed, some confusion may be the result of different advices that have been communicated in the cause of time. The extent to which people could be in contact with others or not, the number of people, and also the extent to which physical contact was allowed or not. In addition, countries outside the Netherlands convey other messages. Second, there is misinformation/false claims regarding alternative measures people can take (vitamin c as an example) and also who is at-risk, or when someone is infectious or cured. People not only receive information via the national sources such as the RIVM, but also via social media. Third, people may mistrust the source of information. Fourth, people may not perceive to be at-risk. In addition, it is difficult that some people may have low-risk but are required to take measures to prevent other vulnerable groups from getting infected.

NEED FOR UNDERSTANDING AND OPTIMIZING BEHAVIORAL COMPLIANCE

In order to prove compliance we need a better understanding of factors that impede or facilitate compliance. Second, communication strategies that tackle some of the current barriers for compliance could improve the compliance rates, and hence reduce infection rates.

IMPROVE COMMUNICATION

Communication strategies could be helpful to increase behavioral compliance. Risk communication models, such as the protection motivation theory (Rogers, xxxx) are based on the assumption that precautionary action is more likely when people feel (1) susceptible, (2) perceived the precautionary measures as effective in reducing treat, 3) feel self-efficacious to carry out the measures. Importantly, increasing susceptibility without effective communication of risk reduction strategies may result in non-compliance or even risk seeking behavior (denial). These models have shown to be helpful to understand non-compliance also with regard to precautionary measures at previous outbreaks (SARS, Mexican flu, e.g., Bults et al. xxxx).



An extended version of the protection motivation theory (Bish & Michie, 2010).

In order to increase compliance strategies could be used to increase sense of susceptibility. One problem is that people may not perceive the relevance, because they do not perceive to be at risk. **Role models** or testimonials of similar others could be effective to convey susceptibility. Second, when people can easily recall something they may feel something is more relevant/important. As an example, **local/context-based numbers of infections** could enhance the perceived relevance.

Third, it would be good to provide information on the extent to which precautionary measures are effective. Finally, it would be helpful to provide information not only on what preventive measures to take, but also **WHEN** and **HOW**. This will increase feelings of self-efficacy, but also can promote action initiation. A possible strategy that could be used to increase compliance is by the use of implementation intentions. A practical method in this context would be a volitional help sheet. **Volitional help** sheets provide information on possible challenging, critical (risk) situations, and of possible solutions. In other words, the volitional help sheet help to people to understand **WHEN** and **HOW** to react, and promote automaticity of behaviors. Volitional help sheets have shown to be effective in various health domains (for example Armitage , 2008; 2016)

Finally, it could be helpful to increase behavioral compliance by increasing empathy and the felt need to help vulnerable groups (**helper effect**). Social psychologists have shown that helping behavior is more likely when people; *Notice* that something is going on, *Interpret* the situation as being an emergency. *Degree of responsibility* felt. *Implement the action choice*. *Particularly, the degree of responsibility can be enhanced* by enhancing the feeling that a person is deserving of help, by boosting the competence of the 'bystander', and by boosting the relationship between the bystander and the victim.

RESEARCH QUESTIONS

- 1) What (psychological) factors are facilitating or inhibiting compliance with preventive measures?
- 2) Can we promote compliance with preventive measures?
 - a. Could more contextualized risk information improve perceived susceptibility?
 - b. Could behavioral journalism – which is a particular type of authentic role model stories – increase perceived relevance?
 - c. Could a volitional help sheet improve compliance?
 - d. Could we boost empathy and hence 'helping behavior' of people in order to protect vulnerable others?

STUDIES

SURVEY.....

COMMUNICATIE EXPERIMENT>...

INTERVENTION STRATEGIES

Behavioral journalism is a term used to describe a theory-based health communication messaging strategy that is based on conveying "role model stories" about real people and how they achieve healthy **behavior** changes. The aim is to stimulate imitation of these models by audiences of their peers (McAlister, 1995).

REFERENCES