#### **Prof. Frederic Bouder**



# Risk Perception and compliance: a matter of information or situation?

Fighting pandemics with enhanced risk communication: Messages, compliance and vulnerability during the COVID-19 outbreak (PAN-FIGHT) 12 September 2022I, Scandic Holmenkollen Park Hotell, Oslo, Norway

# Shipping in a Tempest off a Rocky Coast.

**Bonaventura** Peeters

**Risk** perceptions (Fischhoff et al. 1978, Slovic 1987), biases (Kahneman & Tversky 1979) and feelings (Slovic 2000), Trust (Slovic 1993, Renn& Levine 1991, Löfstedt 2005)

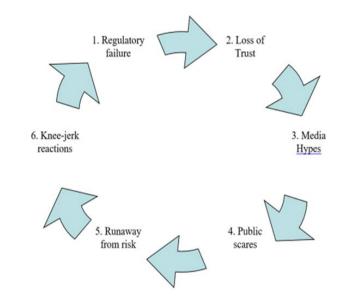
**Risk Communication** multi-way exchange to support risk/benefit decisions (Way et al. 2020) Effective risk communication is challenging (Bouder & Löfstedt 2010, Avrai& RiversIII 2013)

#### **Risk communication and compliance:**

- **Overestimate** behavioural change (Way et al. 2020)
- **Disconnects** acceptance from life impacts (Fischhoff 1978; Bouder et al. 2007)



Vicious cycle of risk aversion (Bouder 2008)



# **Covid19 raises issues about impact of science information**

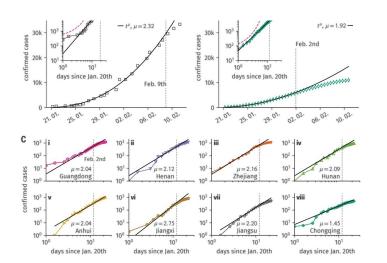
"Follow the Science" (Mercuri 2020) Yet which science? Modellers ony?

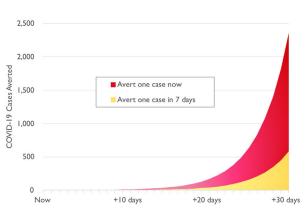
Standards of science (Rugeri er al 2020; Aven&Bouder 2020)

Evolving advice- e.g. on face covering (Shapiro & Bouder 2020)

Media and social networks: amplification and attenuation (Kasperson et al. 1988; Pidgeon et al. 2003)

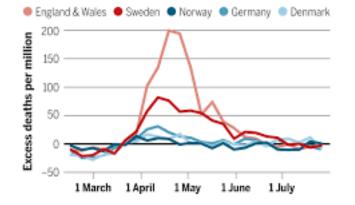
Susceptibility to misinformation (Roozenbeek et al. 2020





#### Unwelcome distinction

One measure of COVID-19's impact, excess mortality, was far higher in Sweden than in neighboring countries and Germany, but not as high as in England and Wales.





Globally, as of 4:35pm CET, 15 November 2020, there have been 53,766,728 confirmed cases of COVID-19, including 1,308,975 deaths, reported to WHO.

# **Compliance and pandemics**

#### Past pandemics

- Connect the views and actions of risk experts with those of the general public (Burton-Jeangros, 2019, p. 109)
- Exchanging critical knowledge to support decision-making (Fischhoff et al. 2017)

### This pandemic

- Social norms particularly important (Goldberg et al. 2020)
- Variations across age groups (Bruine de Bruin 2020; Way et al.2020)
- People's disagreements about the risks, variations in perceptions of the need for protective behaviours (Bruine de Bruin & Bennett 2020)
- Have we put facts before feelings?

# Anthropological research in Norway

#### Shapiro et al. 2022



Is compliance derived from trust [in government]? Transparency, efficiency and professionalism (NOU 2021)?

<u>What we found is far more complex: tensions between national</u> interpretations of compliance and people's perceptions

"I don't trust authorities, I don't distrust them. It's more about the feeling of not obeying the rules, like, the signals that you send to your community"

Relational perception of compliance: central role of one own's image as a "good citizen" and "considerate kin". This may involve tensions and inadequacies between what is asked and what feels right

"This is an open-eyed society, people are following, [and] we can't do so much without people watching us (....) I think this is everyone is trying to keep the rules ".

#### Survey across:

Five countries
Evensen et al. 2022
2 countries
Mahdavian et al.
2022

#### □<u>Risk Perception and behaviour</u>

How people rate and interpret the different kinds of risks related to the Covid-19 pandemic?

What do they do with these interpretations in actual life, including the advice they follow or not?

#### □ Channels of communication Issues

Where do people get their information from and how satisfied they are with it?

How experts and governments communicated risk?

#### □ <u>Adjustments and impacts on lives</u>

How did people adjust their behaviour in this unusual period? What was the impact on individual behaviour and social relations, including in the family?

#### **Demographics**

# Some results from the Survey

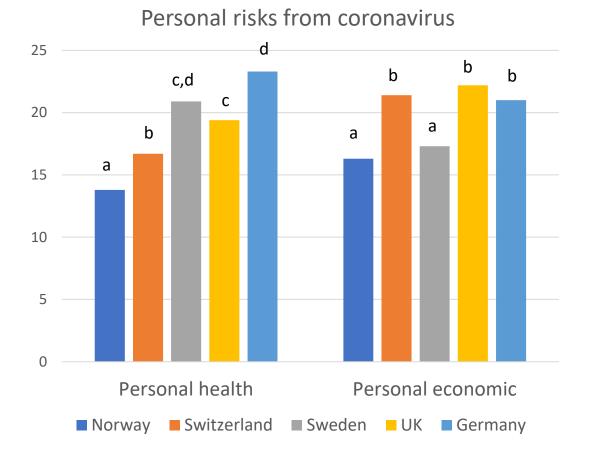
### Risk perceptions associated with COVID-19

- Personal health risks (3 items,  $\alpha = 0.88$ )
  - Percentage chance: get COVID, hospitalised due to COVID, die from COVID
- Public health risks (3 items,  $\alpha = 0.82$ )
  - Risk more people fall ill, or die, than elsewhere; health services overstretched
- Personal economic risks (3 items, α = 0.81)
  - Percentage chance: worse financial situation; you, or family, lose job
- Societal risks (economic and social) (6 items,  $\alpha = 0.80$ )
  - Risk of: deep econ. crisis, national debt increase, hard on small businesses, loss of trust in public authorities, lack of community/solidarity, children missing school
- Correlation of 0.45 between personal factors, 0.32 for health factors, 0.29 for personal economic and societal risk
- Compare these four across: Country, age, man/woman, city size

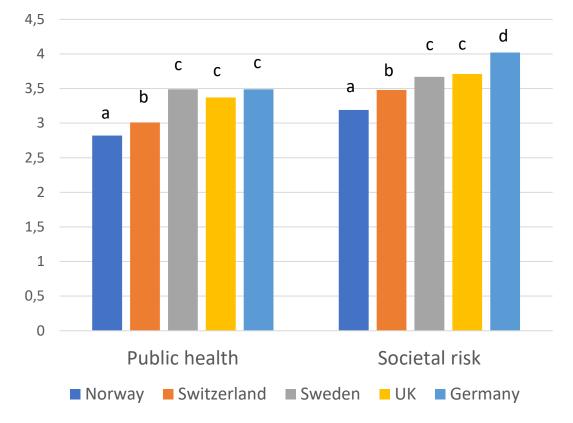
On a scale of 0 to 100 percent, what is the chance that in the next three months you will: Percentage chance

No	Low				
risk	level	Moderate	Significant	Severe risk	Don't
at	of	level of risk	risk	Severerisk	know
all	risk				

### Perceptions of risks from coronavirus, by country

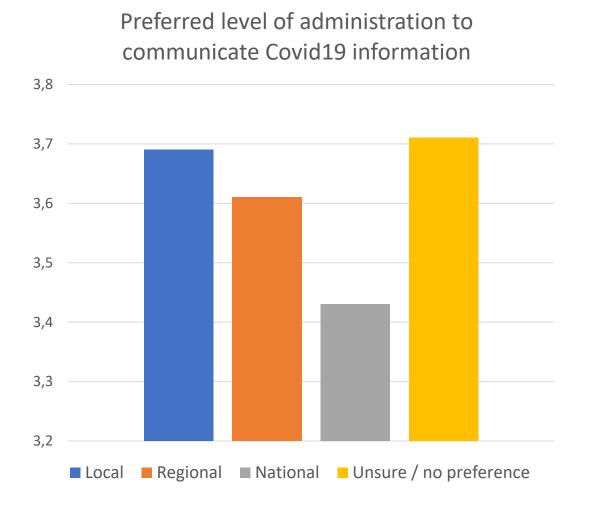




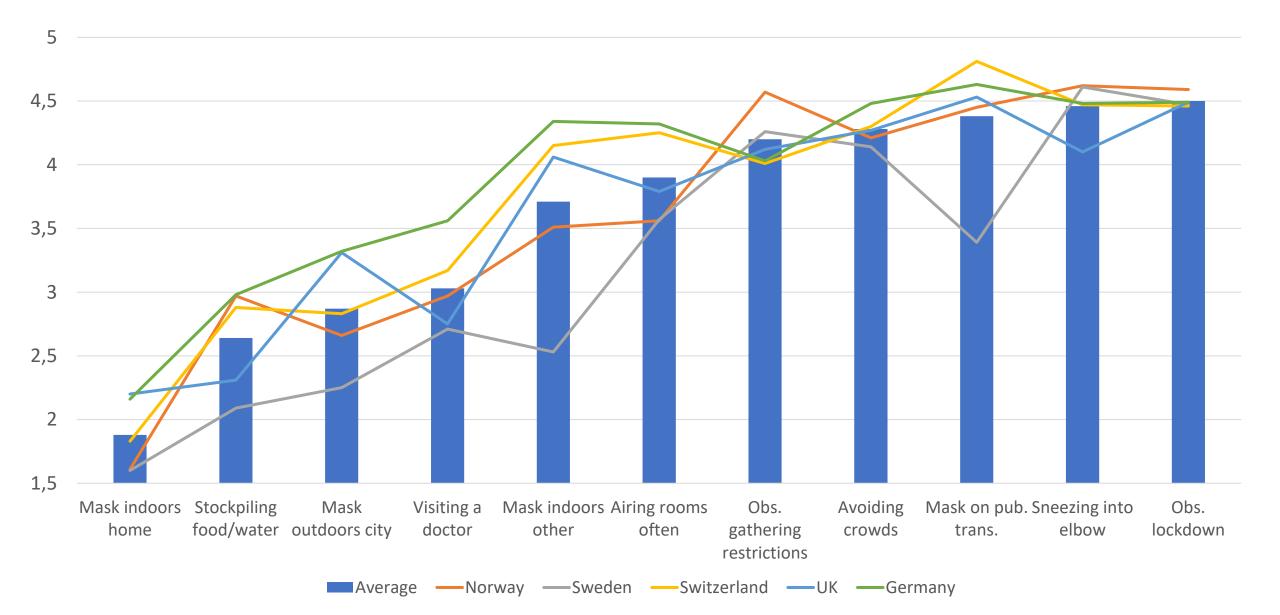


# Relationship between trust and risk communication

- Strong correlations for risk of loss of trust in public authorities with official messages being clear/understandable (-0.29) and official recommendations being consistent (-0.33) – strongest in NOR, SWITZ, SWE
- Significantly higher trust for people wanting national regulation (as opposed to regional or local), and for people thinking the correct level of information has been provided by authorities – p<0.001 for all.</li>
- Trust diff. between people wanting local vs national regulation particularly in Norway



### Frequency of COVID risk mitigation behaviours



# Take home lessons



- The relationship between perception, communication trust and compliance much more complex than decision makers often like to think – We need to better understand perception
- 2. In Norway "social norms" coming before institutional trust?
- 3. Confirmed: people are worried by many more things than direct impact on personal health
- 4. We observe significant variations across 5 countries in terms of perceived personal health risks , as well as economic and social risks
- 5. Unlike prevalent approach overly dependent on personal health impact it is therefore important to precisely define personal economic risks plus societal factors. Integrated cross-analysis needed!