

# REPORT 42:

## Concerns and risk perception in the post-pandemic fall of 2022

### The Motivation Barometer

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Reference: Motivation Barometer (10 November 2022). Concerns and risk perception in the post-pandemic autumn of 2022. Ghent, Leuven, Louvain, Bruxelles, Belgium.



For several months, the situation for most Europeans has changed drastically. The war in Ukraine and the energy crisis dominate the news and confront different groups in our society with the consequences of the energy crisis to an unequal extent. The World Health Organization (WHO) almost imperceptibly announced the end of the corona pandemic in October, but at the same time we are encouraged to remain vigilant and have a second booster shot. In this 42<sup>nd</sup> report from the Motivation Barometer, we focus on an update of people's concerns, risk perception and well-being. We did this using the data of 18425 participants from Dutch- and French-speaking Belgium.

### Take home messages

- Risk perception and willingness to puncture:
  - The risk of infection has increased slightly for vaccinated people since the summer but remains unchanged for unvaccinated people.
  - The more doses already received, the greater the intention to show caution in the event of symptoms, for example by wearing a mouth mask or having a self or PCR test performed. However, unvaccinated people also show more caution when experiencing symptoms: up to almost 7/10 would stay at home.
  - More than 8/10 of people with four shots are willing to have an annual shot. This percentage decreases systematically and quickly as a function of a decreasing number of injections received. Optimism about the willingness to have an additional shot is justified, especially in people with three shots, as up to 2/3 believe in the effectiveness and safety of the vaccine.
- ⇒ Conclusion: Although the willingness to receive an additional or annual shot is highly dependent on the number of shots received, it can be expected that this willingness will increase again in partially vaccinated people if the risk of serious illness after infection were to increase. The wait-and-see attitude of partially vaccinated people therefore does not indicate a refusal to take an additional shot.

- Concerns:

- Concerns about the global evolution of the situation and one's own financial situation have risen considerably, the latter being the highest since the start of the measurements in March 2020. Concerns about one's own health also increased slightly, while concerns at the macro level, especially around the war in Ukraine and climate change, have been declining since the summer.
  - Only financial concerns and concerns about one's own health are related to anxiety and depressive symptoms and reduced vitality, life satisfaction and sleep quality. Increased financial concerns also help to explain the increase in anxiety and depressive symptoms and decrease in vitality since this summer.
- ⇒ Conclusion: The energy crisis and inflation are making financial concerns peak more than ever. These financial concerns - along with health concerns - affect mental health. This does not mean that macro-evolutions, such as climate change or the war in Ukraine, do not preoccupy the population. This is the case. However, these concerns about macro-evolution only affect well-being insofar as they interfere with daily life and affect our wallet or health.

### Socio-demographic and medical information

In the last wave of data collections, between 2022-10-11 and 2022-10-31, 18425 participants (13402 Dutch, 73%, and 5023 French, 27%) completed the questionnaire. The average age is 52.55 years with 60% female participants. In total, 75% indicated that they currently have a partner. 18% reported having one or more co-morbidities.

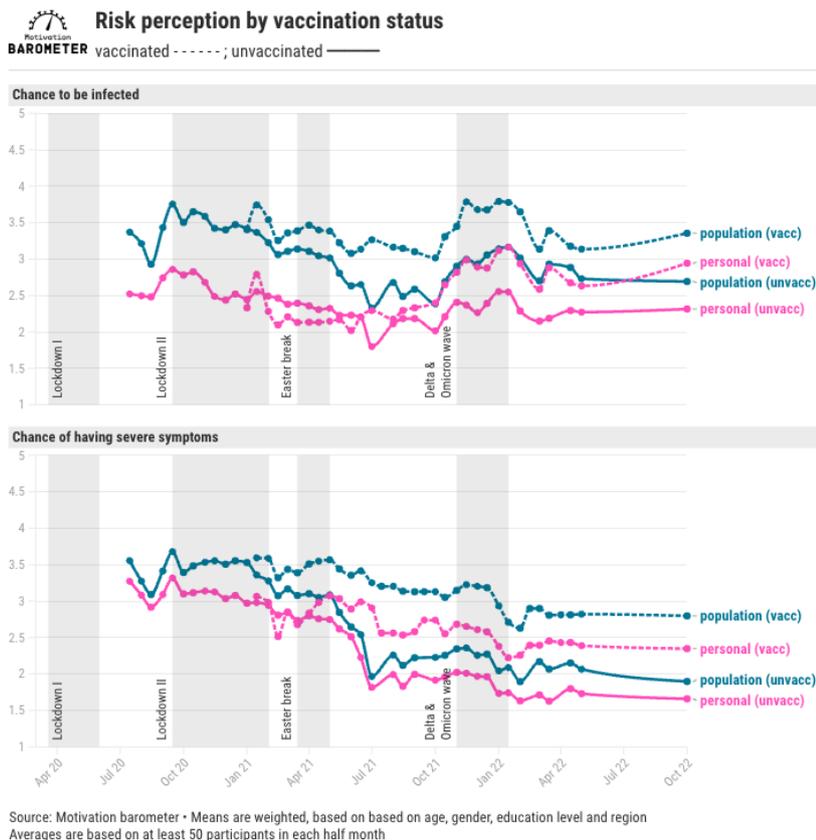
Of this group, 26% have no diploma or a primary school diploma, 37% have completed secondary education, while the remaining 37% have a Master's degree. The majority work full-time (42%), a smaller group are retired (33%), work part-time (15%), are unemployed (6%) and/or work from home or study.

In total, 57% indicated to have been infected with the corona virus, of which 43% of the infected group contracted the infection in the past 6 months. 8.1% have not been vaccinated or have received one dose. 6.6% have had two doses. 33% received three doses and slightly more than half (52%) received four doses.

## Question 1: How has risk perception evolved and is it a predictor of our behavior?

Throughout the pandemic, various indicators of risk perception were assessed: both the chance of becoming infected and of becoming seriously ill after infection, both in perspective of themselves and of the entire population. Figure 1 reflects the evolution in risk perception over time, broken down as a function of vaccination status. The estimated risks of infection increase in the vaccinated but not in the unvaccinated group (top half of Figure 1). The risk of contamination was estimated to be even higher at the beginning of this year - when Omicron was circulating. In both vaccinated and unvaccinated individuals, the perceived risk of becoming seriously ill after infection stabilizes (lower half of Figure 1). The figure in the appendix (ic, Figure 1A) shows the trend for both aspects of risk perception (chance and severity), broken down by number of vaccination doses. The more often someone is vaccinated, the higher his or her estimated risk perception.<sup>1</sup>

Figure 1. *Differences in evolution of risk awareness over time in (un)vaccinated persons*

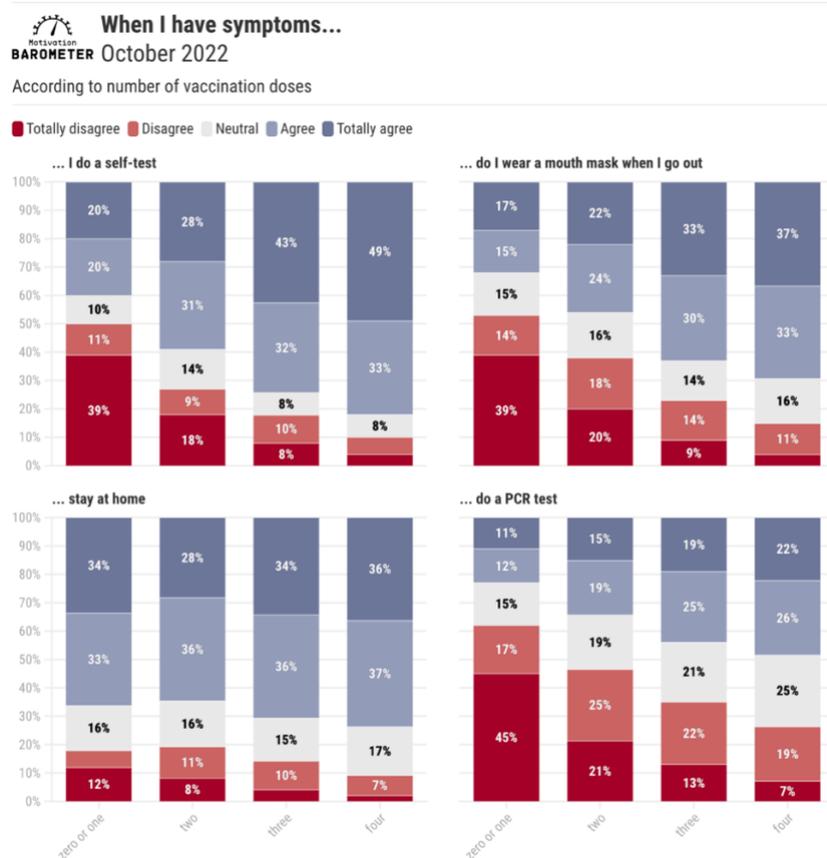


*note. Click [here](#) to view the figure online*

<sup>1</sup> When examining differences between vaccinated and non-vaccinated individuals, the role of other relevant socio-demographic characteristics, such as age, gender, and educational level, was eliminated.

This risk awareness predicts the extent to which people are willing to change their behavior if they have COVID symptoms. In particular, the estimated severity of a possible infection predicts more safe behaviour, such as performing a self-test or PCR test, wearing a face mask or staying at home. The willingness to exercise caution varies according to the vaccination status of the participants (Figure 2)<sup>2</sup>. The more doses someone has already received, the greater the chance that this person is willing to take a self- or PCR test and to wear a mouth mask if he/she has symptoms. Interestingly, this trend appears to be less pronounced for staying at home in case of symptoms, an alternative safety strategy. About 7/10 indicate that they will (very) certainly do this, a percentage that fluctuates much less in function of the number of doses. These figures show that unvaccinated individuals are not self-serving and do consider others.

Figure 2. *Percentage differences in safe behavior with symptoms as a function of vaccination status*



Source: Motivation barometer • Percentages are weighted on age group, gender, education level and region

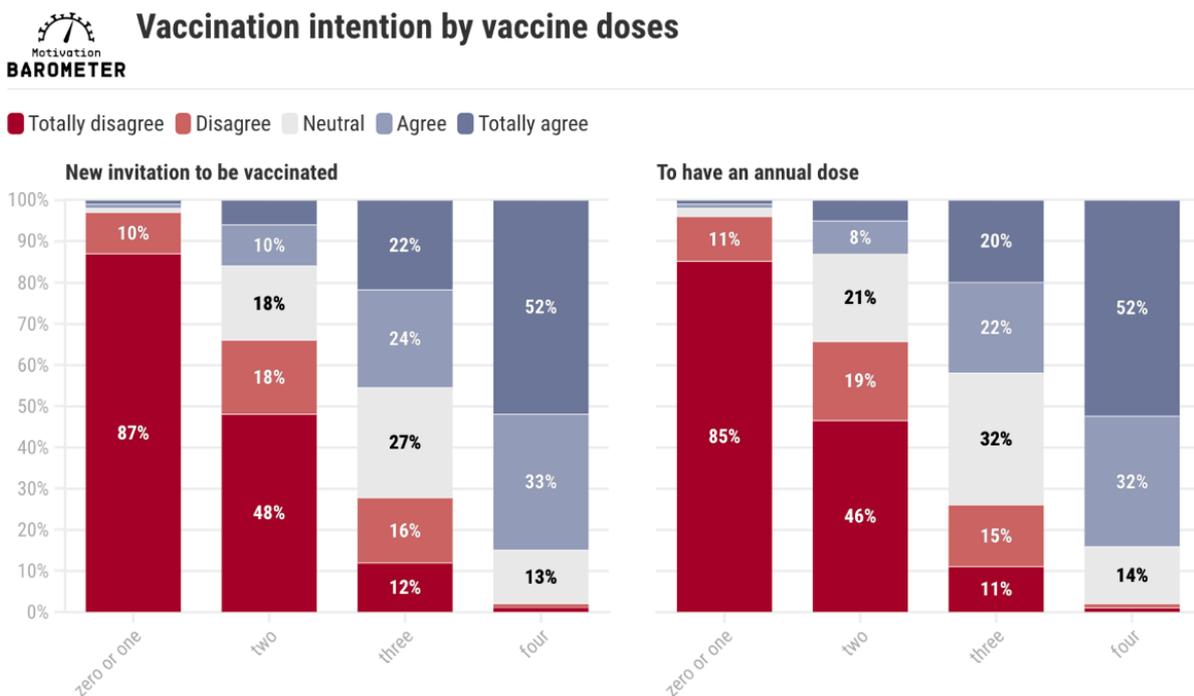
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<sup>2</sup> The collected samples are not representative of the socio-demographic distribution of the population. Nevertheless, since December 2020, both Dutch-speaking and French-speaking participants have been recruited and the presented findings have been weighted for age, region, education level and gender to (partially) correct for the non-representative nature of the samples. More information about how to deal with the self-selection bias in the collected data can be found on the website: [https://motivationbarometer.com/en/methodologie\\_reflecties/](https://motivationbarometer.com/en/methodologie_reflecties/)

This risk awareness not only predicts safe behavior but also the willingness for a new shot or even an annual dose. Also here, the estimated severity of a possible infection has the most predictive value. Because older or vulnerable individuals put themselves at greater risk of serious illness, this helps to explain why enthusiasm for a fourth or annual shot differs between groups. More specifically, Figure 3 shows that, respectively, 85% and 84% of those who have already received four doses are willing to have an additional and an annual shot. This percentage of receiving an additional or annual shot is half lower for those who have received three doses (46% and 42% respectively), and falls to 1/6 for those who have so far only received two doses (or 46% respectively). 16% and 14%). Of those who received no or only one dose, 97% and 96%, respectively, indicated that they would decline the invitation to a first or annual injection.

Figure 3

*Percentage differences in booster and annual injection intent as a function of vaccination status*



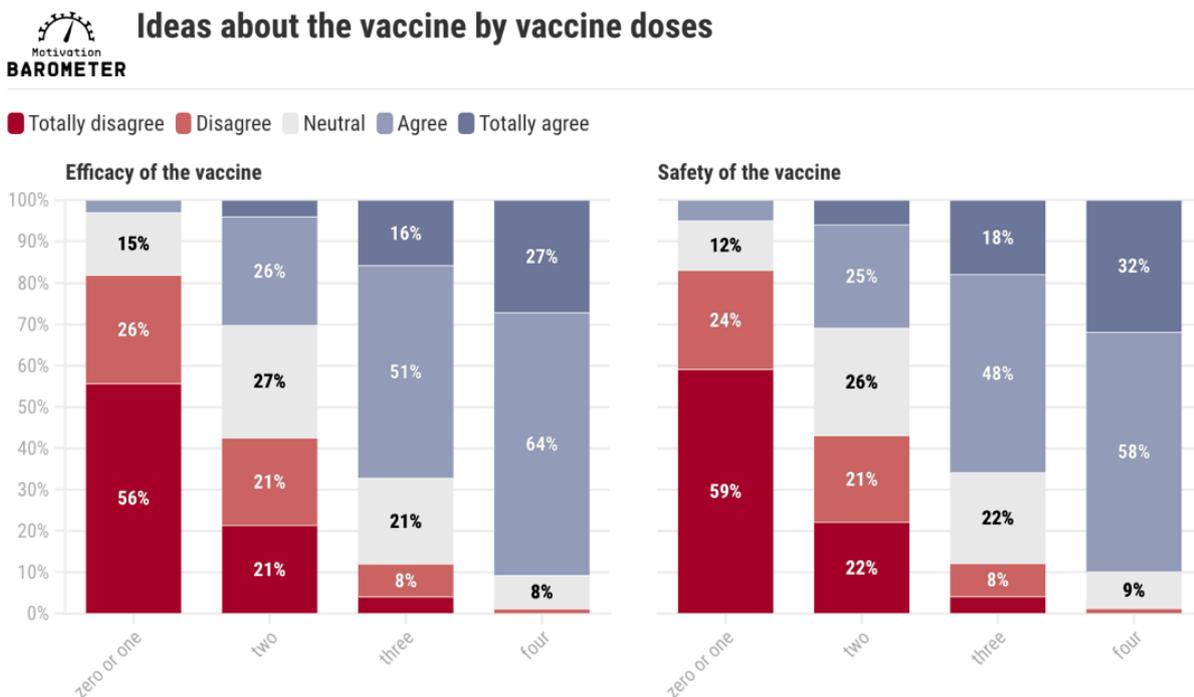
Source: Motivation barometer • Percentages are weighted on age group, gender, education level and region

*note. Click [here](#) to view the figure online*

It can be expected that the willingness to have an additional injection will increase again if the risk of serious illness increases. As Figure 1 shows, risk awareness is not static. Analyzes across the entire pandemic show that risk perception varies systematically with the number of people hospitalized. If more patients are admitted to hospital again, it can therefore be expected that in particular persons with three doses received will be prepared to have an additional injection. This optimism is also justified by the fact that the estimated effectiveness and safety of the vaccine is quite high in those who have received three shots

to date. As Figure 4 indicates, 67% and 66% of those who received three doses appear to have confidence in the effectiveness and safety of the vaccine. This percentage is much lower for those who received only two or zero shots and a lot higher for those who already received four shots.

Figure 4. *Percentage differences in vaccine efficacy and safety as a function of vaccination status*



Source: Motivation barometer • Percentages are weighted on age group, gender, education level and region

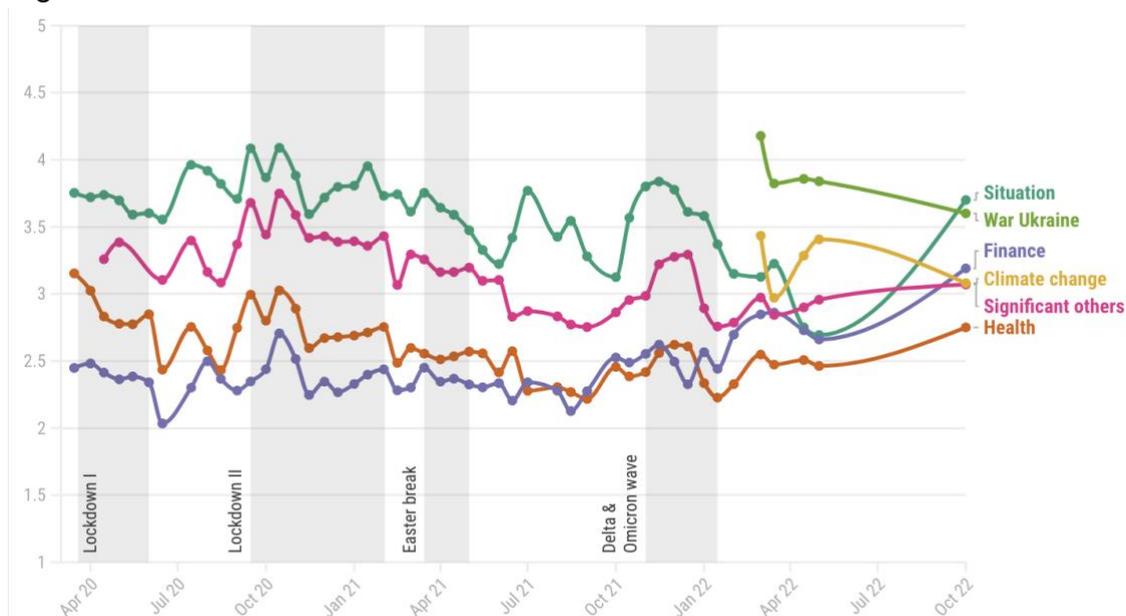
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## Question 2: How have our concerns evolved, and do they affect well-being?

The concerns of the population have been accurately assessed since the start of the pandemic. This concerns their own health and the health of significant others, financial concerns, and concerns about the situation in general. For several months we have also been monitoring concerns about climate change and the war in Ukraine. Figure 5 provides an overview of these different concerns over time. This shows that financial concerns have risen sharply and have not been so prevalent at any time since the measurements began. The rise in energy prices and high inflation are obviously related to this. Especially women, participants with a lower educational level and the unemployed report more financial concerns. We also see a sharp rise in concerns about the situation in general, reaching almost the same level as during the second lockdown in October '20 and during the period of the advancing omicron variant in January '22. Concerns about one's own health also rise slightly, while concerns about the health of others appear to stabilize. Finally, concerns about war and climate change - events on a macro level - appear to be easing, although in absolute terms they are stronger than some other concerns (e.g., personal health).

Overall, it appears that concerns about one's own functioning (financial, health, situation) increase, while concerns about others (health) and the global situation (war, climate change) stabilize or decrease. If concerns about one's own functioning require a lot of energy and attention, then it seems normal that other concerns have received relatively less attention in recent months.

Figure 5. *Evolution in different sources of concern*



Source: Motivation barometer • Means are weighted, based on based on age, gender, education level and region  
Averages are based on at least 50 participants in each half month

Note. Click [here](#) to view the figure online

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Not all worries turn out to be a reason for anxiety or depressive symptoms (see Figure 6). For example, concerns about the war (pink bar) or climate change (light green bar) are not related to mental health if the other concerns are also taken into account. Financial concerns (dark green) and concerns about one's own health (orange bar) in particular are positively related to anxiety and depressive symptoms and a reduced life satisfaction and vitality. Figure 7 shows the evolution in various indicators of mental health. Parallel to the increase in financial concerns, respondents have reported more anxiety complaints and less vitality since the summer. At the same time, mental health was under more pressure during other periods (e.g., January-March 2021, second lockdown) than today.

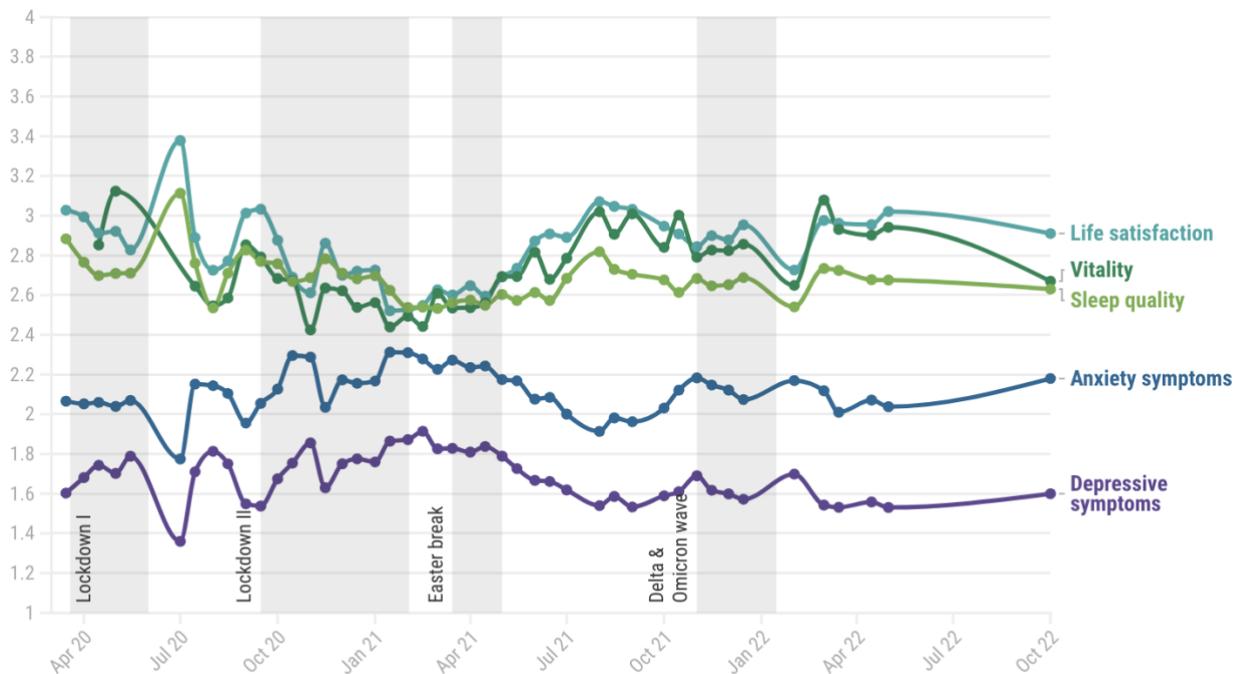
Figure 6. *Unique correlation between various concerns and various indicators of mental health*



Source: Motivation barometer • Associations are controlled for age, gender, comorbidity, education level and civil status

*note. These relationships can vary between -1 and +1, with a larger coefficient indicating a stronger unique relationship. Click [here](#) to view the figure online*

Figure 7 . Evolutions in various mental health indicators since March 2020



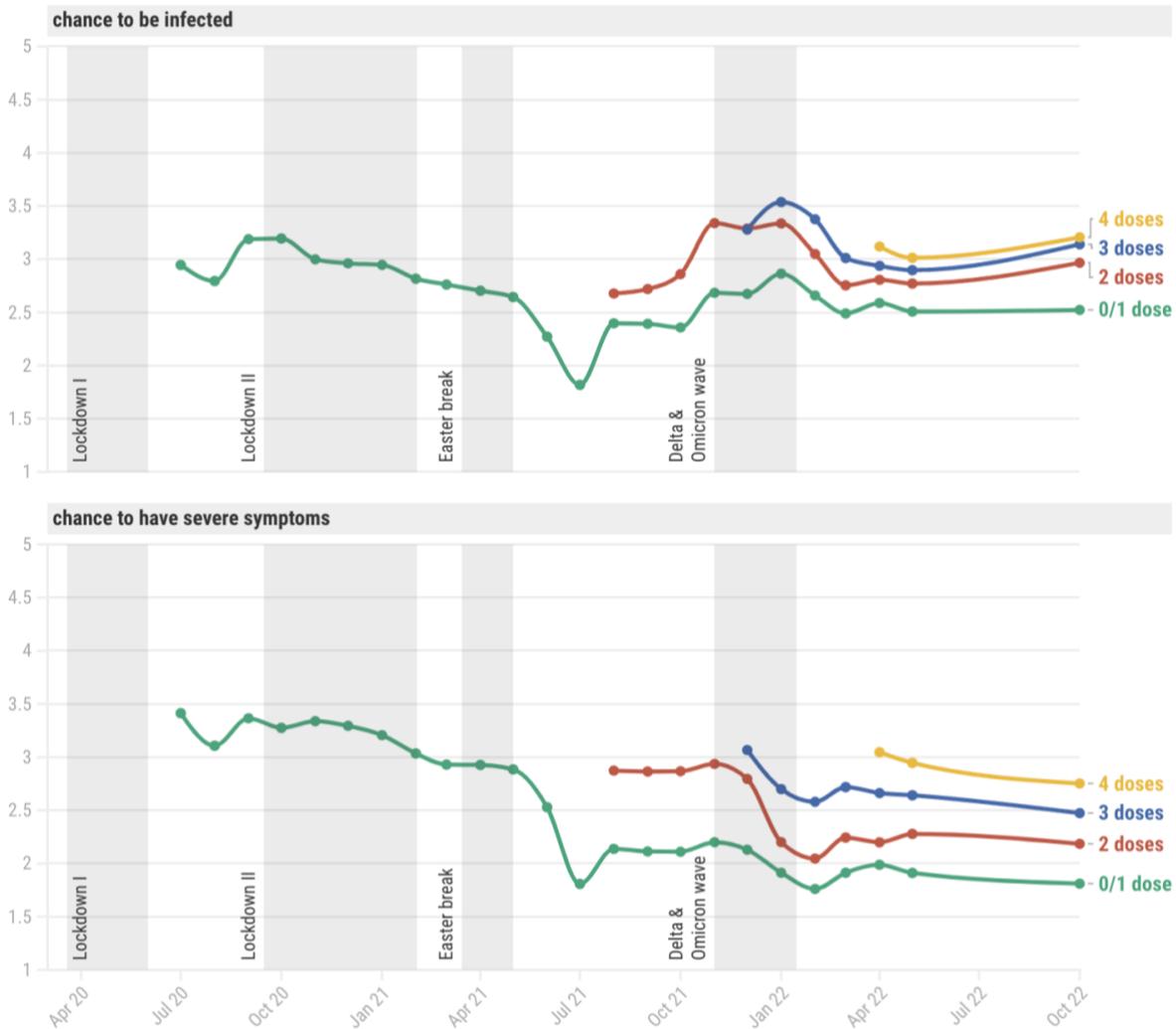
Source: Motivation barometer • Means are weighted, based on based on age, gender, education level and region  
Averages are based on at least 50 participants in each half month

*note.* Click [here](#) to view the figure online

In short, especially concerns relating to personal functioning (ic, financial, health) are increasing and are associated with reduced mental health. This does not mean that macro-evolutions, such as climate change or the war in Ukraine, do not preoccupy the population. This is the case. However, these concerns only affect well-being insofar as they are also directly felt and interfere with daily life, for example because these macro-evolutions promote an energy crisis or inflation and in this way lead to financial worries.

# Appendix

Figure 1A. Risk perception over time (in months) per number of vaccination doses



Source: Motivation barometer • Means are weighted, based on based on age, gender, education level and region  
Averages are based on at least 200 participants in each month

note. [Click here to view the figure online](#)

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