

Fighting pandemics with enhanced risk communication in Sweden: Messages, compliance, and vulnerability

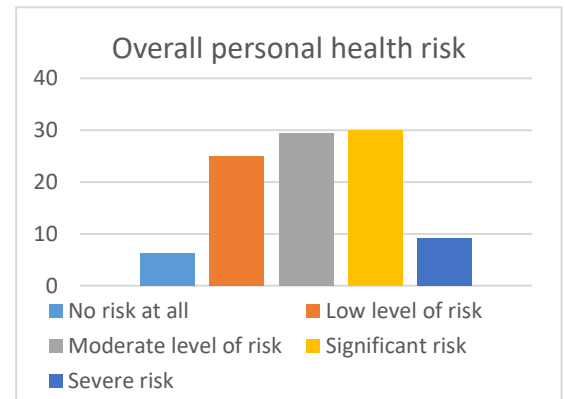
Survey

To understand how members of the public responded to the COVID pandemic and to official government communication about the pandemic, we ran an online survey with a nationally-representative sample (based on age, sex, education, and income) in five European countries (Sweden, Norway, Germany, Switzerland, UK). The survey was administered by the panel provider Qualtrics. It ran from 1 April – 4 May 2021, and had a total sample size of 4,206, with approximately 840 from each country.

Risk perceptions

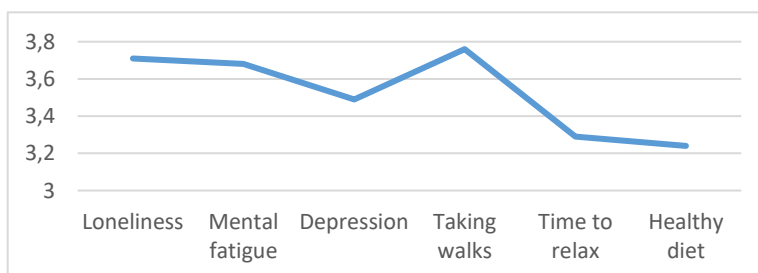
Risk perceptions are conditioned in part by societal response to and societal communication about COVID. We measured several types of risk perceptions; in general, risk was viewed as higher in Sweden, compared to the other four countries:

- Overall personal health risk – average of 3.11 on a scale of 1-5, meaning between a *moderate* and *significant* risk); higher perceived risk than Germany (3.00), UK (2.84), Norway (2.65), and Switzerland (2.51)
- Risk more people will become ill here compared to other countries – 3.18 average; lower than Germany (3.31) and UK (3.24); higher than Switzerland (2.93) and Norway (2.60)
- Risk health services will be overstretched – 4.20 average (meaning between *significant* and *severe* risk); higher than Germany (3.94), UK (3.67), Switzerland (3.33), and Norway (3.31)
- Risk of deep economic crisis – 3.18 average; lower than UK (3.86), Germany (3.76), and Switzerland (3.24); higher than Norway (2.95)
- Risk of loss of trust in public authorities – 3.60 average; lower than Germany (3.99); higher than Switzerland (3.53), UK (3.52), and Norway (3.16)
- Risk of lack of community feeling and solidarity – 3.61 average; lower than Germany (3.78); higher than Switzerland (3.38), UK (3.17), and Norway (3.17)



Pandemic effects on everyday life

We asked the survey respondents if certain feelings, emotions, and activities became more or less prevalent for them in the time following the onset of the COVID pandemic. A sampling appears below. In Sweden, negative emotions increased and mental health declined, but some positive activities also became more frequent on average. All scores below are on a 1-5 scale – much less, somewhat less, little to no change, somewhat more, much more; therefore, an average score over 3.00 indicates an increase from pre-COVID, whilst an average under 3.00 indicates a decrease.



- Feeling tired (3.66 average – 53% experience this more during COVID, 7% experience it less)
- Mental fatigue (3.68 – 55% more, 8% less)
- Loneliness (3.71 – 54% more, 8% less)
- Depression (3.49 – 44% more, 9% less)
- Anxiety (3.41 – 36% more, 9% less)
- Feeling powerless (3.49 – 44% more, 10% less)

- Having quality sleep (2.91 – 22% more, 28% less)
- Time for hobbies (3.21 – 39% more, 21% less)
- Taking walks outside (3.76 – 59% more, 9% less)
- Time to relax (3.29 – 37% more, 15% less)
- Having a healthy diet (3.24 – 31% more, 13% less)
- Concern about other global threats, such as climate change (3.21 – 31% more, 15% less)

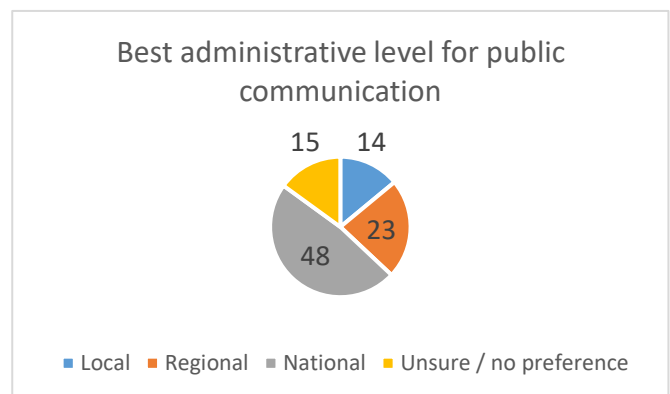
Behavioural responses to specific COVID restrictions

Our survey questioned members of the public about a wide range of actions that could reduce exposure to COVID. Some of these asked explicitly about the extent to which people followed government requirements. Whilst social desirability may have somewhat affected responses, this was an anonymous online survey. The scale was 1-5 – never, rarely, occasionally, most of the time, always.

- Keeping the required social distance (4.40 average, meaning between most of the time and always – 91% responded either most of the time or always)
 - This action correlated positively with feeling tired
- Observing gathering restrictions when with other people (4.26 – 80% most of the time or always)
 - This action correlated positively with feeling tired and taking walks outside
- Observing the required isolation period when having symptoms (4.56 – 89% most of the time or always)
 - This action correlated positively with feeling tired and having low quality sleep

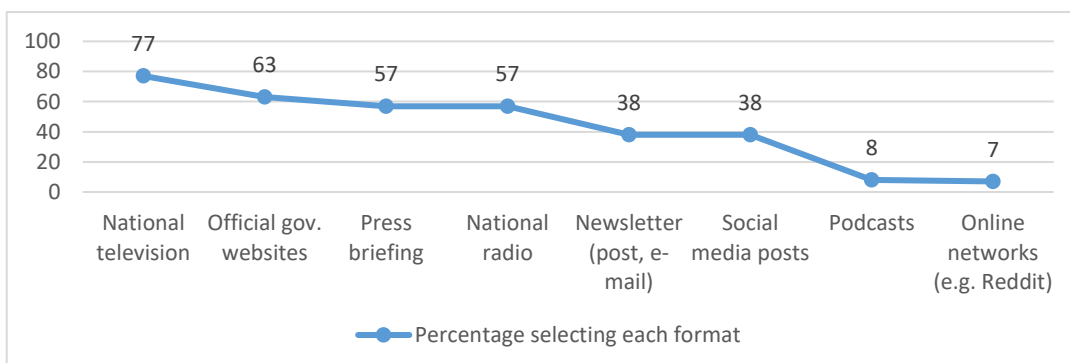
Risk Communication

We asked a number of questions about public consumption of and attitudes towards government risk communication over the first thirteen months of the pandemic (through April 2021). Swedes sought information from official authorities, on average, about the same as respondents from the other four countries (2.83 average on a scale of 1-6, meaning between *less than once per week* and *weekly*).



Most Swedes felt the government met their needs by providing the right amount of useful information about COVID (48%, vs 32% not enough, 7% too much, 7% overloaded with information, 6% no useful information provided whatsoever). In comparison to other countries, Sweden was lower than most for perceived message clarity and message consistency. It was below the scale mid-point for both (between ‘not very’ clear/consistent and ‘somewhat’ clear/consistent):

- Messages were clear and easy to understand (1-5 scale: not at all clear, not very clear, somewhat clear, very clear, extremely clear) – Sweden (2.85 average), UK (3.06), Switzerland (2.99), Norway (2.88), Germany (2.70)
- Authorities were consistent in instructions to the public (1-5 scale: not at all consistent to extremely consistent) – Sweden (2.53), Norway (2.74), UK (2.72), Switzerland (2.68), Germany (2.48)



We asked what formats authorities should use to communicate about COVID; respondents could select as many as they found relevant (see right).