Psychology of COVID-19 Choices

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ABSTRACT

Background: In this talk, I will discuss the findings of a research program conducted during different pandemic phases, focusing on the role of psychological, health-related, political, cultural, and circumstantial factors in compliance and adaptation. The overarching aim of this research program was to determine how people adapt, self-regulate, comply with protective measures, and maintain mental well-being throughout the emergency stages of the pandemic and beyond.

Methods: Data came from four online surveys. Study 1 (April-May20; N=1575 from Australia, US, UK, Canada): “The Great Unknown”—The peak of the first wave, with unprecedented uncertainty and strict public health measures. Study 2 (July-August20; N=453, Australia): “The first recovery stage”—Post-first-wave lockdown with easing restrictions. Study 3 (October-November20, N=1693, Australia): “The second lockdown and recovery stage”—The final stages of the second lockdown in Victoria, while other states maintained a new ‘COVID normal’. Study 4 (Longitudinal, Jan-March22; N=582, and June-July22, N=446; Australia): “The self-regulated stage”— Most restrictions waived with a focus on vaccination strategies amid the Omicron outbreak, Studies 1 and 4 used Latent Profile Analysis (LPA), while 2 and 3 used linear models.

Results: Using LPA, Study 1 characterised two distinct profiles: individuals compliant with protective measures (90%) and non-compliant (10%), with key differences on a comprehensive suite of variables. Using hierarchical regression models, Study 2 identified factors predicting mental well-being and its recovery. Study 3 examined Australians’ health-related quality of life during the pandemic compared to pre-pandemic (2015-16) reference values. Using LPA, Study 4 identified three subgroups: Booster-Acceptant (61%), Booster-Hesitant (30%) and Booster-Resistant (9%), and compared them on a range of attitudes and characteristics. A follow-up study also identified three subgroups in relation to mask-wearing behaviours: mask enthusiasts who continued wearing masks after mandates were lifted (26%), dutiful maskers who wore masks to comply with mandates (60%), and anti-maskers who refused to wear masks (14%), and also compared them on a broad range of attitudes and characteristics.

Conclusion: Across studies, the main findings are highly consistent. Certain psychological factors, attitudes and beliefs played a major role in adapting and adopting protective behaviours during the emergency stages of the pandemic and beyond despite different regulations, demographic characteristics, and situational factors, albeit these also played a key role. This research can inform tailored public health policy and messaging to increase compliance and booster uptake.
BIOGRAPHY

Associate Professor Dr Sabina Kleitman is a full-time academic and CODES lab team leader in the School of Psychology at Sydney University (Australia). She has more than 60 scholarly publications and an h-index of 32. Her research has attracted industry engagement, media attention, and high academic citations (currently 5,144; Google Scholar). Her interests include the psychology of COVID-19 choices, decision-making, confidence, resilience and adaptability under challenging conditions. She and her team also develop novel methodologies of assessment. Her cross-disciplinary research successfully embraces diverse areas of psychology, epidemiology, defence sciences, and education.

In 2021, her research into the psychology of compliance with COVID-19 public health orders in Australia, the US, Canada and the UK identified a psychological profile of people who flouted the rules. Over and above the attention this research attracted in the global news and specialist media, it promoted a greater appreciation of the complexity of behaviour during COVID-19. This new collaborative research program also provided a robust platform to inform future studies in vaccine and mask-wearing preference/hesitancy/refusal and to facilitate tailored behaviour change interventions during pandemics.