



COVID-19 PANDEMIC IN SLOVENIA

**Results of a panel online survey on the impact
of the pandemic on life (SI-PANDA),
10th wave**

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CONTENTS

INTRODUCTION	4
SUMMARY OF THE SURVEY	6
MAIN RESULTS	7
Complying with current measures	7
Supporting the measures currently in force	10
Supporting the possible measures	12
Trust in persons and institutions to manage the pandemic adequately	14
Vaccination	16
The impact of the pandemic on lifestyle and bad condition	25
Contact with the healthcare system	29
The impact of the pandemic on the financial situation	31
Highlighted topic of the 10 th wave of the survey: Experiencing the COVID-19 pandemic and the impact of the pandemic on mental abilities	33

INTRODUCTION

Pandemic fatigue is the expected and natural human response to long-lasting public health crisis that significantly affects the daily life of an individual. It appears gradually and is influenced by emotions, experience, and attitudes. It is a response to long-lasting and unsolved distress in people's lives. The severity and the scope of COVID-19 pandemic and the introduction of strict measures to prevent and limit the transmission of the infection have a huge impact on the daily lives of all people, including those not directly affected by the virus. Over time, people's compensatory mechanisms for crisis management become fatigued and so these people lack motivation to follow recommended self-protective behaviours, and consequently jeopardize the effectiveness of measures to prevent the spread of SARS-CoV-2 infection among the population.

Understanding COVID-19-related human behaviour enables the identification of at-risk target groups and contributes to finding solutions that encourage better adherence to protective behaviour recommendations. Adherence to measures most effectively reduces the transmission and spread of SARS-CoV-2 in the long run, reduces fatigue and distress of all kinds, and increases the quality of life. In addition, it maintains a functioning healthcare system, enables the normalization of health promotional, preventive, and curative treatments, normalizes the functioning of all segments of society, from education to economy, and enables reducing inequalities through remote determinants of health. Above all, it can most effectively reduce the COVID-19 burden at the individual and social level in Slovenia.

The aim of the research is to investigate and understand human behaviour in relation to COVID-19 and to assess pandemic fatigue during and after the COVID-19 pandemic in Slovenia. With the help of this research, we hope to identify and address the impact of the pandemic, the measures introduced, and the recommendations and decisions made by the government on people's lives. This also enforces the recommendation of the World Health Organization¹, that countries regularly conduct qualitative and quantitative population surveys, which should serve as the basis for further action.

¹ <https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf>.

METHODOLOGY

The survey in the form of an online questionnaire is conducted in twelve waves (repetitions once every two weeks) starting on 4 December 2020. The survey is conducted on behalf of the National Institute of Public Health (NIJZ) by the Mediana Institute for Market and Media Research, while the data are analysed by NIJZ.

Every two weeks, selected panel members are invited to take part in an online survey conducted through Mediana's web panel. Each wave of online survey involves a sample of about 1,000 adults aged 18 to 74 who are included in Mediana's web panel.

In the survey, we use the World Health Organization (WHO)² questionnaire, which was translated, and adjusted to the situation in our country in accordance with the WHO instructions.

The data presented in the report are weighted by gender, age groups and statistical regions.

The report mostly presents data from the **10th wave** of the panel web survey, that took place **from 9 April 2021 to 12 April 2021** on a sample of 1,000 adults aged 18 to 74 years. Some comparisons with previous waves of survey are also shown.

So far, the following waves of the survey have been conducted:









Do sedaj so bili izvedeni naslednji valovi raziskave:

- 1st wave: from 4 Dec 2020 to 6 Dec 2020
- 2nd wave: from 18 Dec 2020 to 21 Dec 2020
- 3rd wave: from 4 Jan 2021 to 5 Jan 2021
- 4th wave: from 15 Jan 2021 to 17 Jan 2021
- 5th wave: from 29 Jan 2021 to 30 Jan 2021
- 6th wave: from 12 Feb 2021 to 15 Feb 2021
- 7th wave: from 26 Feb 2021 to 1 Mar 2021
- 8th wave: from 12 Mar 2021 to 15 Mar 2021
- 9th wave: from 26 Mar 2021 to 29 Mar 2021
- 10th wave: from 9 Apr 2021 to 12 Apr 2021

² <https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health/tools-and-resources/who-tool-for-behavioural-insights-on-covid-19/survey-tool-and-guidance-behavioural-insights-on-covid-19-produced-by-the-who-european-region>.

SUMMARY OF THE SURVEY



Indicator	1 st wave 4. - 6. 12. 2020 (%)	10 th wave 9. - 12. 4. 2021 (%)
 Use of the protective mask in public <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	95.7	88.0
 Maintaining recommended interpersonal distance in public <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	90.7	83.8
 Hand disinfection when washing is not possible <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	90.6	83.6
 Avoiding a private social event <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	87.4	72.8
 Testing in case of close contact with a person who tested positive for COVID-19 <i>(the share of respondents who would definitely get tested in case they were in contact with someone who tested positive for COVID-19 and would not develop any symptoms themselves)</i>	64.4	68.2
 Intention to get vaccinated against COVID-19 <i>(the share of respondents who will get vaccinated against COVID-19, when it is their turn to get vaccinated)</i>	51.1	58.7
 Avoiding a visit to the doctor due to a problem not related to COVID-19 <i>(the share of respondents who avoided a visit to the doctor in the last 2 weeks due to a non-COVID-19 problem)</i>	35.8	28.6
 Mental health problems <i>(the share of respondents with depressive disorder or mental health problems)</i>	37.5	39.9
 Deterioration of the personal financial situation <i>(the share of respondents who estimated that their financial situation in the last 3 months was worse than before)</i>	31.4	25.6

MAIN RESULTS

Complying with current measures

Most respondents stated that they had complied with the prescribed measures and recommendations to prevent the transmission of SARS-CoV-2 virus in the last 7 days (Figure 1). Of listed measures, respondents mostly comply with proper sneezing and coughing hygiene and (89.8%), and the least with disinfection of surfaces (52.8%). Complying with the measure of staying at home, which includes working from home, school or study from home, has somewhat improved in this wave (for 5 percentage points compared to 9th wave), which is surely a reflection of temporary lockdown in this period.

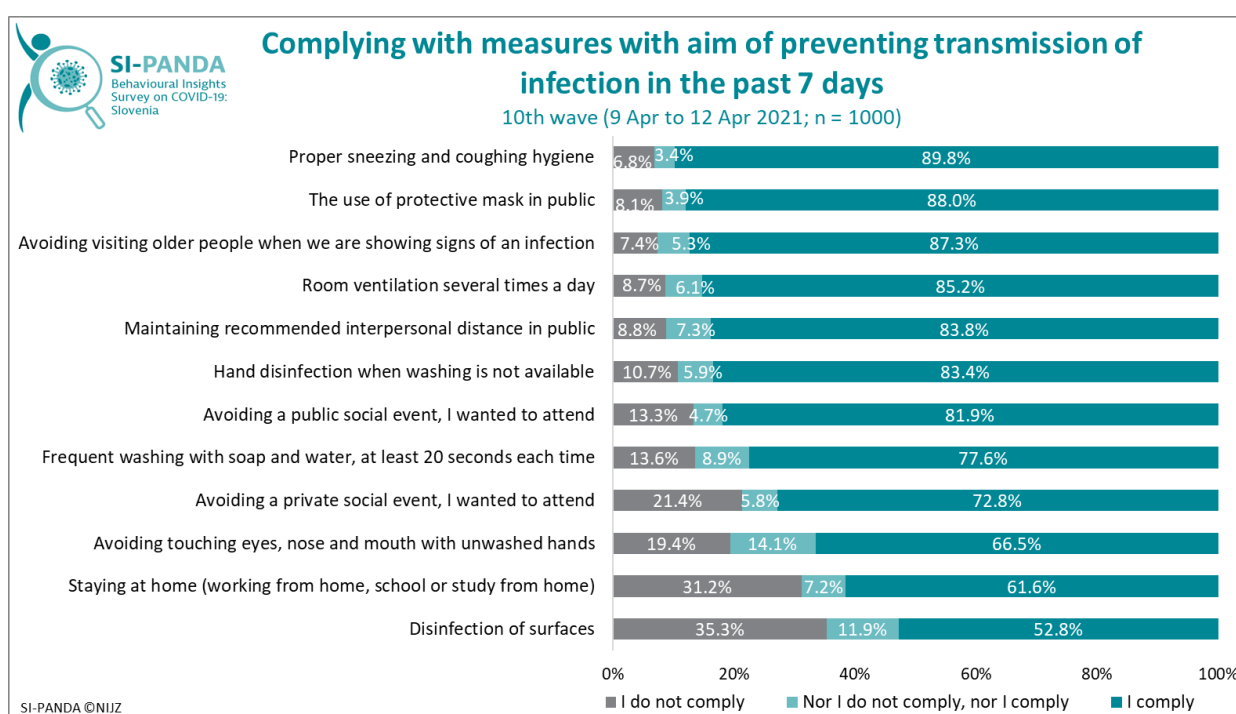


Figure 1: Complying with measures with aim of preventing infection in the last 7 days, total.

If we compare the results of individual survey waves, the use of a protective mask in public was the most considered measure so far (Figure 2); however, in the 10th wave of the survey the percentage of using a protective mask in public fell for the first time in the course of the survey to such an extent that proper sneezing and coughing hygiene became the most considered measure. In addition to the use of a protective mask in public, the 10th wave of the survey shows a drop in compliance with most measures. If the increase in the compliance with the measure of staying at home is the result of a temporary restriction of public life with the closure of schools and kindergartens, greater consideration of room ventilation several times a day can be attributed mainly to warmer weather and a longer day. Despite the declining proportion of people who have complied with the measures in the last 7 days, a proportion of people who would definitively get tested if they were in contact with COVID-19 positive person remains stable through individual waves and equals 68.2% in the 10th wave.

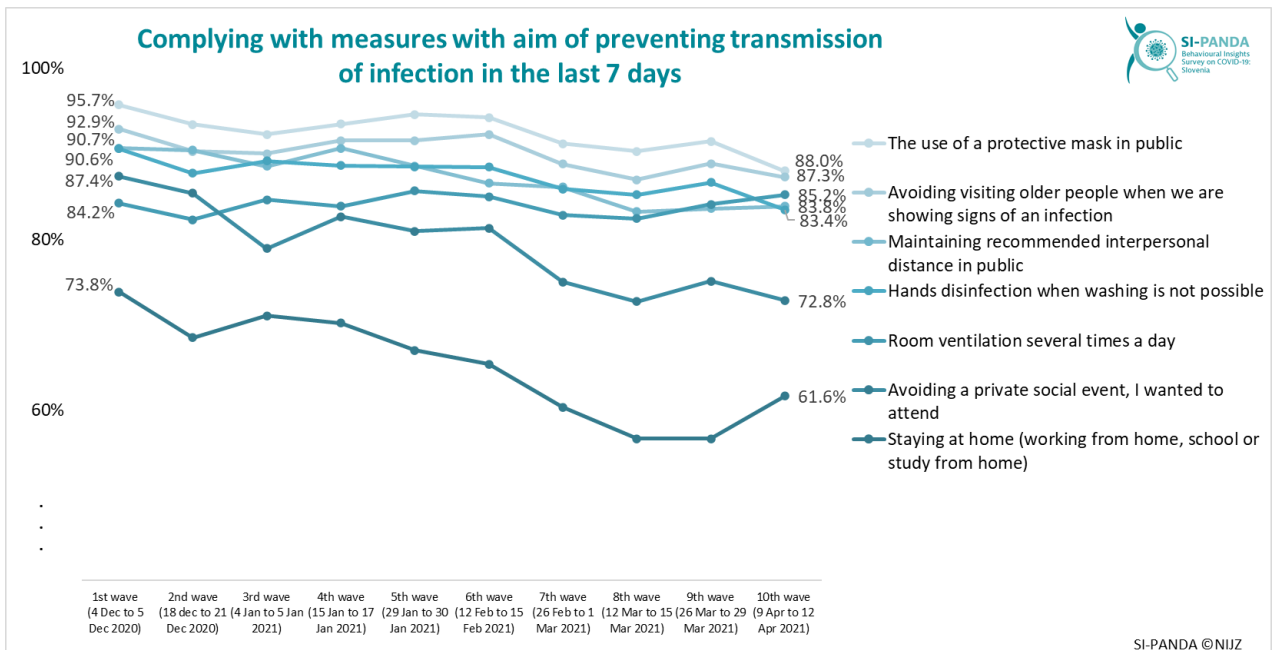


Figure 2: Complying with some measures with aim of preventing infection in the last 7 days total, by survey waves.

Due to the lockdown during the time of the 10th wave of the survey, we also asked the respondents where they had been working in the last 7 days. Nearly 40 percent of people answered they went to work all the time because their work could not be done from home. As many as 19 percent of respondents worked from home during this entire time (Figure 3).

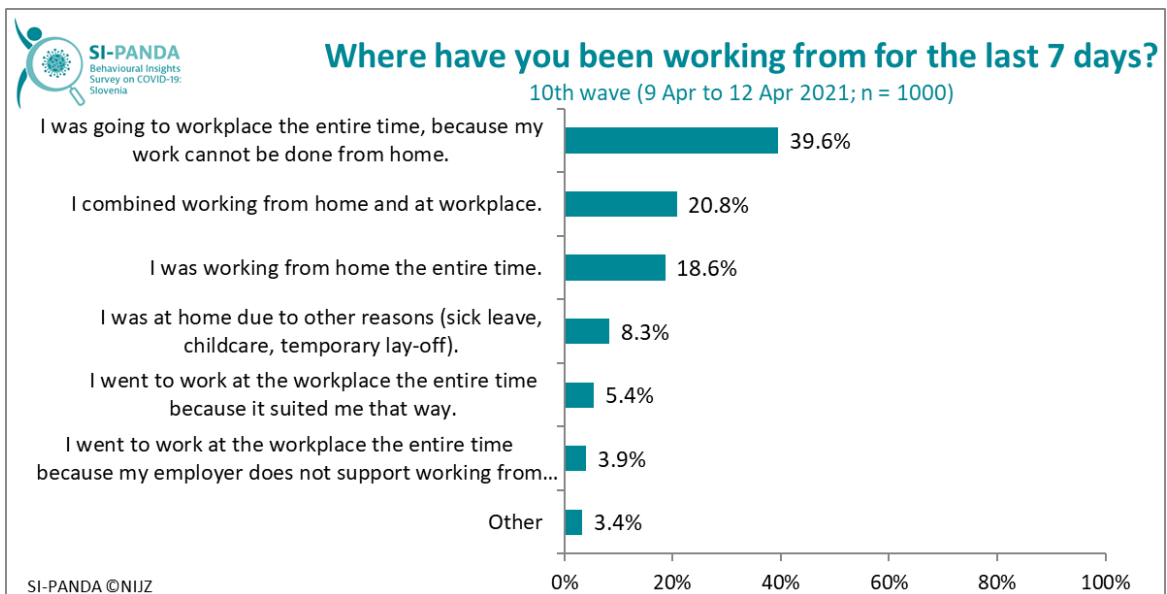


Figure 3: The location of performing work during the last 7 days, total.

According to the gender of the respondents, women were working from home in higher percentage. Mainly men with secondary education were present at workplace the entire time of the lockdown (70.2%) (Figure 4).

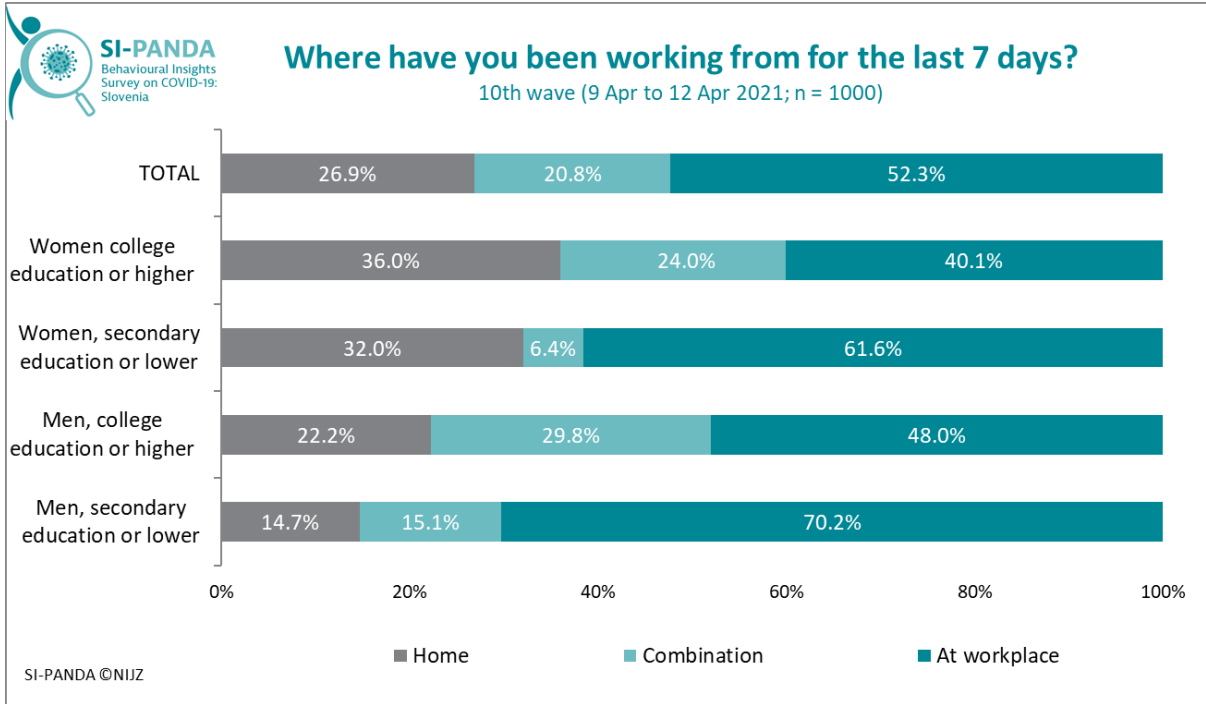


Figure 4: The location of performing work during the last 7 days, total, by gender and educational attainment.

Supporting the measures currently in force

Measures to prevent and limit the spread of SARS-CoV-2 virus are very diverse, varying slightly between individual waves of survey, and have received very different support. The interviewing in the 10th wave of the survey took place between 9 and 12 April, i.e., at the time of the temporary lockdown with the closure of schools and kindergartens still in force. Between the two measures that were in force throughout the observed period, respondents in the 10th wave most supported the use of masks in open public spaces or places (35.0%), whereas it is important to note that the measure has changed throughout the observation period. In the first nine waves, respondents expressed their opinion on (non) support for the mandatory use of masks on outdoor surfaces when it is not possible to maintain interpersonal distance of at least 2 metres, whereas in the 10th wave, they expressed their opinion on (non) support for the use of masks in open public spaces or places, therefore caution should be exercised in interpreting these measures. Less support was given to restriction of outdoor movement between 10 pm and 5 am (23.2%), which varied between 1st and 8th waves, as at the time the restriction of outdoor movement was in force between 9 pm and 6 am. According to the individual waves of research, there is a general decline in support for both measures (Figure 5).

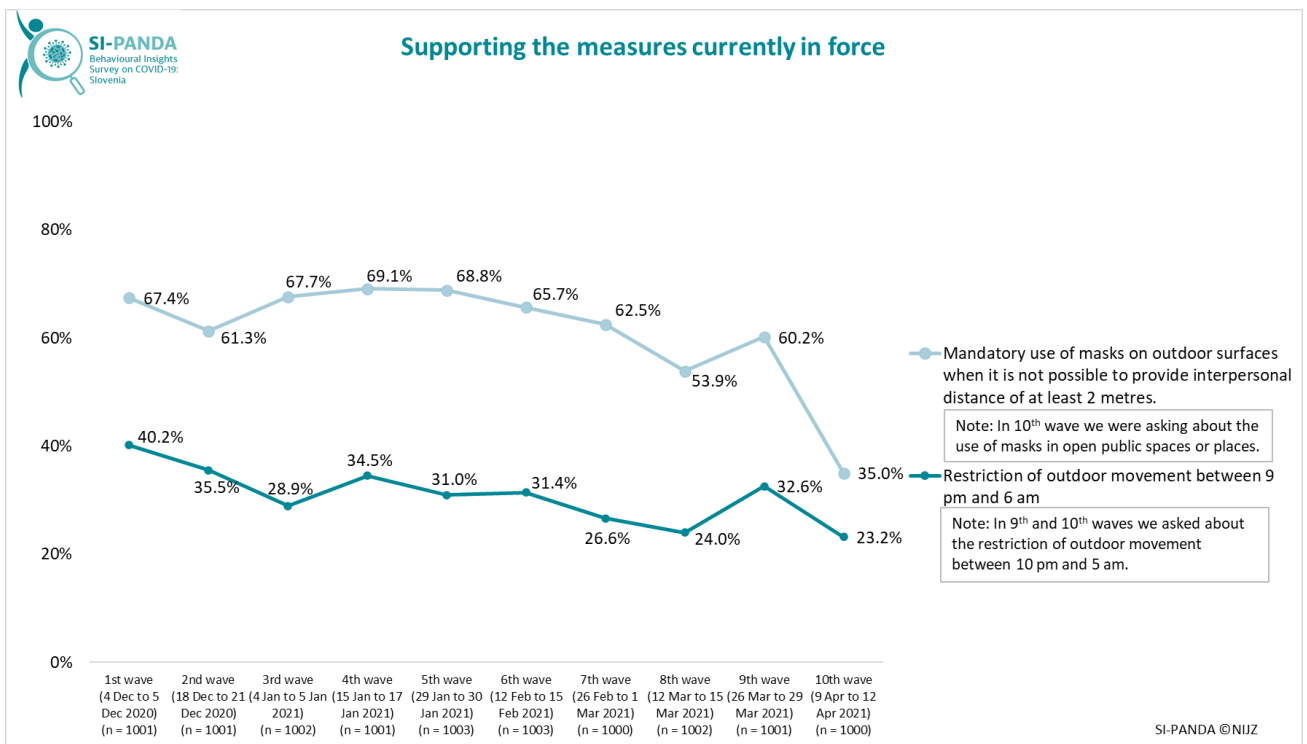


Figure 5: Supporting some measures currently in force, total, by survey waves.

In the 10th wave of the survey, we asked the respondents to what extent the support SARS-CoV-2-related measures which were in force from 1 to 11 April 2021. Respondents were the most supportive of the closure of all educational institutions (20.3%) and most of the ban on gathering people, unless they were close family members or members of a joint household – this measure was supported by almost half of the respondents (Figure 6).

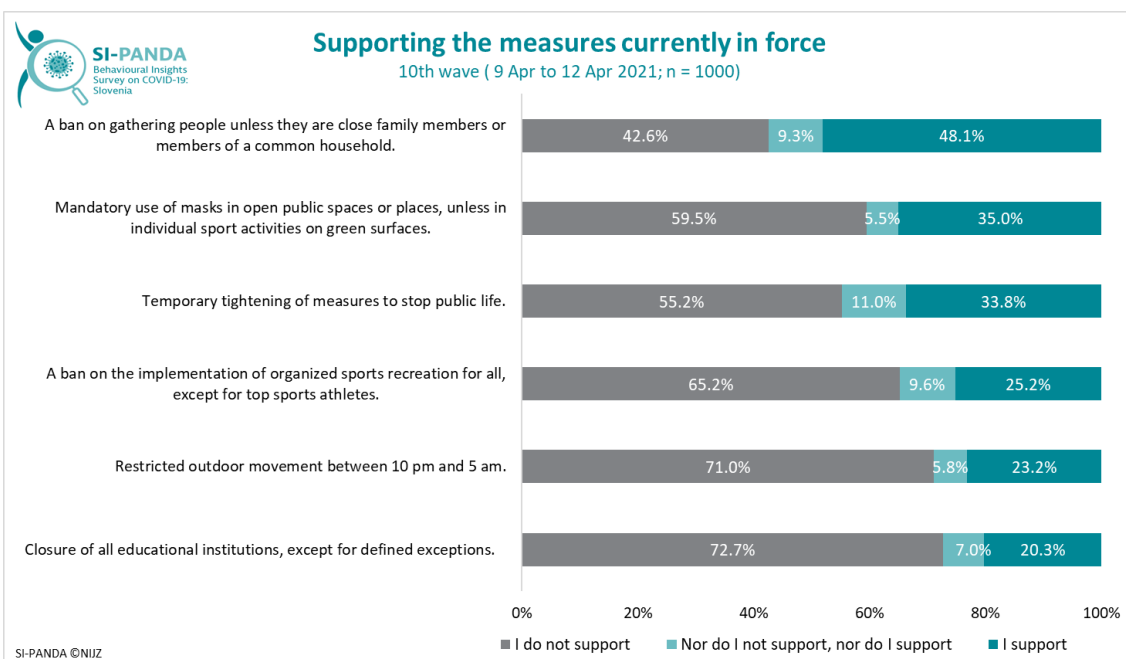


Figure 6: Supporting measures currently in force, total.

Throughout the survey, the respondents were also asked whether they find the restrictions currently in force to be excessive. In the 10th wave, 64.3% of respondents answered affirmative, which is the highest share so far (Figure 7).

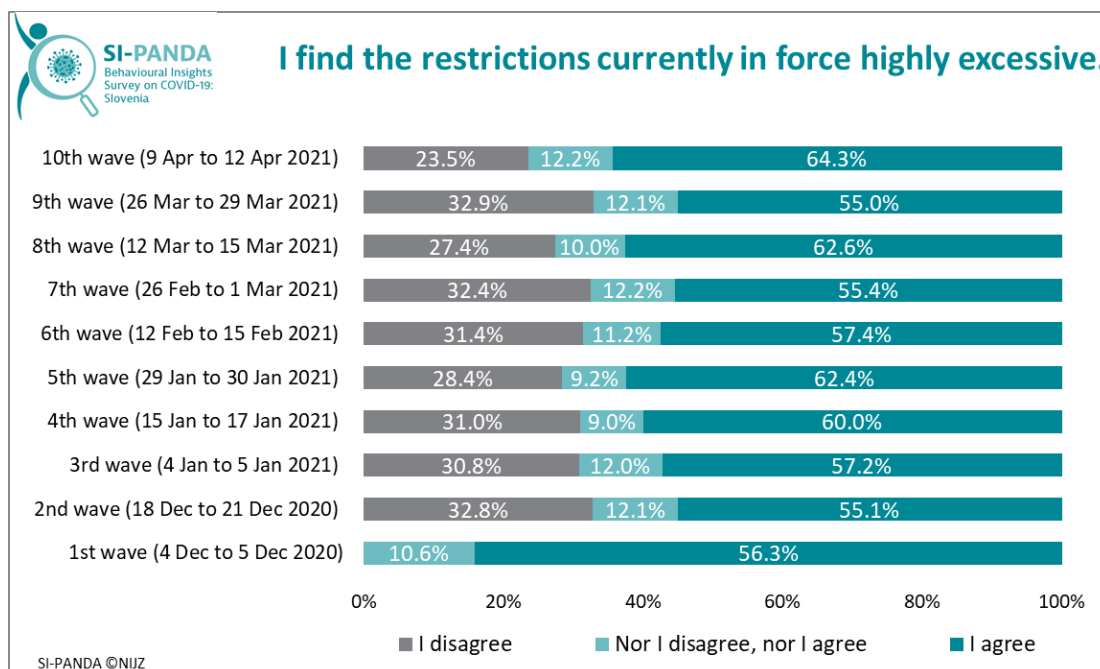


Figure 7: The shares of persons, who find the restrictions currently in force highly excessive, total, by survey waves.

Supporting the possible measures

Among the possible measures, which could (according to the epidemiological situation) be introduced after the temporary lockdown in April, the respondents in 10th wave expressed support to the opening of schools and faculties for all students (82.8%) (Figure 8), which is in line with the non-support for the closure of educational institutions, except for the defined exceptions, expressed throughout the entire duration of the survey. The opening of terraces and gardens of restaurants, considering the NIJZ recommendations (82.2%), received almost the same support. The measure of possible voluntary self-testing with quick home antigen tests for all residents (67.4%), which we know is in force in some other countries, e.g., Austria, was also supported by a good share of respondents.

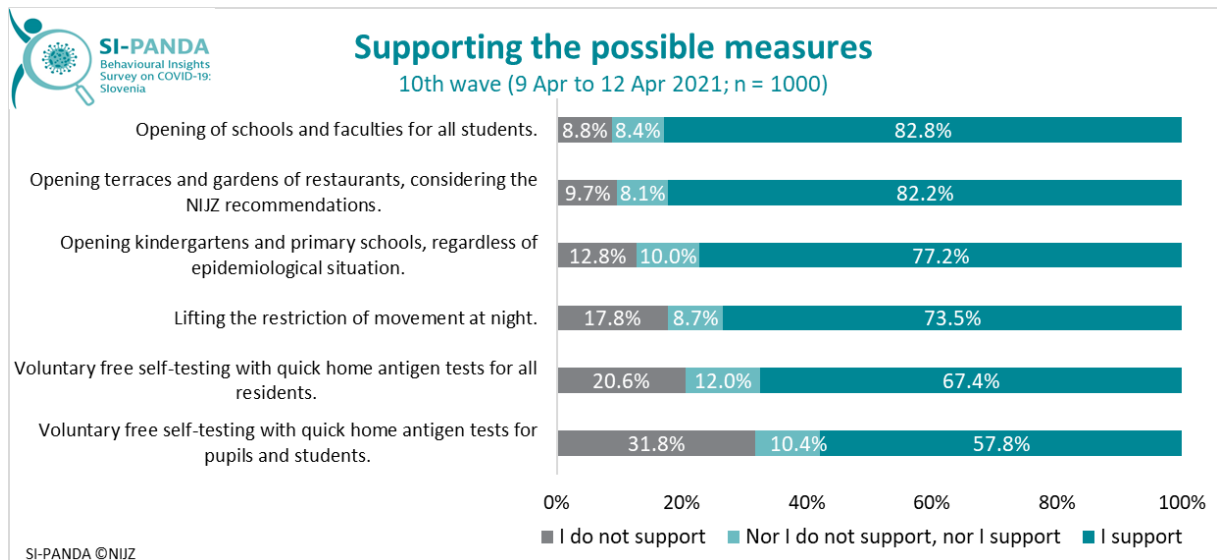


Figure 8: Supporting the possible measures, total.

We asked about the support for the opening of schools for all students in the 6th, 7th and 10th wave of the survey – in all the mentioned waves the support was about the same and was around 80 percent of the respondents (Figure 9).

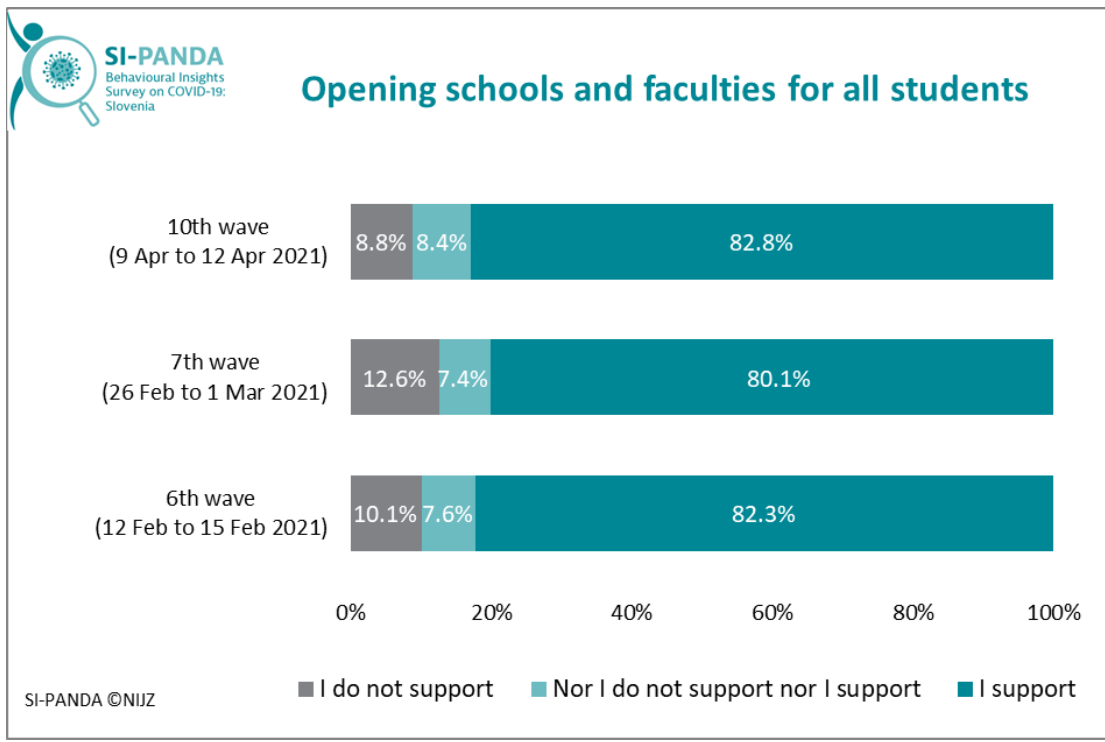


Figure 9: Opening schools and faculties for all students, total, 6th, 7th and 10th wave.

Trust in persons and institutions to manage the pandemic adequately

Throughout the survey waves, respondents trust their personal physicians the most in terms of proper pandemic management – the average confidence on the 7-point scale in the 10th wave is 5.4. This is followed by trust in hospitals with an average of 5.0 and trust in employers with an average of 4.6 (Figure 10). If we compare the individual waves of survey, we find a decrease in trust in almost all listed persons or institutions.

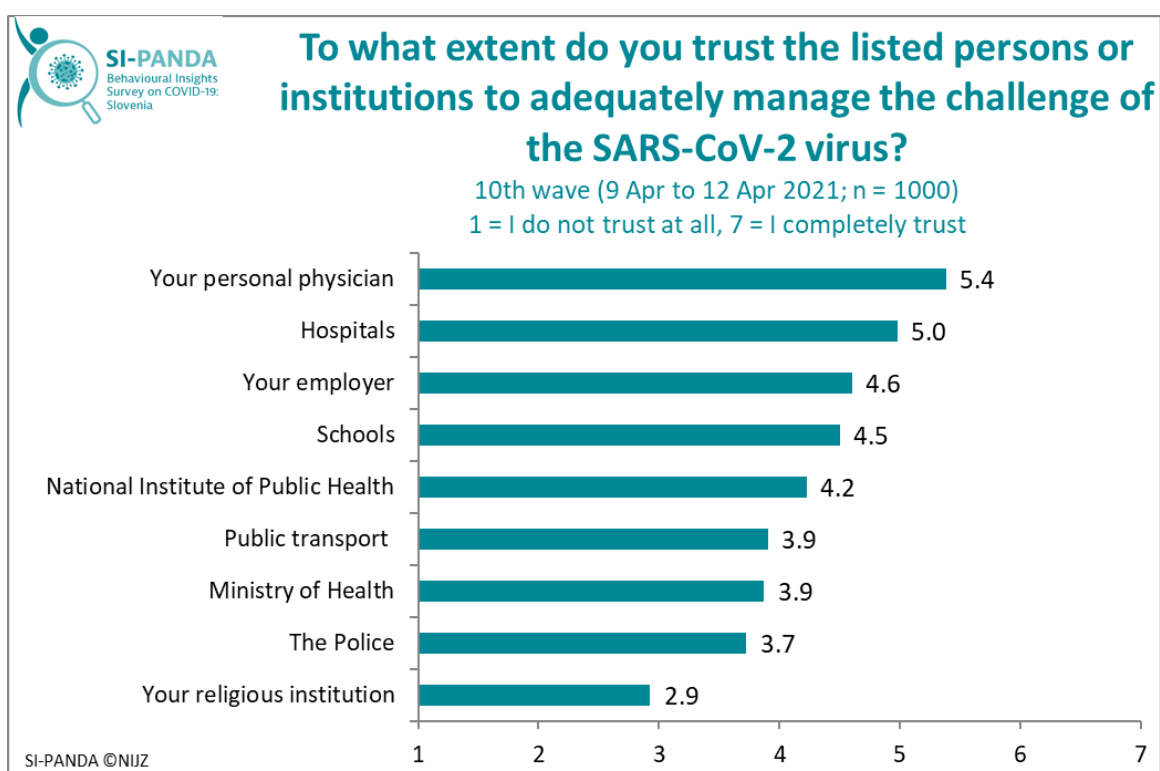


Figure 10: Trust in persons and institutions to manage the pandemic adequately, total

Throughout the survey, respondents were also asked how difficult or easy it is for them to assess whether the information about the SARS-CoV-2 virus in the media is reliable. The percentage of people who think that such an assessment is easy or very easy to make has decreased by around 7 percentage points since the beginning of December and currently stands at 31.4% of respondents (Figure 11).

How difficult or easy it is for you to assess whether the information about the SARS-CoV-2 virus in the media is reliable?

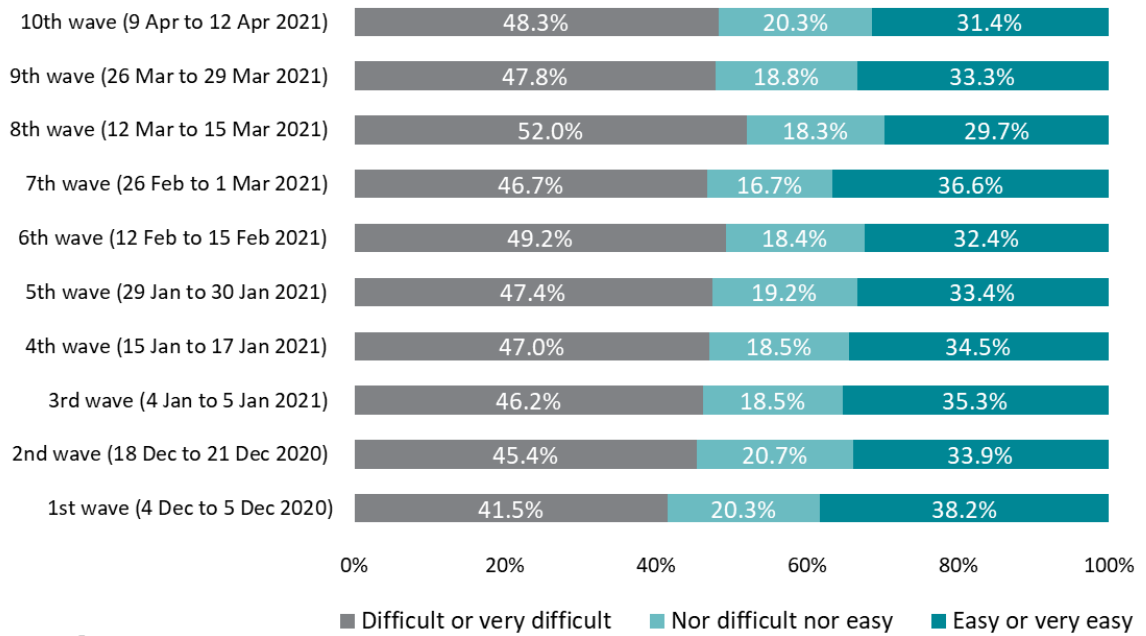


Figure 11: The difficulty to assess the reliability of information about the SARS-CoV-2 virus in the media, total and by survey waves.

Vaccination

In the 10th wave, good two thirds (67.0%) of respondents believe that the COVID-19 vaccine can help curb the spread of SARS-CoV-2. Younger people are more sceptical about the vaccine compared to older people (Figure 12).

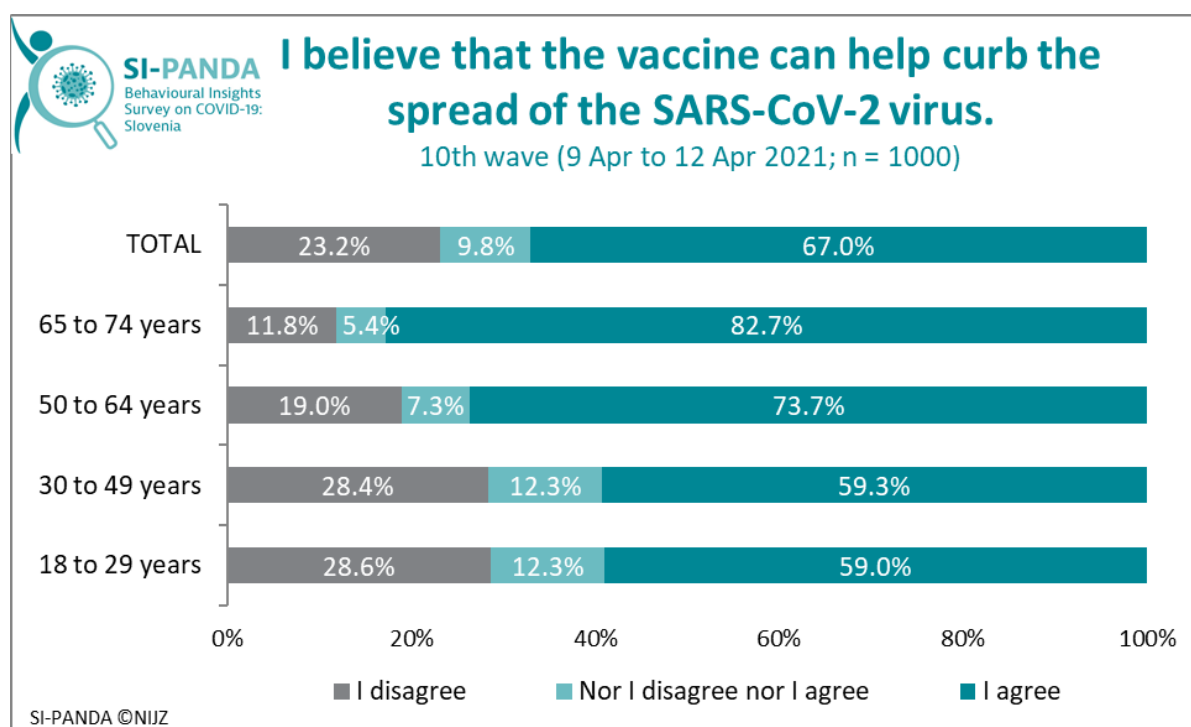


Figure 12: Opinion on whether the vaccine can help curb the spread of SARS-CoV-2 virus, total and by age groups.

If we compare the different waves of the survey, the proportion of persons who believe that the vaccine against COVID-19 can help curb the spread of SARS-CoV-2 has returned to previous level in 9th and 10th wave after a decrease in 8th wave and it equals 67.0% (Figure 13).

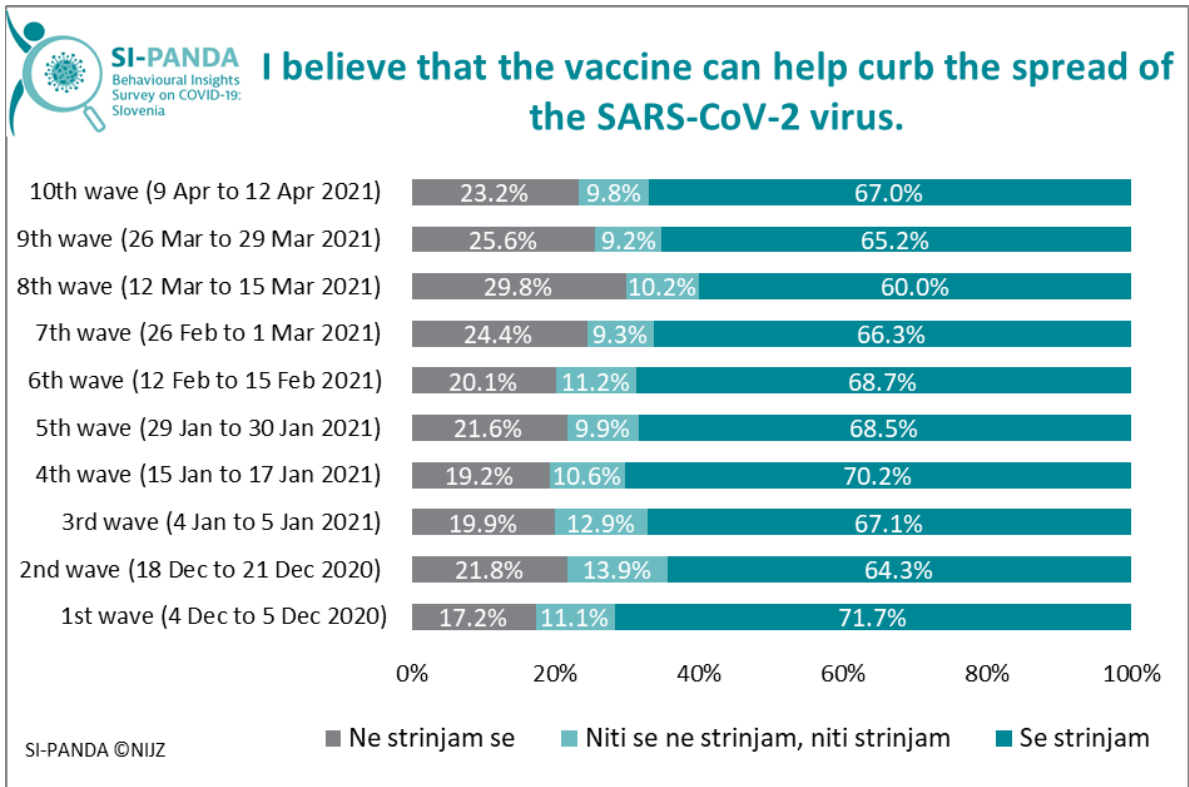


Figure 13: Opinion on whether the vaccine can help curb the spread of SARS-CoV-2, total, by survey waves.

A good half of the respondents (58.7%) intend to be vaccinated against COVID-19 once the vaccine is available to them, which is the highest share throughout the entire survey. According to the individual waves of survey, the intention to vaccinate is the highest so far compared to previous waves, which is certainly encouraging (Figure 14). The decline in intention to get vaccinated in the 8th wave of the survey could be attributed to the suspension of vaccination with AstraZeneca vaccine between 15 and 18 March 2021, which received a lot of media attention. After the positive opinion of the European Medicines Agency (EMA) on the safety of this vaccine, there is renewed intention to get vaccinated. If we only consider persons who have not yet been vaccinated against COVID-19, a little less than a half (49.6%) reports the intention to be vaccinated in the 10th wave.

I will get vaccinated against COVID-19 once the vaccine is available for me.

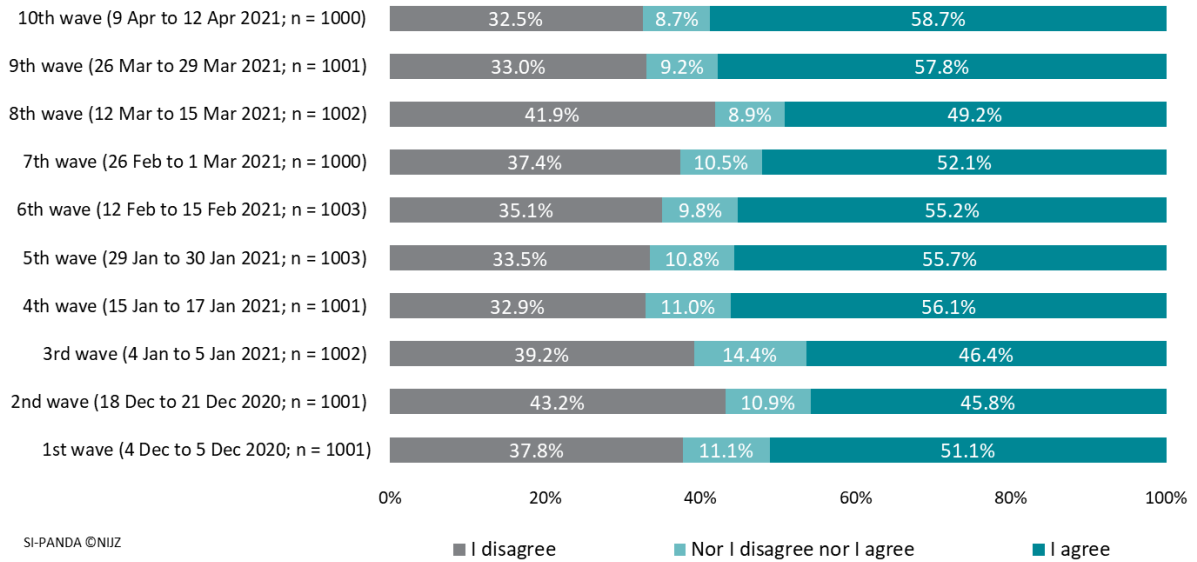


Figure 14: Intention to get vaccinated against COVID-19, total, by survey waves.

The intention to get vaccinated increases with age (Figure 15). The trend between the waves of the survey among the age groups shows an increase in the intention to vaccinate among all age groups, except for the youngest. As expected, it is the highest in the age group 65 to 74, where good three quarters of respondents (80.5%) are determined to be vaccinated. More men (68.3%) than women (48.6%) intend to get vaccinated. Among people with chronic diseases, 65.7% intend to get vaccinated.

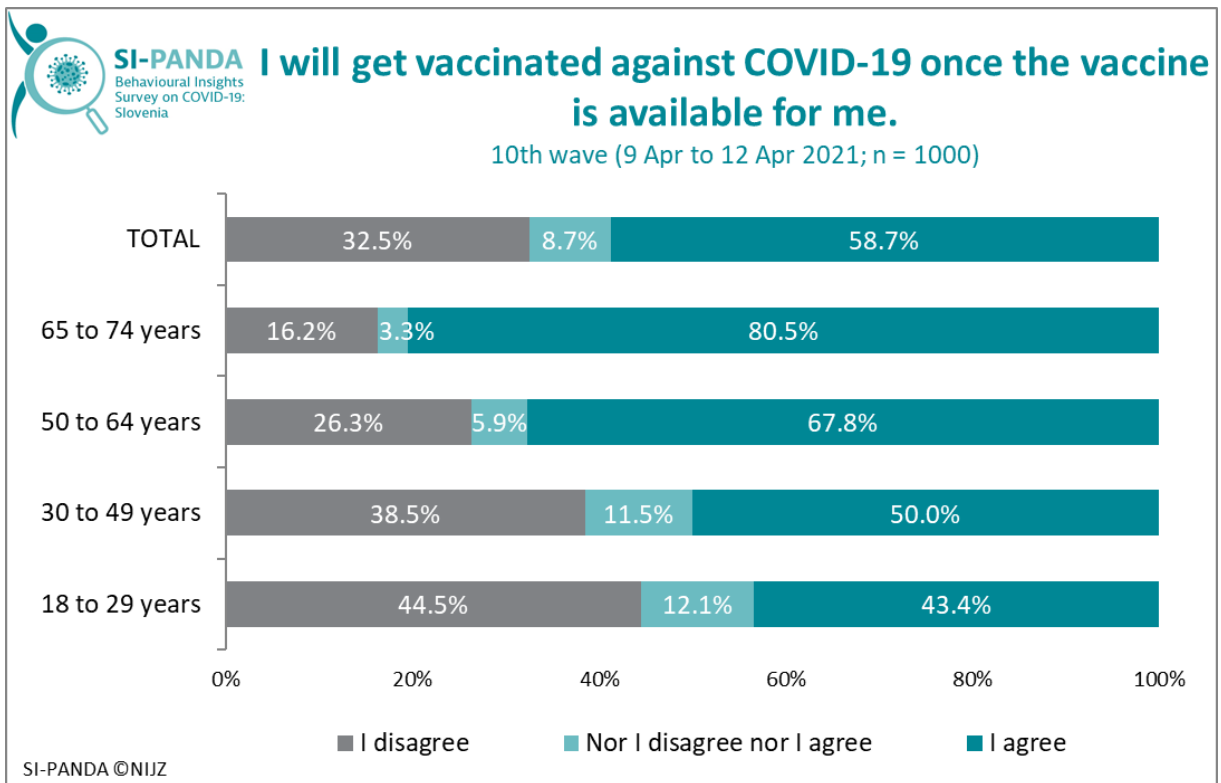


Figure 15: Intention to get vaccinated against COVID-19, total and by age groups.

When asked what the decision to get vaccinated will depend on, respondents most agree, on average, that their decision will depend on the following factors:

Na vprašanje o tem, od česa bo odvisna odločitev o cepljenju, se anketiranci v povprečju najbolj strinjajo, da bo njihova odločitev za cepljenje odvisna od naslednjih dejavnikov:

- Whether sufficient data will be available that the vaccine is safe (in the 10th wave, the average value on the 7-point scale is 5.4);
- Whether sufficient data will be available that the vaccine is effective (5.3);
- Whether the vaccine has been in use for a long time (4.7);
- Recommendations from personal physician (4.5)
- Whether the high vaccination rate will lead to the release of restrictions on movement and socializing in groups (4.5) (Figure 16).

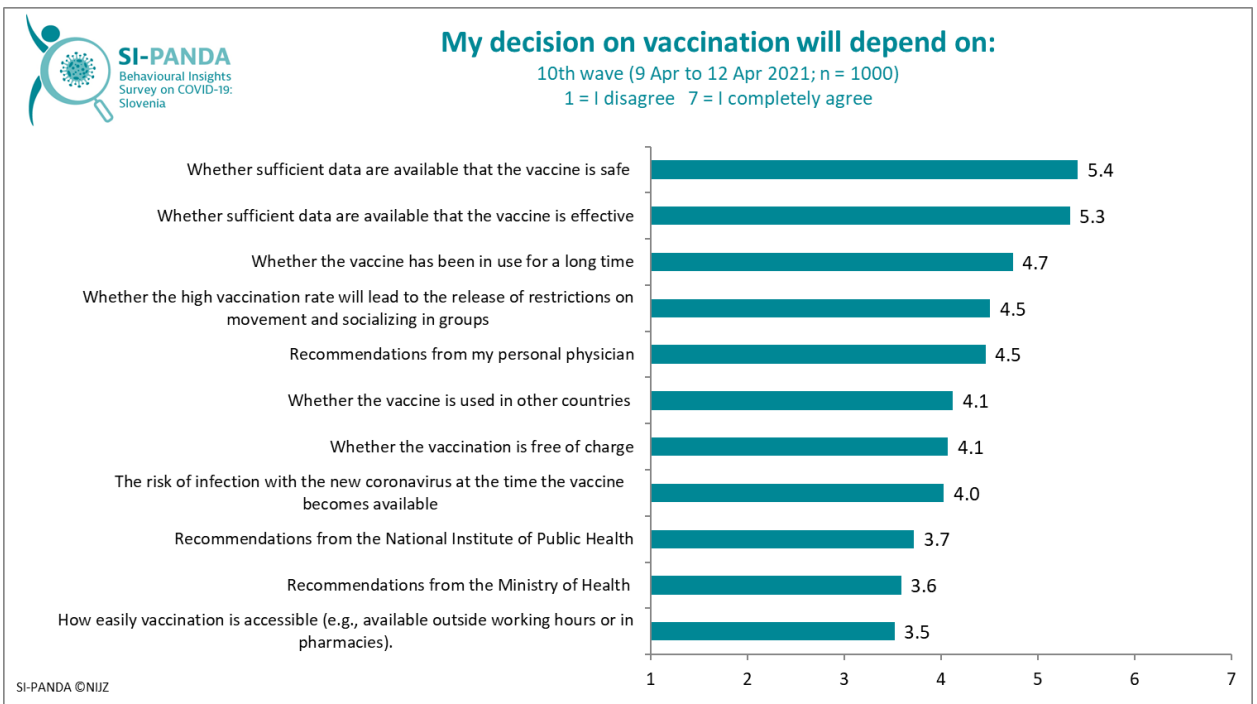


Figure 16: Reasons for decision on vaccination against COVID-19, total.

In the 10th wave, we also asked if respondents had already been vaccinated against COVID-19. Almost half (48.3%) of respondents did not get vaccinated because the vaccine was not yet available for them, and a good quarter (27.5%) of respondents do not intend to get vaccinated. The share of those who do not intend to get vaccinated is, as expected, the highest in the youngest age group (36.0%). Women (33.9%) are more in favour of vaccination than men (21.6%). Among the respondents, 16.8% received one dose and 2.8% received two doses of the vaccine (Figure 17).

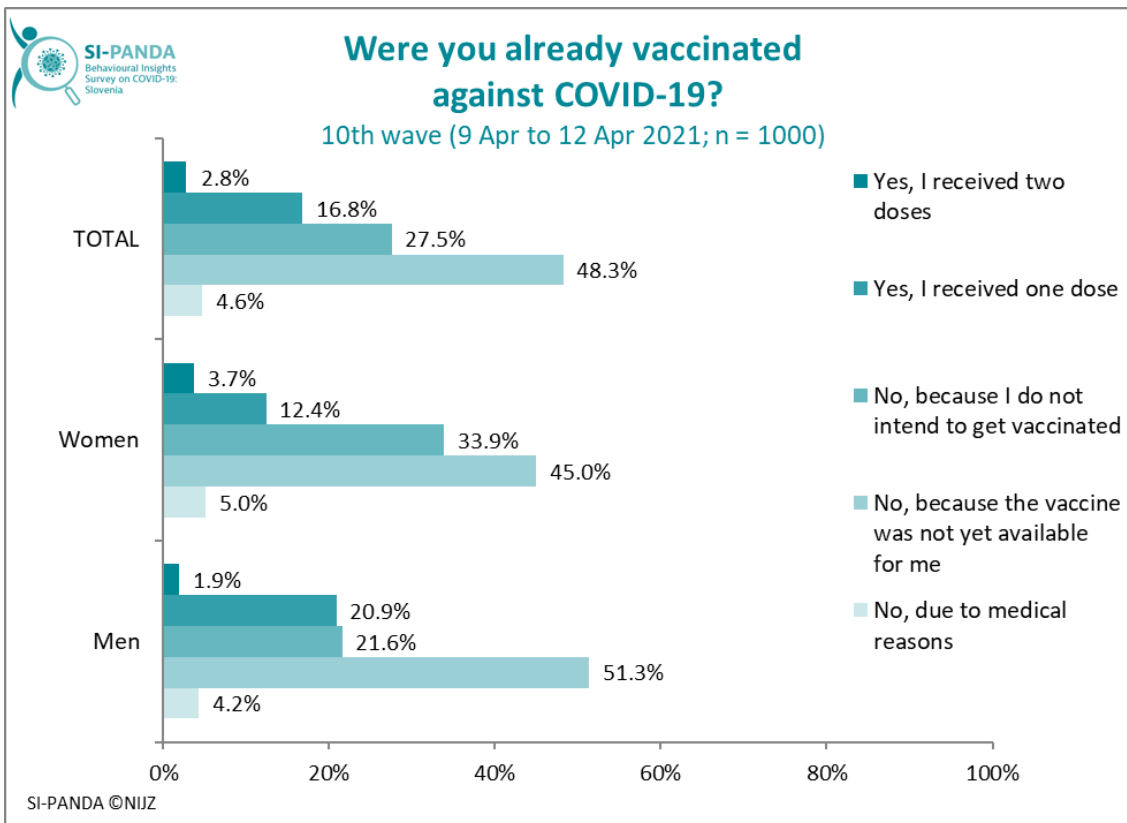


Figure 17: Vaccination against COVID-19, total, by gender

If we compare the 9th and 10th wave of survey in terms of vaccination rate, the share of those who do not intend to be vaccinated remains the same (27.5%). The share of those to whom the vaccine was not yet available decreased, while the share of those vaccinated with a single dose increased (Figure 18). Among those who do not intend to be vaccinated are more women, more young people, people with the highest secondary education, people coming from the urban environment and people from Eastern Slovenia.

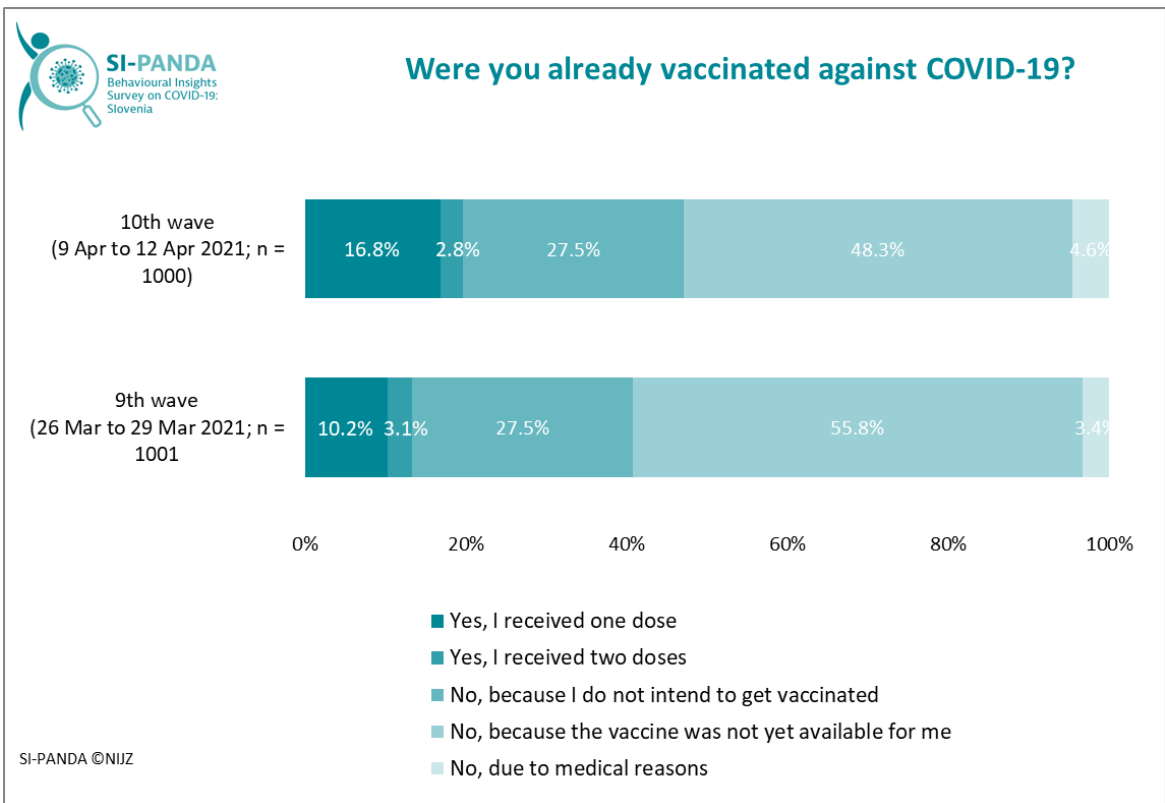


Figure 18: Vaccination against COVID-19, total, 9th and 10th wave of the survey.

Among the vaccinated persons, the decision to be get vaccinated in the 10th wave depended the most on the recommendation of the personal physician (average value on a 7-point scale was 5.2), and whether high vaccination rate will lead to the release of restrictions on movement and

socializing in groups (5.2), recommendation of the National Institute of Public Health (4.9), and recommendations of the Ministry of Health (4.7) (Figure 19).

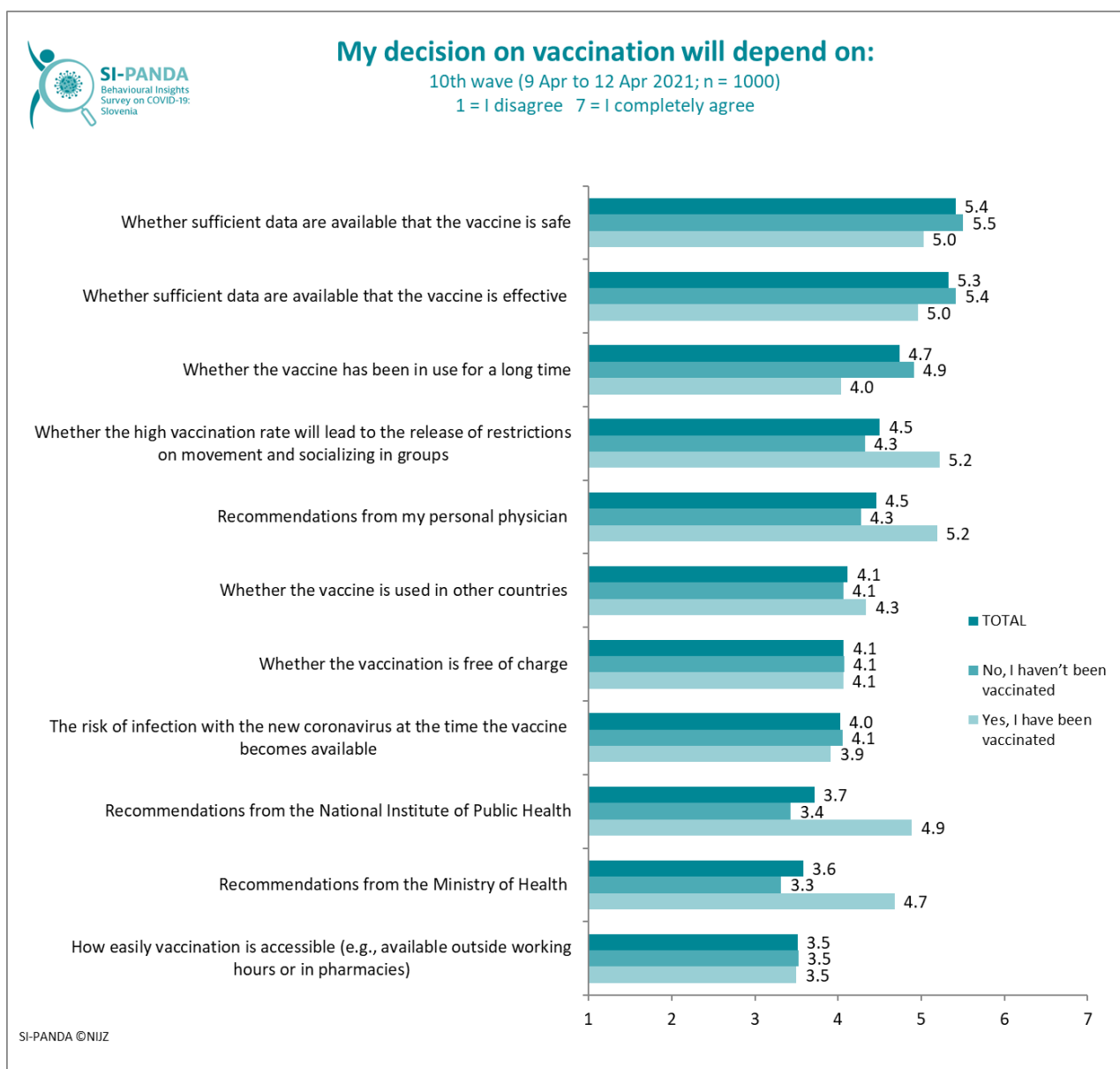


Figure 19: Reasons for the decision to get vaccinated against COVID-19, total, vaccinated and unvaccinated persons.

As many as 29.5% of people believe that vaccination against SARS-CoV-2 is not necessary and that it is better to get over the disease naturally. Regarding age groups, the share of people with such an opinion is, as expected, the highest in the youngest age group, where it amounts to more than 40% (Figure 20).

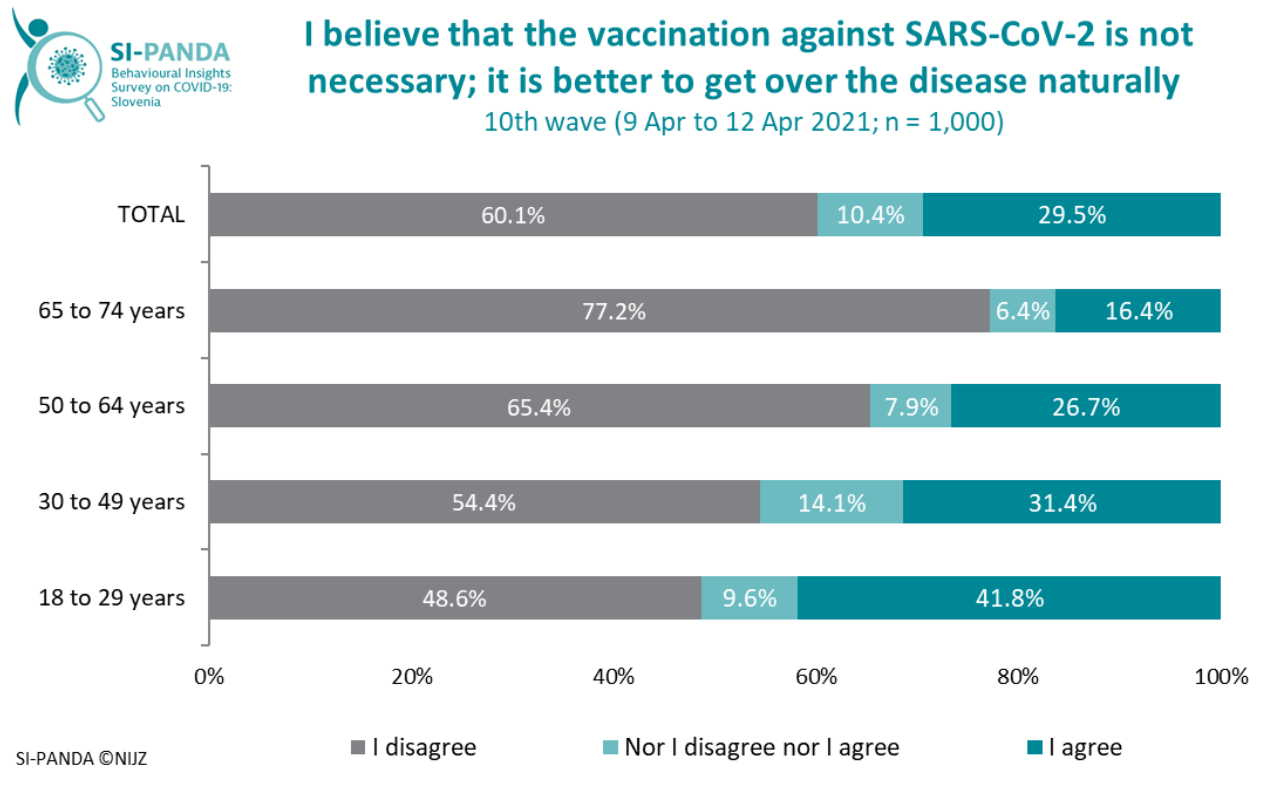


Figure 20: The share of persons who believe that vaccination against SARS-CoV-2 is not necessary, and that it is better to get over the disease naturally, total and by age groups.

The impact of the pandemic on lifestyle and bad condition

In the 10th wave of the survey, a good 40 percent of respondents (42.0%) stated that they had been less physically active in the last 2 weeks than before the pandemic; a fifth (21.9%) ate more unhealthy foods than before the pandemic; 19.3% of the respondents smoked more than before the pandemic; and 10.9% drank more alcohol than before the pandemic (Figure 21). If we compare all the waves of the survey so far, among the lifestyle factors, the pandemic had the greatest impact on the reduction of physical activity. In the 10th wave of the survey, there have been repeated deteriorations in lifestyle, especially in terms of reduced physical activity, as well as eating more unhealthy foods than before the pandemic, and smoking. These deteriorations can probably be attributed to some extent to the Easter holidays and, in part, to the restriction on public life that was in force from 1 to 11 April 2021.

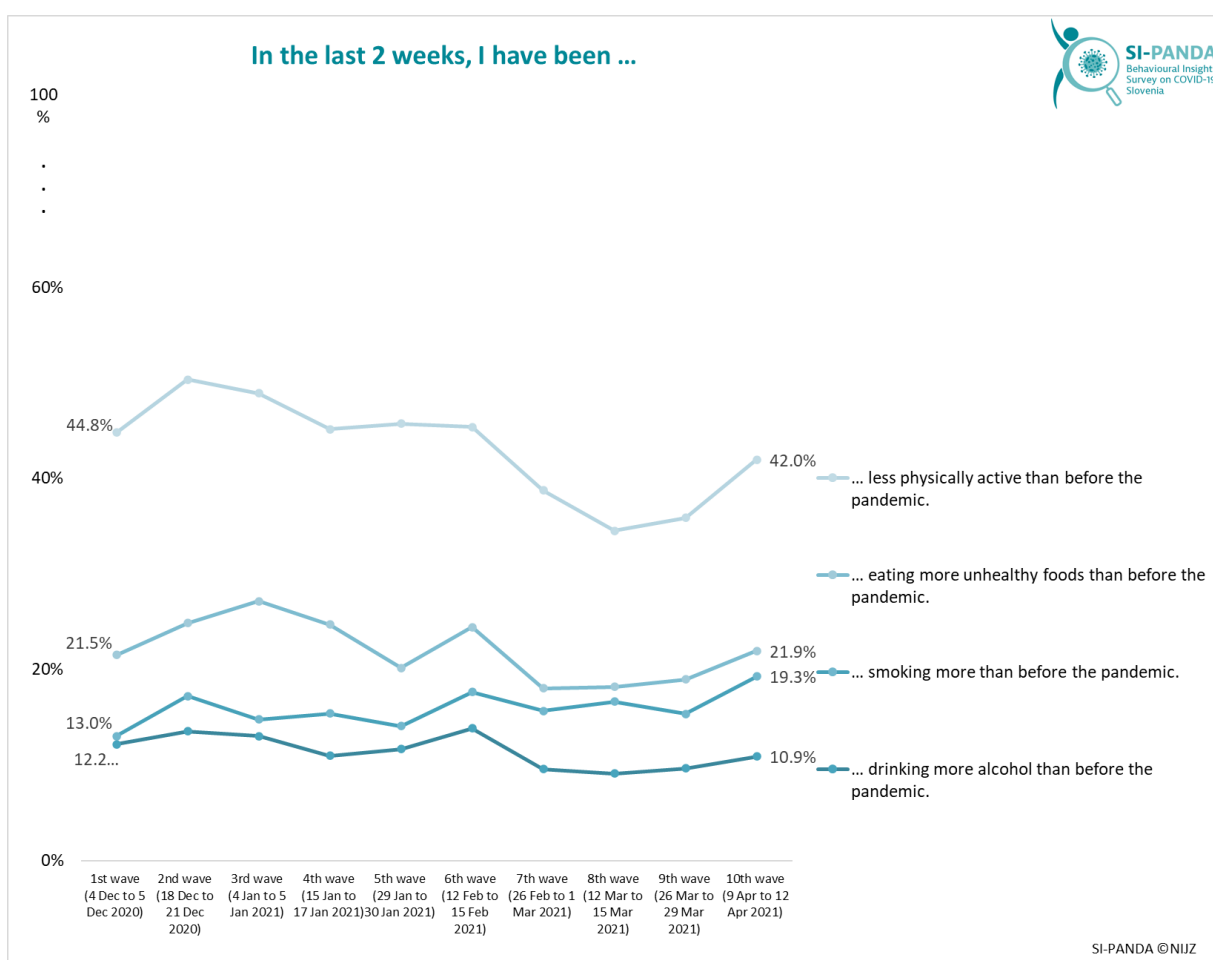


Figure 21: The impact of the pandemic on lifestyle in the last 2 weeks, total, by survey waves.

Throughout the survey, the youngest age group of the respondents reported the unhealthiest lifestyle habits (Figure 22). Compared to other age groups, they were less physically active (49.1% of the respondents aged 18 to 29) and ate more unhealthy foods than before the pandemic (32.3%). Almost a third (30.7%) reported that they smoke more than before the pandemic, while 14.5% of those respondents increased alcohol consumption during the pandemic.

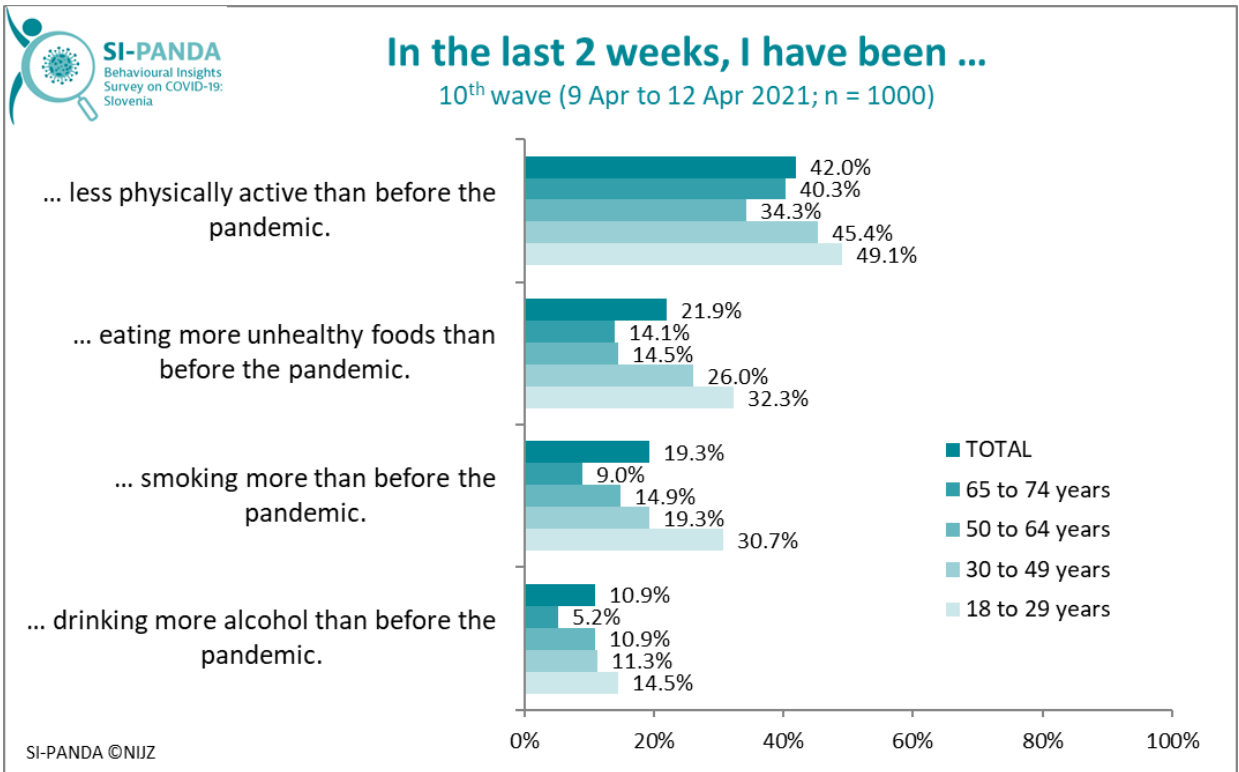


Figure 22: The impact of the pandemic on lifestyle in the last 2 weeks, total and by age groups.

We also checked for the presence of mental health problems during the pandemic. In the 10th wave of the survey, we found that 23.2% of respondents had mental health problems and 16.7% had signs of depressive disorder. The youngest age group of respondents (aged 18 to 29) reported the most mental health problems in the 10th wave, with the shares of people with mental health problems (27.6%) and depressive disorder (21.1%) highest compared to other age groups (Figure 23). This is in line with the predictions that the COVID-19 pandemic affected mainly the older generations, while the consequences of measures to contain it, mainly affected younger generations.

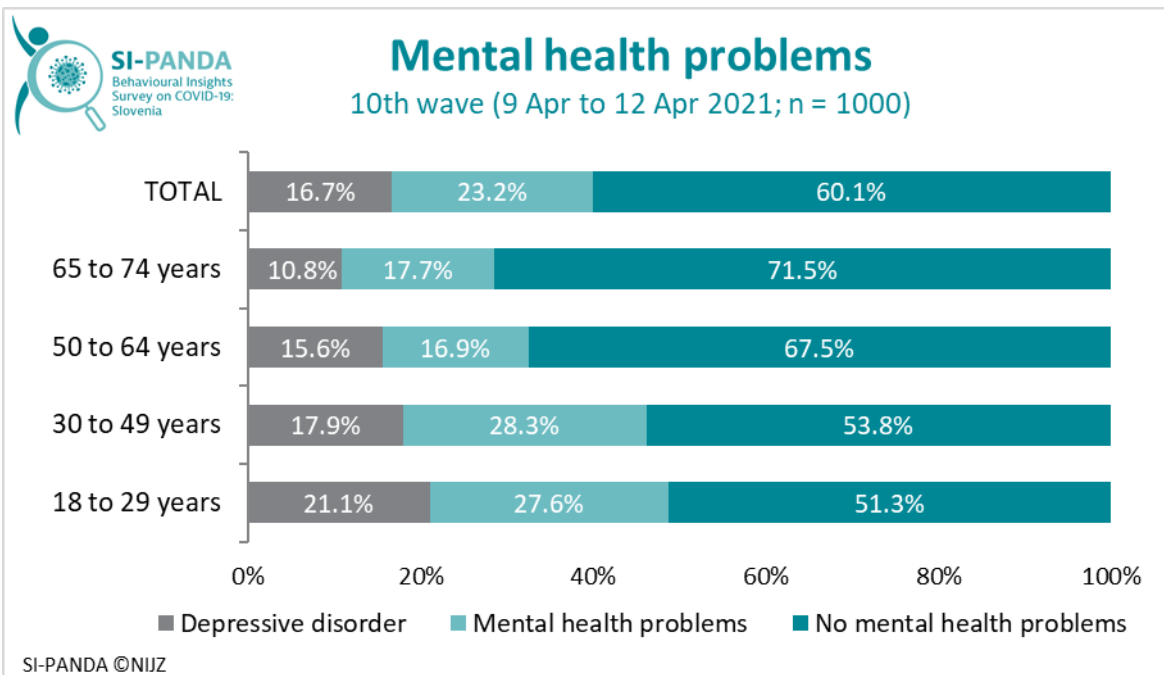


Figure 23: Presence of mental health problems, total and by age groups.

If we compare the presence of mental health problems and the presence of depressive disorder throughout all waves of the survey, we note that the presence of these disorders in the 10th wave of the survey increased significantly in all age groups, especially in the age group 30-49. One of the possible reasons may be that this is an age group that mostly has younger children at home, who were at home again at the time of the closure of schools and kindergartens, or who were studying from home, which was an additional stressor for parents when working from home (Figure 24).

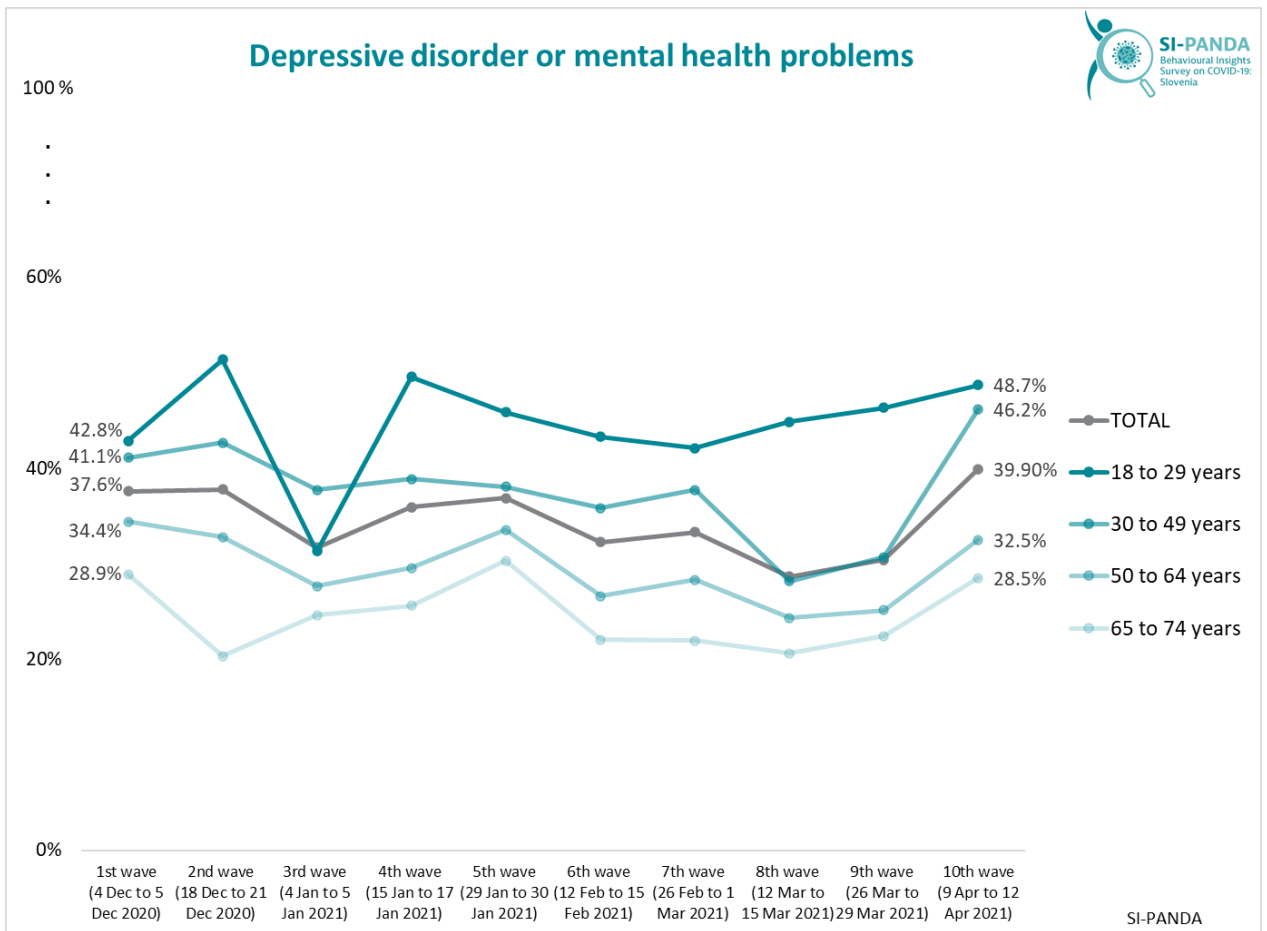


Figure 24: Mental health problems, by age groups and survey waves.

Contact with the healthcare system

In the 10th wave of the survey, a good quarter of respondents (28.6%) avoided visiting a doctor due to the problem not related to SARS-CoV-2, and 5.6% postponed vaccination for themselves or their child. In 8th and 9th wave, doctor avoidance decreased significantly, but increased again in the 10th wave (Figure 25).

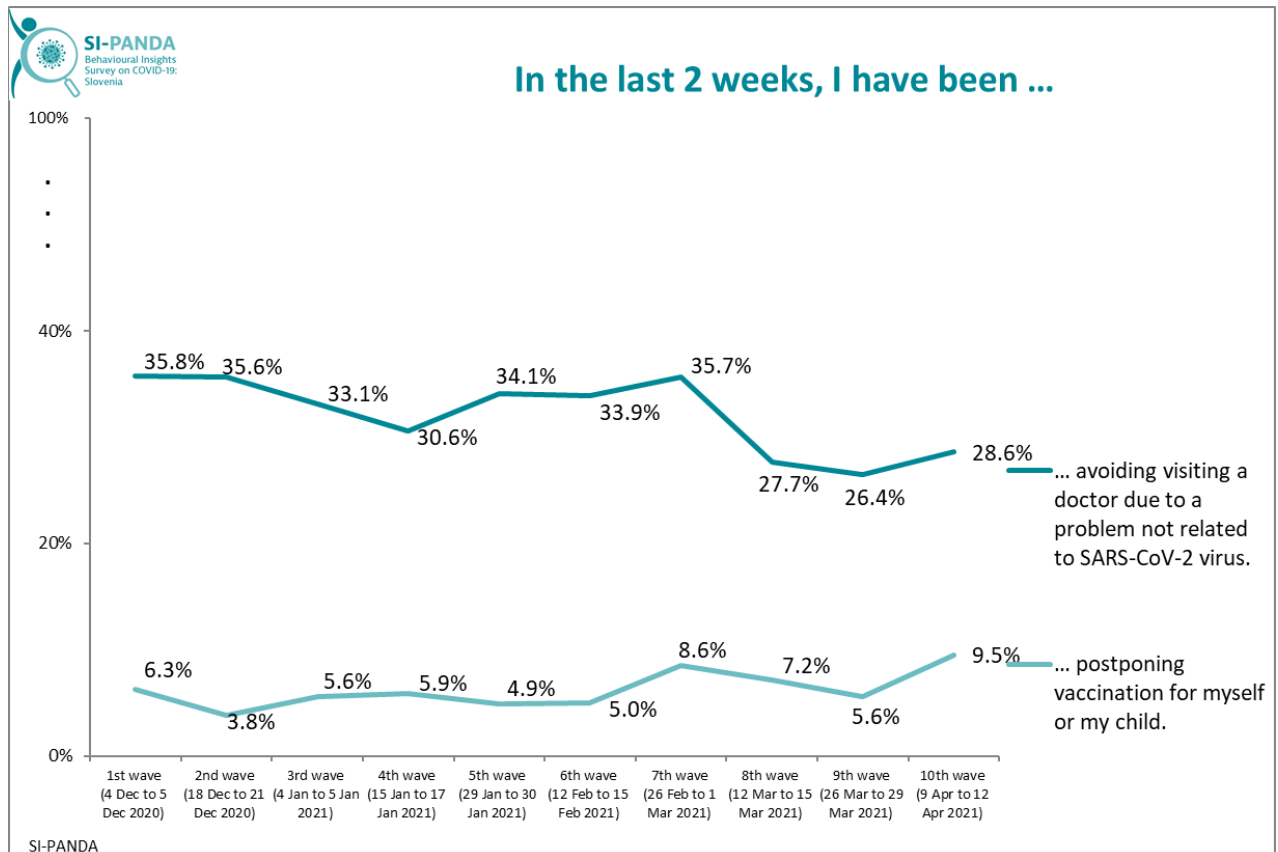


Figure 25: The impact of the pandemic on the contact with healthcare system in the last 2 weeks, total, by survey waves.

Respondents of the youngest age group (35.1%) are those who are most likely to avoid visiting a doctor due to a problem not related to SARS-CoV-2 virus (Figure 26).

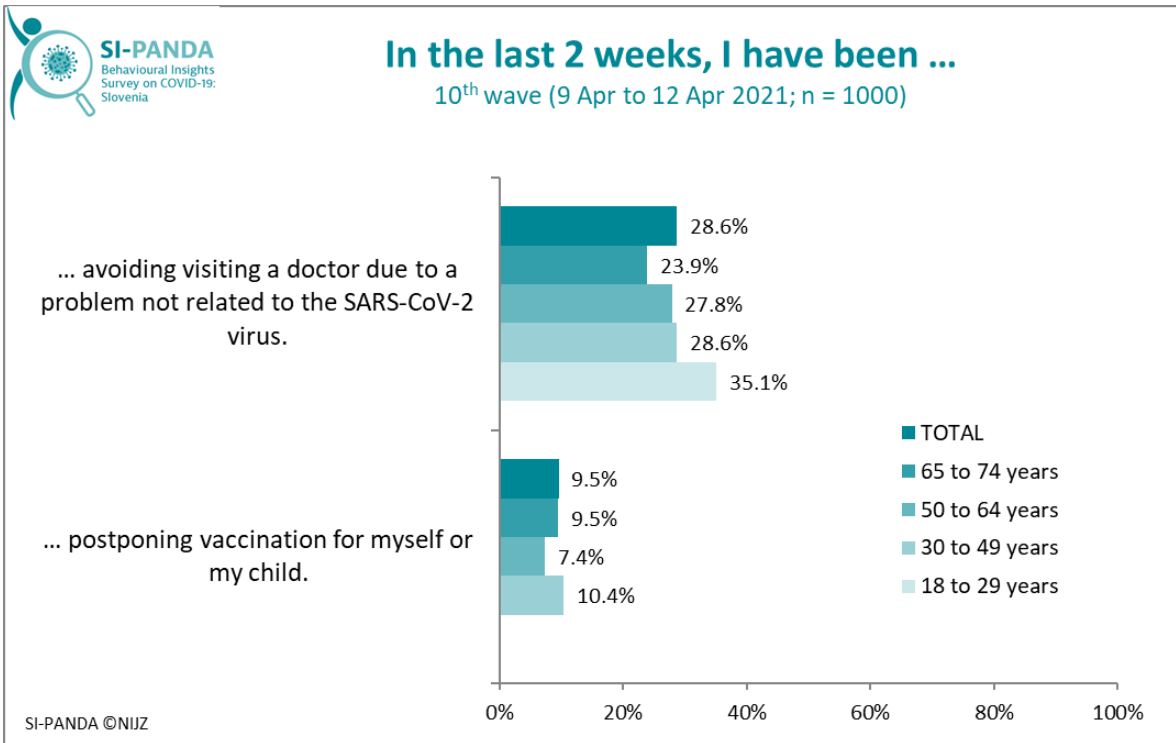


Figure 26: The impact of the pandemic on the contact with healthcare system in the last 2 weeks, total and by age groups.

Due to perceived delayed contacts with the doctor and the medical team, which we perceive throughout the entire duration of the survey, and due to suspended preventive activities at the primary healthcare level, a worsening of the pandemic of chronic non-communicable diseases with all syndemic consequences is expected, probably more pronounced in socioeconomically vulnerable groups.

The impact of the pandemic on the financial situation

A good quarter (25.6%) of the respondents believe that their financial situation in the last 3 months is worse than before. The share of respondents who believe that their financial situation is worse in the last 3 months than before has decreased by 5.8 percentage points compared to the 1st wave of the survey. Respondents, aged 18 to 29, perceive their financial situation the worst (Figure 27) so it will be necessary to pay special social attention to this group also in accordance with the proposed EU programmes for managing the current crisis. Given their employment status, the unemployed and the self-employed perceive their financial situation as bad, which indicates a major public health problem.

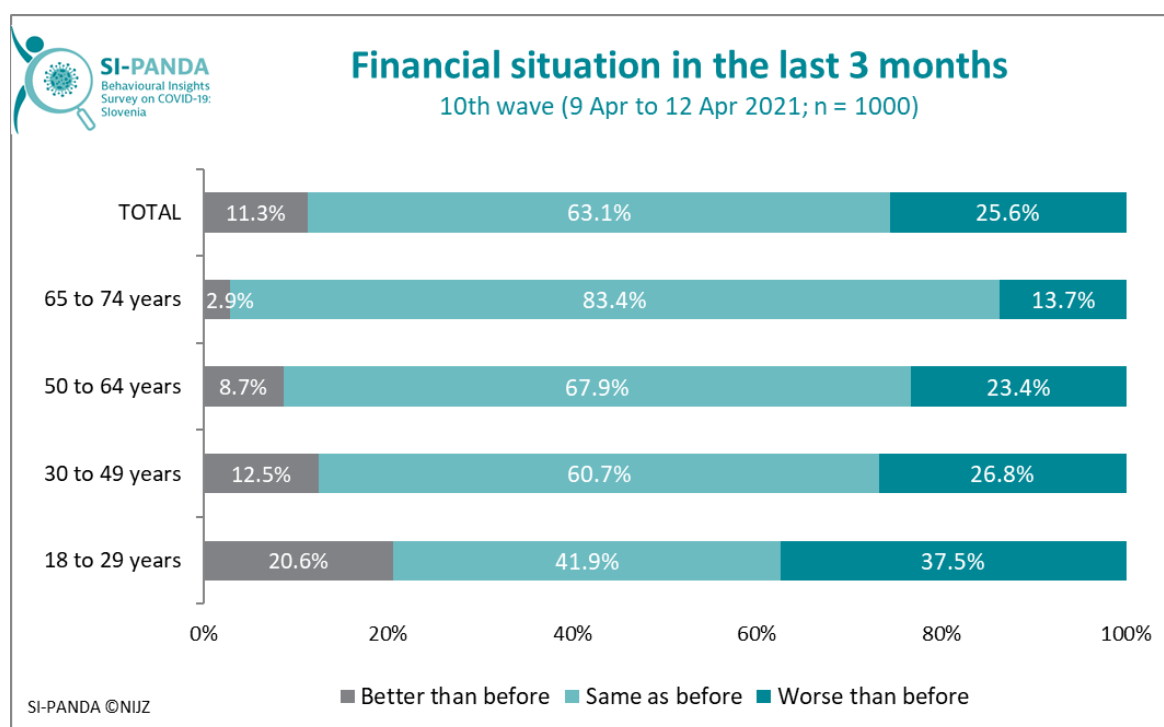


Figure 27: Perception of financial situation in the last 3 months, total and by age groups.

In terms of gender and education, the financial situation in the last 3 months was perceived as worse by most women with secondary education. To a lesser extent, the financial situation deteriorated for men with college education (Figure 28).

Financial situation in the last 3 months

10th wave (9 Apr to 12 Apr 2021; n = 1000)

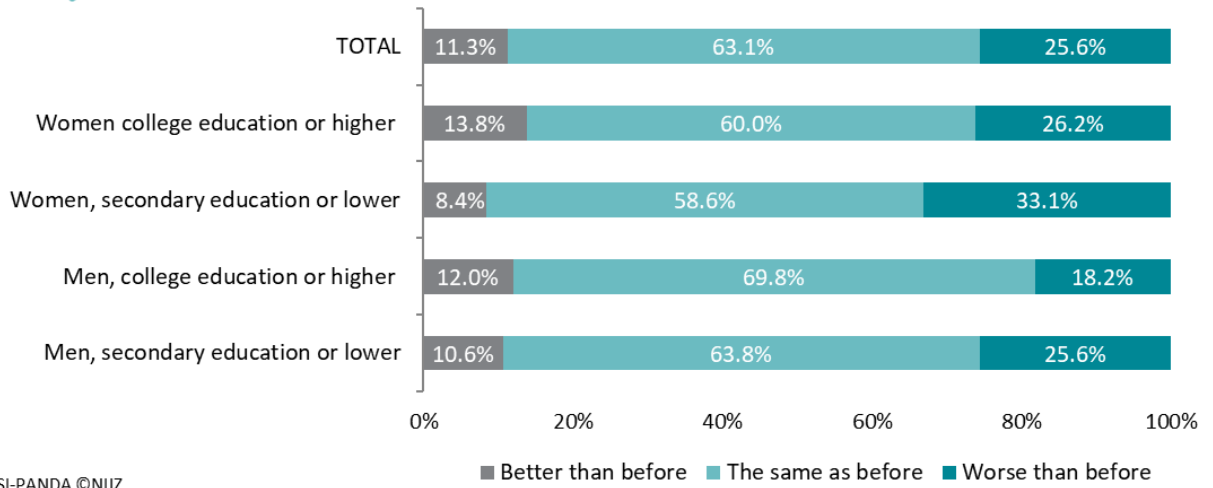


Figure 28: Perception of financial situation in the last 3 months, total and by gender and level of education.

Highlighted topic of the 10th wave of the survey: Experiencing the COVID-19 pandemic and the impact of the pandemic on mental abilities

The COVID-19 pandemic has been going on for more than a year. For more than a year, we have been facing not only fear of the disease but also various measures to prevent and control SARS-CoV-2 virus infections, such as the use of protective masks, maintaining physical distance, self-isolation, etc. these measure are effective in controlling the COVID-19 pandemic, but because they have been lasting for so long, they also require more or less mental and physical effort from people and therefore reduce their willingness to follow instructions and restrictions. Despite generally strong support for pandemic prevention and control strategies, there is a growing number of people in many countries who do not follow the recommended measures and are less and less willing to be informed about the pandemic. Such a trend, however, could jeopardize pandemic control. We are talking about pandemic fatigue.

For the purposes of measuring pandemic fatigue in the narrower sense of the word, foreign researchers have developed the Pandemic Fatigue Scale (PFS) and confirmed the causal link between pandemic fatigue and four important protective measures: physical distancing, maintaining personal hygiene, the use of protective masks and seeking information³. PFS is a set of six questions, which were also answered by the respondents in the 10th wave of our survey.

The respondents are mainly tired of COVID-19 discussions in the media – this fatigue was expressed by almost 70 percent of respondents, and even greater share of fatigue from discussion about COVID-19 is present in the youngest age group, namely 81.6%. The youngest respondents are also the most stressed when they try to follow all the recommendations, they lose the will to fight COVID-19 the most among all respondents, and the COVID-19 topic gets on their nerves the most (Figure 29).

³ Lilleholt, Lau, Ingo Zettler, Cornelia Betsch, and Robert Böhm. 2020. "Pandemic Fatigue: Measurement, Correlates, and Consequences." PsyArXiv. December 17.

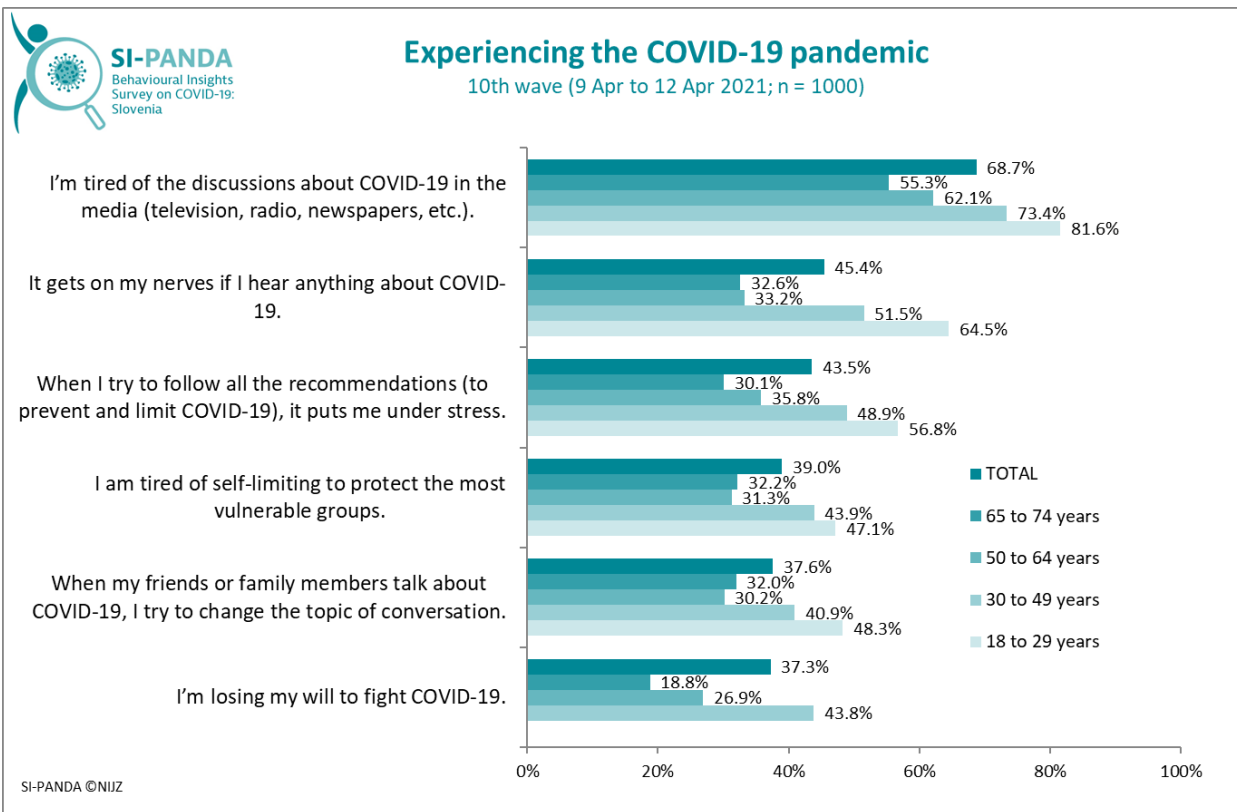
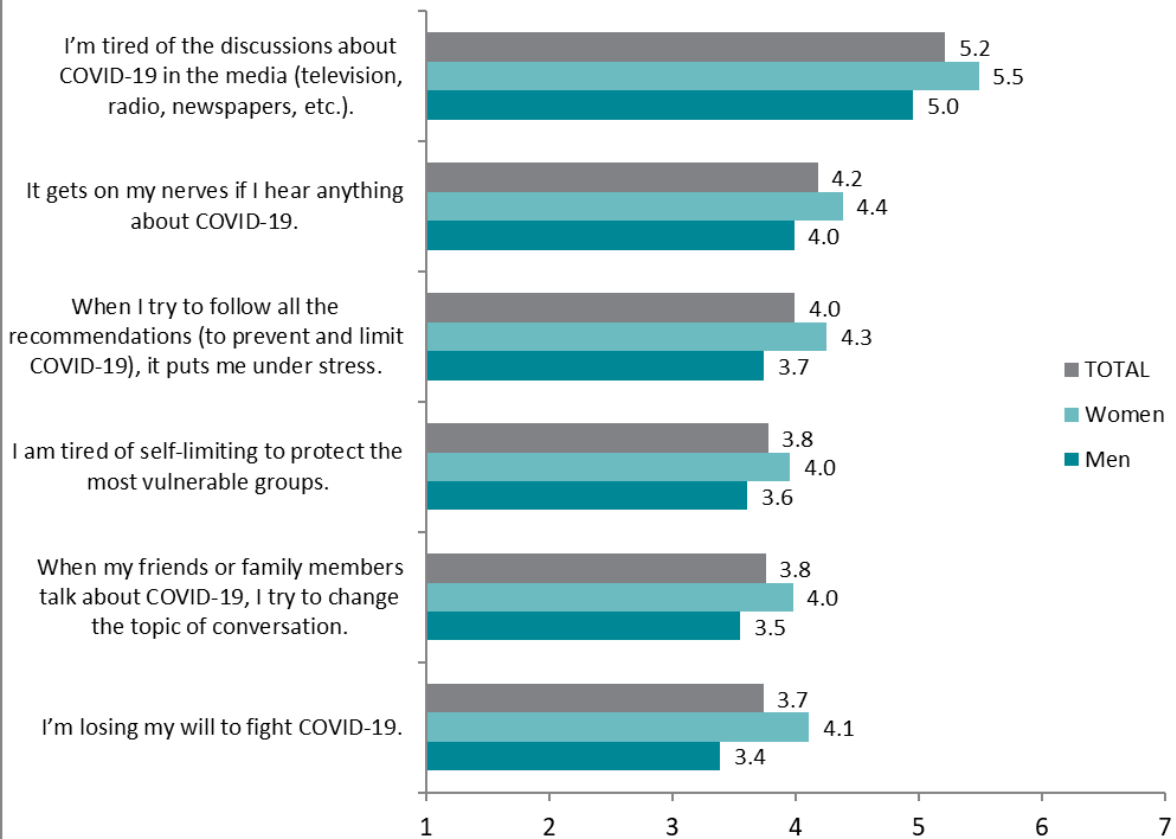


Figure 29: Experiencing the COVID-19 pandemic, total and by age groups.

If we compare men and women, women are more tired of the discussions about COVID-19 in the media – the average on a 7-point scale is 5.5, and for men 5.0. They also lose more willpower to fight COVID-19, the topic of COVID-19 gets on their nerves more and they generally experience the pandemic worse than men (Figure 30).

Experiencing the COVID-19 pandemic

10th wave (9 Apr to 12 Apr 2021; n = 1000)



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Figure 30: Experiencing the COVID-19 pandemic, total and by gender.

The fact is that we are all tired of the COVID-19 pandemic. Evidence of this is that pandemic fatigue is also slowly increasing. This is also confirmed by the data that more than a third of the respondents identified themselves with the sentence "I'm losing my will to fight COVID-19", and almost half with the sentence "It gets on my nerves if I hear anything about COVID-19". And this should worry us, because even though we are already showing signs of the fatigue, the SARS-CoV-2 virus is still among us.

The impact of the pandemic on mental abilities

It is well known that during health crises, such as the COVID-19 pandemic, the emotional experience is more intense, which may also be reflected in altered cognitive functioning. We were interested in whether the respondents perceive changes in cognitive functioning during the COVID-19 pandemic compared to their cognitive functioning before the pandemic. To this end, we produced a short questionnaire with four questions that relate to everyday situations and activities that inevitably involve cognitive abilities and that are easy for respondents to understand, e.g., problems with concentrating, remembering, focusing, and switching between different mental activities. Respondents answered questions about self-assessment of mental abilities during the COVID-19 pandemic compared to the period before the pandemic on a 7-point scale (1 – much easier than before; 2 – easier than before; 3 – slightly easier than before; 4 – the same as before; 5 – slightly more difficult than before; 6 – more difficult than before; 7 – much more difficult than before).

The results showed that, on average, respondents assessed that they had slightly more problems in cognitive functioning during the COVID-19 pandemic period than before the pandemic (4.21, where 4 means that the respondent does not notice any changes). Almost three-quarters of respondents (72.0%) did not report changes in cognitive abilities during the COVID-19 pandemic, 6.6% reported that the COVID-19 pandemic improved their mental abilities, while as many as 21.4% of respondents self-assessed that their cognitive abilities deteriorated (Figure 31). There were no differences between men and women in terms of self-assessment of cognitive abilities.

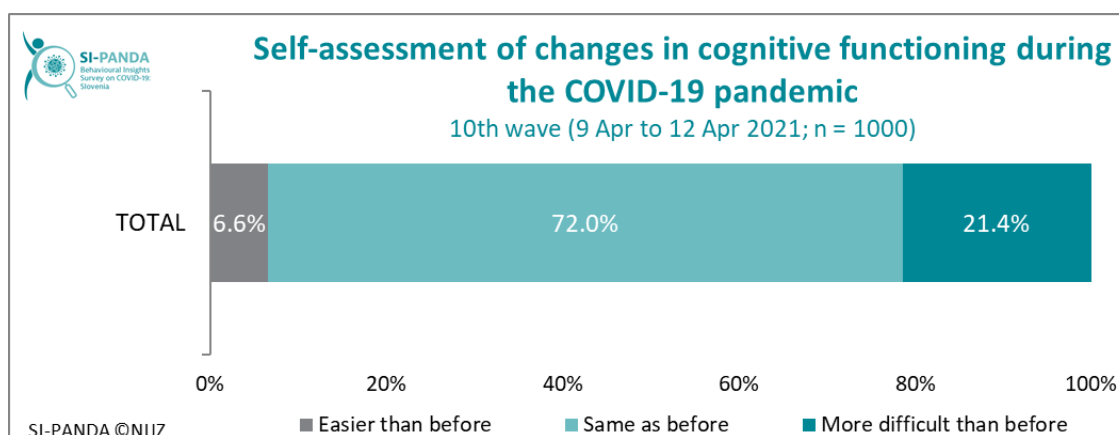


Figure 31: Self-assessment of changes in cognitive functioning during the COVID-19 pandemic, total.

However, the results of the survey showed differences in the age of the respondents: surprisingly, the younger respondents assessed greater problems with their cognitive abilities compared to the older ones. In this age group, women assessed the impact of the COVID-19 pandemic on cognitive functioning slightly differently than men (men in the 18-29 age group – 4.24; women in the same age group – 4.27; the lowest self-assessment of changes in cognitive abilities was in the oldest age group, 65 to 74 years – men 4.17 and women 4.29) (Figure 32).

Self-assessment of changes in cognitive functioning during the COVID-19 pandemic

10th wave (9 Apr to 12 Apr 2021; n = 1000)

1 = Much easier than before 4 = The same as before 7 = Much more difficult than before

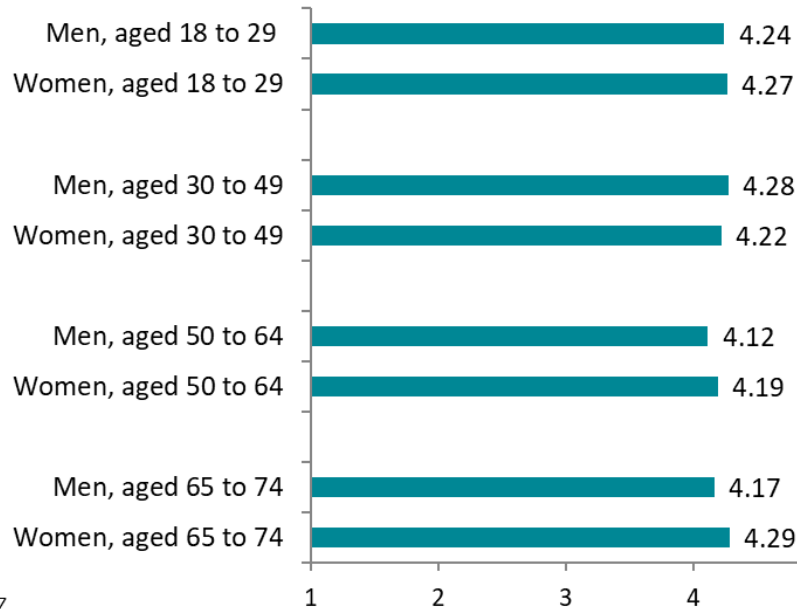


Figure 32: Self-assessment of changes in cognitive functioning during the COVID-19 pandemic, by gender and age groups.

There was also a significant declining trend in terms of educational attainment: most problems with cognitive functioning were reported by respondents with primary education or less (4.28) and the least with college education or higher (4.20).

Significant differences in cognitive functioning were also reported among the respondents according to their employment status: more problems were surprisingly reported by students (4.44) and the self-employed (4.42) (Figure 33). It is worth mentioning here that the self-assessment of cognitive abilities was also influenced by the environment in which the respondents performed work: those who worked from home has most problems (4.27), less those who worked at their workplace (4.20), the least problems were reported by those who worked in combination of both (4.16). healthcare workers reported, on average, more cognitive problems than others (4.27 vs. 4.21).

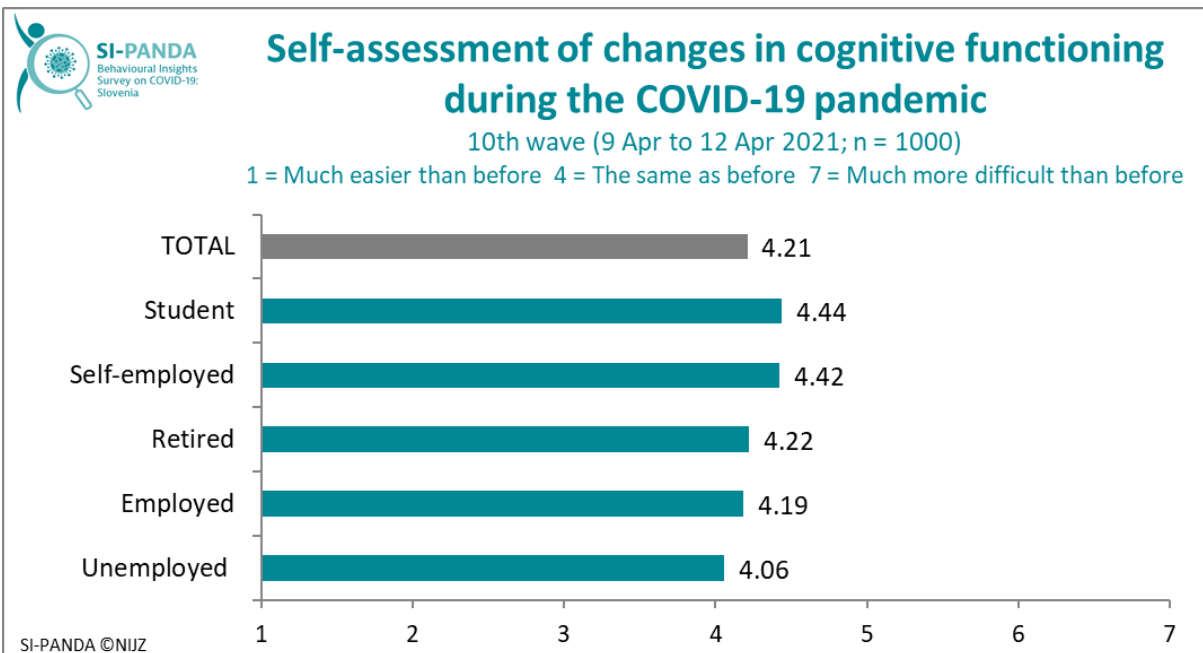


Figure 33: Self-assessment of changes in cognitive functioning during the COVID-19 pandemic, total and by employment status.

The results also show that the self-assessment of cognitive functioning was also influenced by the financial situation in the last 3 months. As expected, the most problems with cognitive functioning were assessed by those whose financial situation had deteriorated in the last 3 months (4.48), which was the case in about 25%. Cognitive problems were the least reported by respondents, whose financial situation has improved in the last 3 months (4.06) (10% of respondents).

On average, respondents living alone, compared to those living with others rated fewer problems with cognitive functioning (4.13 vs. 4.23). Those living with a person at risk for COVID-19 have reported on having more cognitive problems (4.25 vs 4.20).

Regarding health status, respondents' answers were in the expected direction: respondents with chronic illness assessed their cognitive problems at an average of 4.33, compared to an average of 4.21. The highest self-assessments regarding problems in cognitive abilities were in those who also reported signs of depressive disorder (4.88) (17% of respondents had signs of depressive disorder) and those who reported mental health problems (4.34) (23% of respondents have mental health problems). However, no cognitive changes were reported by those who did not report mental health problems (4.00) (60% of respondents did not report have mental health problems). As expected, more cognitive problems were reported by those infected with SARS-CoV-2 virus (4.40 vs. 4.17).

Conclusion

The results of the survey indicate the interdependence between different demographic factors and self-assessment of changes in cognitive functioning (e.g., employment status, age, education living conditions). The results also suggest a link between mood disorders and mental health problems (e.g., depression) and changes in cognitive functioning in a prolonged crisis situation over which individuals have little influence. However, the links between increased emotional and psychological responses to the COVID-19 pandemic and perceived cognitive decline during a crisis suggest that individuals who respond emotionally and more negatively to crisis situations may be perceived as less mentally / cognitively effective, which may affect their self-efficacy, actual implementation and effectiveness in the work / academic environment or motivation for work / study. Therefore, employers and educational institutions would be advised to consider not only their emotional response but also their cognitive problems, especially in times of crisis, especially in unclear or uncertain circumstances. During the crisis, the presented data should be considered when planning both daily work activities and educational activities, with special attention paid to those individuals who reported a deterioration in their cognitive abilities.

Signs of pandemic fatigue are already appearing among people in Slovenia. People are tired of the discussions about COVID-19 in the media, which is especially present in the youngest age group. People find it difficult to follow the many recommendations and instructions for managing the COVID-19 pandemic and this puts them under stress, the topic of COVID-19 gets on their nerves and some of them are already losing their will to fight COVID-19. The more favourable epidemiological situation we have witnessed in Slovenia in recent days, is therefore probably also an opportunity to send more positive messages to people, offer more possible ways of spending free time and relief at work and study, which are also possible by following the current measures.



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