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Review Article

Psychological Responses to Health Risk Communication In The Era Of Global Health Crises: A Review of Fear, Trust and Public Compliance

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Abstract

The COVID-19 pandemic revealed critical insights into how psychological responses influence public compliance with health recommendations during global health crises. This review examines the complex interplay between fear, trust, and compliance in health risk communication. Drawing on Protection Motivation Theory (PMT) and contemporary research from 2020–2025, we synthesize findings on how emotional responses, institutional trust, and risk perception shape protective behaviors. While fear can motivate initial protective behaviors, its effectiveness depends critically on concurrent self-efficacy perceptions and institutional trust. The pandemic infodemic significantly eroded public trust in health authorities, reducing compliance with preventive measures. Pandemic fatigue emerged as a major barrier to sustained behavioural change. Trust in governmental and scientific institutions emerged as stronger predictors of compliance than fear appeals alone. We identify three critical domains requiring attention: (1) trust-building communication strategies, (2) infodemic mitigation through media literacy interventions, and (3) sustainable approaches to maintain compliance during prolonged emergencies. This review provides evidence-based recommendations for designing effective health risk communication strategies that leverage psychological insights to optimize public health responses during future global health crises.

Keywords: *Health risk communication; Fear; Trust; Public compliance; COVID-19; Protection motivation theory; Pandemic fatigue; Infodemic*

1.0 INREODUCTION

The COVID-19 pandemic presented unprecedented challenges to global public health systems, requiring rapid implementation of behavioural interventions to control disease transmission. Critical to the success of these interventions was public compliance with recommended protective behaviors including mask-wearing, physical distancing, and vaccination. However, achieving and maintaining such compliance proved remarkably complex, influenced by multifaceted psychological factors that varied across populations and evolved throughout the pandemic [1]. Understanding these psychological responses has become essential for designing effective health risk communication strategies for current and future health crises.

Health risk communication during emergencies operates within a complex psychological landscape where fear, trust, and compliance interact dynamically [2]. Traditional models

of health behaviour change, particularly Protection Motivation Theory (PMT), suggest that threat perception drives protective behaviors through cognitive appraisals of both the threat itself and one's capacity to respond effectively [3]. However, the COVID-19 pandemic revealed significant limitations in applying these frameworks to real-world global health crises, where information ecosystems are complex, trust is fragile, and behavioural fatigue can undermine even well-designed interventions [4].

The pandemic simultaneously triggered an infodemic, an overwhelming flood of information, including substantial misinformation and disinformation, that complicated public health messaging and eroded trust in authoritative sources [5]. This phenomenon highlighted how modern digital communication channels, while enabling rapid information dissemination, can simultaneously amplify harmful narratives. The resulting confusion contributed to vaccine hesitancy, non-compliance with preventive measures, and prolonged transmission chains [6].

This review synthesizes current evidence on psychological responses to health risk communication during global health crises, with particular focus on fear, trust, and public compliance. We examine theoretical frameworks, empirical findings from the COVID-19 pandemic, and implications for future public health practice. Figure 1 illustrates the Conceptual model illustrating the three parallel psychological pathways.

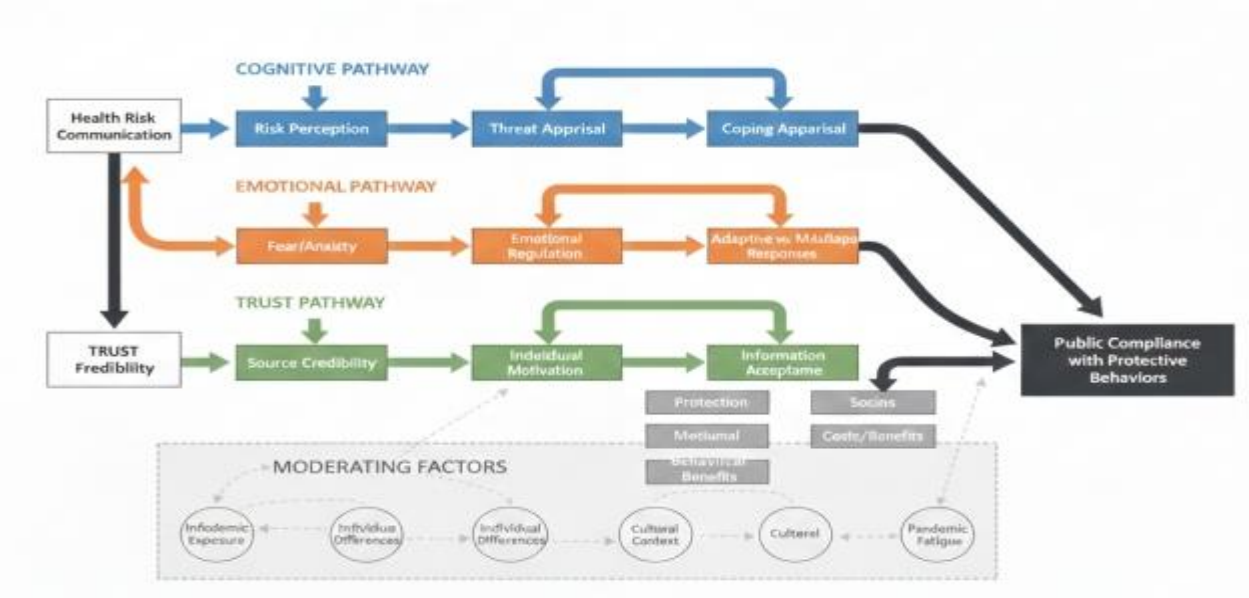

Figure 1. ***Conceptual model illustrating the three parallel psychological pathways (cognitive, emotional, and trust) from health risk communication to public compliance, with moderating influences of infodemic exposure, individual differences, cultural context, and pandemic fatigue*****. Source: Adapted from references [2,3,22,11]**

2.THEORETICAL FRAMEWORKS FOR UNDERSTANDING PSYCHOLOGICAL RESPONSES

2.1 Protection Motivation Theory in Pandemic Contexts

Protection Motivation Theory remains a cornerstone framework for understanding health protective behaviors, positing that protective motivation arises from threat appraisal and coping appraisal processes [7]. Threat appraisal encompasses perceived severity of and vulnerability to a health threat, while coping appraisal includes self-efficacy, response efficacy, and response costs. During the COVID-19 pandemic, PMT demonstrated predictive validity for various protective behaviors including social distancing, mask-wearing, and vaccination intentions [8].

However, pandemic applications of PMT revealed important theoretical limitations. While perceived severity and self-efficacy consistently predicted protective behaviors, the role of fear showed more nuanced patterns than traditionally proposed [9]. Recent evidence suggests that self-efficacy may be more important than fear arousal for promoting compliance, with fear potentially imposing mental health costs without commensurate behavioural benefits [10]. These finding challenges conventional wisdom that emphasizes threat-based messaging in public health campaigns.

2.2 The Role of Trust in Health Crisis Response

Trust emerged as perhaps the most critical factor influencing compliance with public health measures during the COVID-19 pandemic. Institutional trust in government, public health authorities, and scientific institutions showed consistent positive associations with adherence to protective behaviors across diverse cultural contexts [11]. In high-trust societies, compliance rates remained elevated even as perceived personal threat diminished, suggesting that trust can motivate

prosocial behaviour independent of individual risk perceptions [12].

Trust operates through multiple mechanisms in health crisis response. First, trusted sources enhance message credibility and information acceptance, facilitating accurate risk perception. Second, trust reduces uncertainty and anxiety, enabling individuals to follow recommendations despite ambiguous information. Third, institutional trust promotes collective action by signalling that others will also comply, creating positive behavioural norms [13]. However, the pandemic also revealed trust fragility. Inconsistent messaging from authorities, perceived politicization of public health measures, and the infodemic all contributed to trust erosion [14].

2.3 Risk Perception and Emotional Responses

Risk perception encompasses both cognitive assessments of threat likelihood and magnitude, and affective components including fear, worry, and anxiety [15]. During the COVID-19 pandemic, risk perception showed dynamic patterns, initially spiking with case surges but declining over time despite continued or even increased actual risk. This phenomenon reflects both cognitive biases such as optimistic bias, and emotional fatigue from prolonged threat exposure.

Negative emotions, particularly fear and anxiety, demonstrated complex relationships with protective behaviors. While moderate fear can activate protective motivation, excessive fear may overwhelm coping capacity, leading to avoidance, denial, or maladaptive behaviors [16]. Moreover, emotional responses influence information-seeking and information-processing behaviors, with heightened negative emotions increasing selective exposure to information that aligns with existing beliefs [17]. Table 1 presents the Psychological Factors Influencing Compliance with COVID-19 Protective Behaviours

Table 1. Psychological Factors Influencing Compliance with COVID-19 Protective Behaviors

Factor Category	Specific Components	Effect on Compliance	Key References
Threat Appraisal	Perceived severity Perceived vulnerability Fear/anxiety	Moderate positive (+) Weak positive (+) Curvilinear	[3,8,9]
Coping Appraisal	Self-efficacy Response efficacy Response costs	Strong positive (++) Moderate positive (+) Moderate negative (−)	[7,10]
Trust Factors	Institutional trust Trust in science Interpersonal trust	Strong positive (++) Strong positive (++) Moderate positive (+)	[11,12,13]
Information Factors	Media exposure quality Misinformation exposure Health literacy	Moderate positive (+) Strong negative (−−) Moderate positive (+)	[5,15,18]
Psychological States	Pandemic fatigue Risk perception Optimistic bias	Strong negative (−−) Moderate positive (+) Moderate negative (−)	[22,23]

Note: *Effect sizes: (++) strong positive; (+) moderate positive; (−) moderate negative; (−−) strong negative. Based on meta-analytic and large-scale survey evidence 2020–2025.*

3. THE INFODEMIC: MISINFORMATION AND TRUST EROSION

3.1 Characteristics and Spread of Health Misinformation

The COVID-19 pandemic generated an unprecedented infodemic, characterized by rapid dissemination of misinformation and disinformation across digital platforms [18]. Unlike previous health crises, the scale and speed of misinformation spread during COVID-19 was amplified by social media algorithms that prioritize engagement over accuracy. Misinformation ranged from false treatment claims to conspiracy theories about virus origins and vaccine safety, with potentially lethal consequences [5].

Analysis of COVID-19 misinformation reveals several characteristic patterns. Misinformation often exploits uncertainty and information voids, emerging most rapidly when authoritative information is delayed or unclear [19]. Emotional content, particularly fear-inducing or anger-provoking narratives, spreads more rapidly than factual information. Social media platforms emerged as primary vectors, with studies showing that up to 37% of popular health-related videos contained substantive inaccuracies [20].

3.2 Impact on Public Trust and Compliance

The infodemic's most pernicious effect was systematic erosion of trust in public health institutions and scientific expertise [21]. When misinformation contradicts official guidance, individuals face cognitive dissonance that often

resolves through decreased trust in authorities rather than rejection of misinformation. This pattern was particularly evident among individuals with existing distrust or those exposed to politically polarized information environments.

Trust erosion manifested in multiple adverse outcomes. Surveys documented declining confidence in governmental COVID-19 responses over time, associated with reduced compliance with recommended behaviors [22]. Healthcare workers reported increased difficulty providing care due to patient misinformation. Vaccine hesitancy increased substantially, threatening immunization coverage needed for population immunity [14]. Figure 2 shows the five-level cascade diagram showing how misinformation spreads through amplification mechanisms.

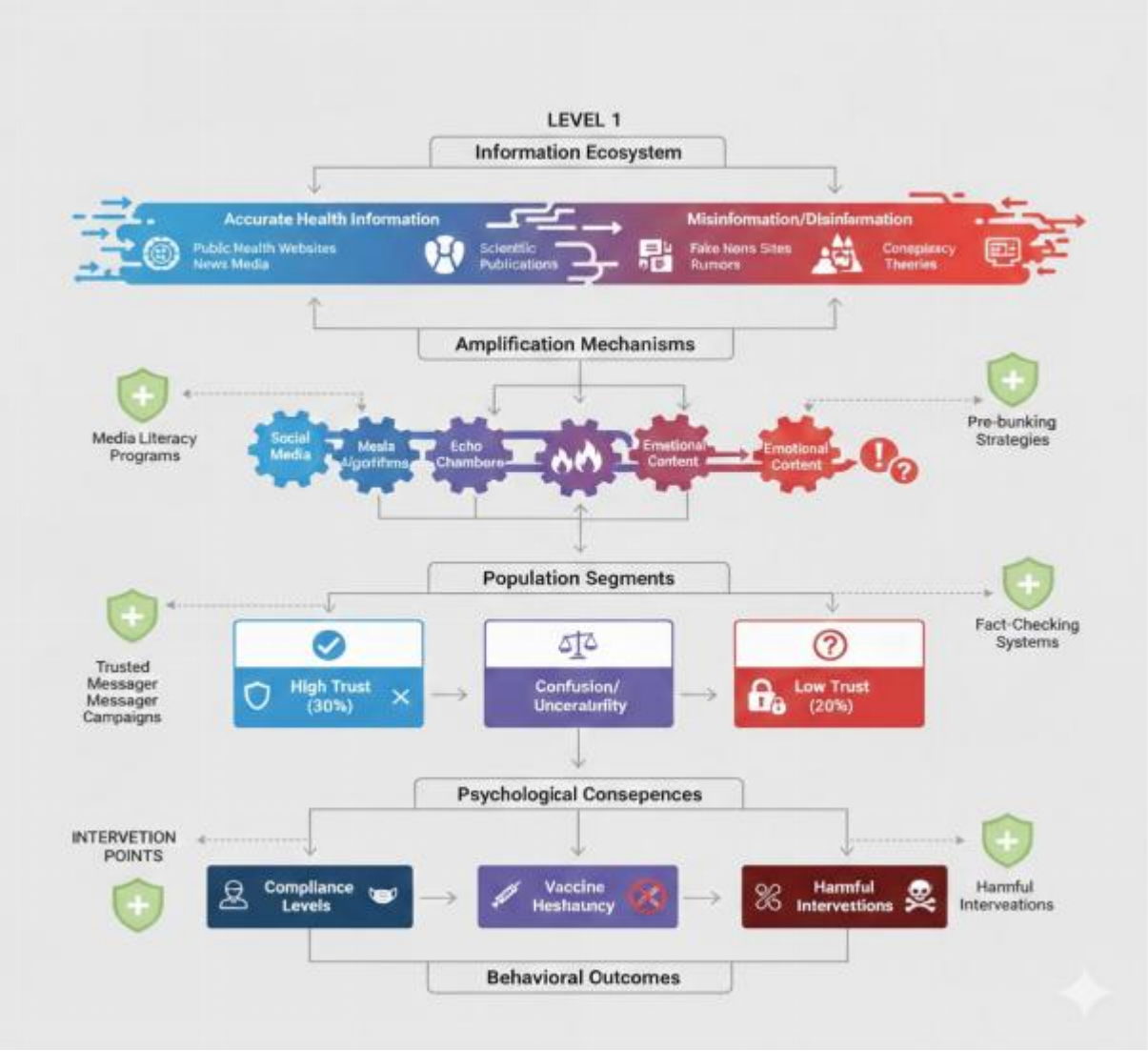

Figure 2. ***Five-level cascade diagram showing how misinformation spreads through amplification mechanisms, differentially impacts population segments, erodes trust, and reduces compliance. Intervention points for media literacy, fact-checking, trusted messengers, and pre-bunking are shown as lateral entry points.*** **Sources: [5,6,18,20]**

3.3 Strategies for Infodemic Management

Combating the infodemic requires multipronged approaches spanning prevention, detection, and response. Preventive strategies include improving media and health literacy to enhance critical evaluation of health information [23]. Pre-bunking, explaining misinformation tactics before exposure, shows promise for building psychological resistance. Transparency in public health messaging, including acknowledgment of uncertainty, can reduce information voids that misinformation exploits.

Response strategies include both debunking and corrective messaging. Debunking proves most effective when provided by trusted sources, using narrative formats rather than didactic correction, and offering accurate alternatives to the

misinformation [6]. Platform-level interventions including content moderation and algorithm adjustments show potential but raise concerns about censorship and may backfire if perceived as suppressing legitimate debate. Table 2 shows the Characteristics of Effective Health Risk Communication During Pandemics

Table 2. Characteristics of Effective Health Risk Communication During Pandemics

Communication Principle	Description	Evidence Base	Implementation Strategy
Emphasise self-efficacy over fear	Focus on actionable steps rather than threat magnitude alone	[10,3]	Provide clear, specific behavioural guidance; stress feasibility
Use trusted messengers	Deliver messages through credible, respected sources	[11,12,25]	Employ healthcare professionals, community leaders, and peers
Maintain transparency about uncertainty	Acknowledge what is known and unknown; update as evidence evolves	[26,29]	Use phrases like 'based on current evidence'; explain reasoning changes
Proactive misinformation management	Pre-emptively address potential misinformation before it spreads	[27,19]	Implement pre-bunking campaigns; teach recognition of manipulation tactics
Cultural and demographic tailoring	Adapt messages to specific community contexts, values, and channels	[1,2]	Conduct audience analysis; engage community representatives
Address collateral harms	Acknowledge non-COVID impacts of restrictions openly	[21,24]	Communicate support resources; explain risk–benefit trade-offs

Note: *Implementation strategies represent evidence-based best practices synthesised from COVID-19 pandemic research 2020–2025. Effectiveness may vary across cultural contexts.*

4. PANDEMIC FATIGUE AND SUSTAINED COMPLIANCE

4.1 Conceptualization and Measurement

Pandemic fatigue represents a major challenge to sustained public health responses during prolonged emergencies. Defined as distress resulting in demotivation to follow recommended protective behaviors, emerging gradually over time and affected by emotions, experiences, and perceptions [24], pandemic fatigue manifests through both subjective exhaustion and objective behavioural decline. Measurement approaches include self-reported fatigue scales and

performance-based indicators tracking compliance changes over time.

Global data documented substantial behavioural changes consistent with pandemic fatigue during 2020–2021[25]. While low-cost, habituating behaviors like mask-wearing showed sustained or increased adherence, high-cost behaviors requiring ongoing effort, particularly physical distancing, markedly. Even individuals with initially high COVID-19 concern demonstrated fatigue over time [26], suggesting pandemic fatigue represents a general population phenomenon rather than affecting only unconcerned individuals. Figure 3 presents the multi-line time-series graph from March 2020–December 2021.

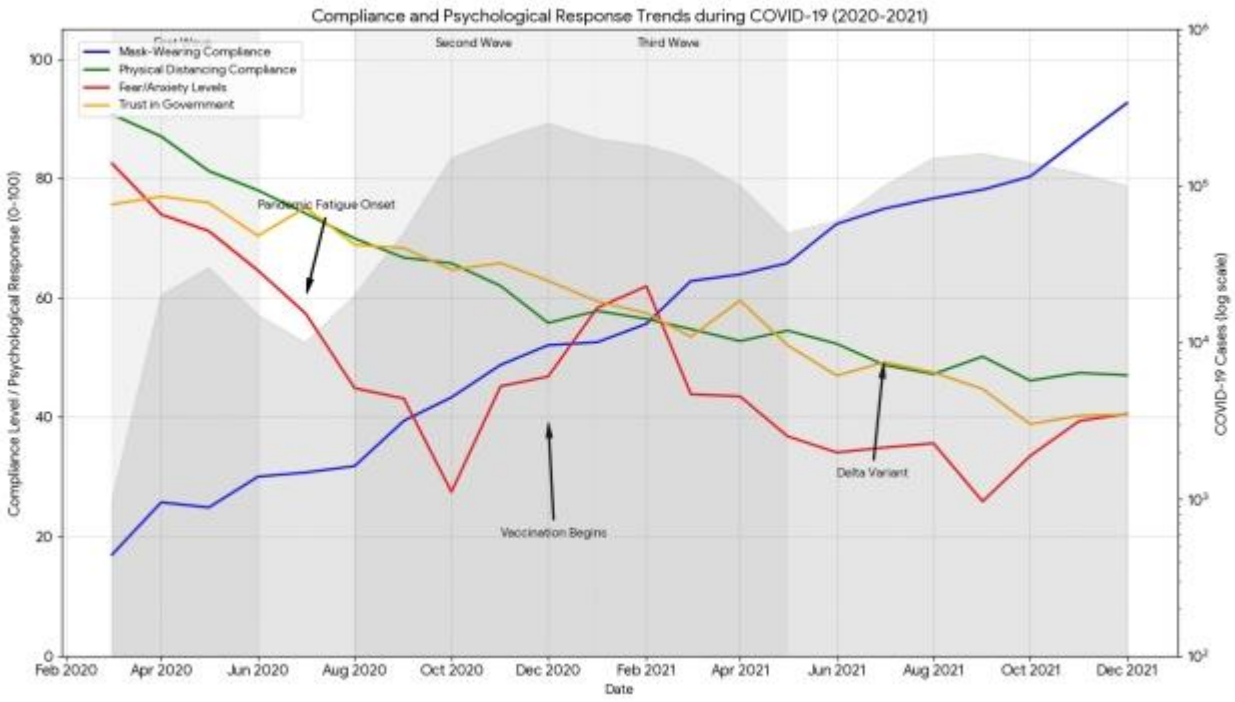

Figure 3. ***Multi-line time-series graph (March 2020–December 2021) tracking mask-wearing compliance, physical distancing compliance, fear/anxiety levels, trust in government, and COVID-19 case waves. Annotated with pandemic wave periods, the onset of pandemic fatigue (summer 2020), commencement of vaccination (December 2020), and emergence of the Delta variant (mid-2021).*** **Source: Authors illustration based on the references [22,25,26].**

4.2 Mechanisms Underlying Pandemic Fatigue

Multiple psychological and social mechanisms contribute to pandemic fatigue. Cognitively, decision fatigue from constant need to evaluate changing guidelines and adjust behaviors depletes self-regulatory resources. Emotionally, prolonged threat exposure leads to habituation and decreased emotional responsivity, reducing motivation. Socially, observation of declining community compliance creates permissive norms that justify individual non-compliance [27].

The mismatch between policy duration and expected compliance capacity creates particular strain. Public health measures initially implemented as temporary emergency responses extended months and years beyond initial timeframes. This temporal extension exceeded many individuals' capacity for sustained behavioural modification, particularly for costly behaviors requiring significant lifestyle changes [28]. Table 3 presents the Factors Associated with Pandemic Fatigue and Strategies for Mitigation.

Table 3. Factors Associated with Pandemic Fatigue and Strategies for Mitigation

Domain	Associated Factors	Effect on Fatigue	Mitigation Strategies	Evidence
Temporal	Duration of restrictions Repeated waves	Increases with prolonged duration Cumulative emotional effect	Implement time-limited restrictions; communicate expected timelines clearly	[25,26]
Behavioral	High-cost behaviors Low-cost behaviors	Greater fatigue for sustained costly behaviors Lower fatigue	Prioritize most impactful, lower-effort protective actions	[24,25]
Psychological	Decision fatigue Threat habituation Loss of control	Depleted self-regulatory resources Decreased motivation Increased distress	Simplify guidelines; periodic reminder campaigns; restore agency	[22,26]
Social	Observed non-compliance social isolation Interpersonal trust	Permissive norm formation Reduces motivation Higher trust → lower fatigue	Highlight positive examples; facilitate safe social connection; build cohesion	[13,25]
Institutional	Trust in government Perceived fairness	Lower trust → greater fatigue Unfair policies increase fatigue	Maintain transparency; ensure equitable implementation; admit mistakes	[11,22,28]

Note: *Pandemic fatigue is a multifactorial phenomenon requiring integrated approaches addressing behavioural, psychological, social, and institutional dimensions simultaneously.*

4.3 Addressing Pandemic Fatigue in Public Health Strategy

Managing pandemic fatigue requires strategies distinct from initial pandemic response. Communication should acknowledge fatigue as normal and expected, validating public experience rather than simply exhorting continued compliance. Interventions should prioritize high-impact, lower-cost behaviors that individuals can sustain long-term [24]. Trust-based messaging proves particularly important during fatigue; when individuals trust authorities, they may sustain protective behaviors as civic contribution even when personal motivation wanes [11].

Looking forward, pandemic preparedness planning must incorporate realistic timelines for behavioural interventions. Alternative approaches might include intermittent intensification during high-risk periods, greater reliance on structural interventions requiring less individual effort, and early investment in trust-building that provides resilience against later fatigue [29].

5. IMPLICATIONS FOR FUTURE HEALTH RISK COMMUNICATION

5.1 Evidence-Based Communication Strategies

COVID-19 evidence yields several clear implications for health risk communication during future crises. First, self-efficacy promotion should receive equal or greater emphasis than threat communication [10]. Messages should not only inform about risks but also clearly explain how individuals can protect themselves, emphasizing feasibility and effectiveness. Second, trusted messengers, including healthcare professionals, community leaders, and peers, prove more effective than governmental sources alone [30]. Third, transparency regarding uncertainty appears beneficial rather than harmful. Evidence suggests transparency builds trust while allowing for appropriate guidance updates as knowledge evolves [29]. Fourth, countering misinformation requires proactive rather than reactive approaches. Pre-bunking shows greater effectiveness than debunking, suggesting value in preparing populations to recognize and resist misinformation tactics before exposure [23].

5.2 Building and Maintaining Institutional Trust

Protecting and building institutional trust should be recognized as critical public health infrastructure requiring dedicated investment. During non-crisis periods, trust-building activities, including community engagement, transparent decision-making, and demonstrated competence, create reserves that sustain compliance during emergencies [28]. Admitting mistakes and adjusting recommendations based on new evidence can actually strengthen trust by demonstrating scientific integrity [29].

Most fundamentally, pandemic preparedness must recognize behavioural interventions as equally essential to biomedical responses. The effectiveness of testing, treatment, and vaccination ultimately depends on public trust, compliance, and sustained protective behaviors. Integrating behavioural science into pandemic preparedness planning, from

committees to monitoring systems, is not ancillary but central to effective emergency response [1].

6. CONCLUSION

The COVID-19 pandemic revealed that psychological responses to health risk communication powerfully shape public health outcomes during global health crises. Fear alone proves insufficient and potentially counterproductive for sustained behavioural change. Trust in institutions and scientific authorities emerged as the most critical enabling factor, yet this trust remains fragile and easily eroded by inconsistent messaging, politicization, and infodemics.

The infodemic represented a novel challenge amplified by digital communication technologies and requiring new approaches beyond traditional health communication strategies. Pandemic fatigue substantially undermined compliance over time, particularly for high-cost protective behaviors[25]. These challenges revealed significant gaps in theoretical frameworks that inadequately account for real-world complexity of behaviour change during prolonged, uncertain health threats.

Moving forward, effective health risk communication requires key shifts: from fear-based to empowerment-based messaging emphasizing self-efficacy alongside threat; from information provision to information ecosystem management including active infodemic response; from static to dynamic approaches that adjust messaging based on real-time behavioural monitoring; and from individual to collective framing emphasizing social responsibility and community protection. The next pandemic's outcome will depend substantially on how well we learn from this one.

Author Contributions

The author has significantly contributed to the study's conception, design, data collection, analysis, and interpretation. All authors were involved in writing the manuscript or critically reviewing it for its intellectual value. They have reviewed and approved the final version for submission and publication and accept full responsibility for the content and integrity of the work.

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Conflicts of Interest

The authors state that there are no financial, personal, or professional conflicts of interest associated with this research.

Ethical Approvals

This research did not involve the use of human participants or animal subjects and therefore did not require ethical clearance

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