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## Work and a desire to exercise, socialize are why people didn't social distance, Stanford researchers find

*The Stanford-led study found the most common reasons people did not follow social distancing recommendations were work requirements, mental and physical health concerns and beliefs that other precautions were enough.*

BY MELISSA DE WITTE

Maintaining social distance has been crucial in slowing the spread of novel coronavirus infections (COVID-19), yet some people did not follow early recommendations to limit physical contact with others. Now, a new study (<https://medrxiv.org/cgi/content/short/2020.04.08.20057067v1>) by Stanford scholars reveals reasons why people failed to comply.

The researchers, an interdisciplinary team from the Department of Communication and from the Department of Epidemiology, conducted a survey between March 14–23, the period when shelter-in-place orders were first introduced in some parts of the United States.

Their data, reported in a non-peer reviewed, preprint paper (<https://news.stanford.edu/2020/04/06/open-science-era-covid-19/>) released on medRxiv, showed that the most common reasons for noncompliance were work requirements from non-essential businesses, mental and physical health concerns and beliefs that other precautions were enough. They also found that young people – aged between 18 to 31-years-old – had the lowest compliance rate at 52.4 percent, compared to other age groups.

“As I looked around my own neighborhood in early March, some people were rushing to gather supplies and isolate, while others were going about their normal lives,” recalled study co-author Eleni Linos (<https://profiles.stanford.edu/elene-linos>), MD, DrPH, a dermatologist and epidemiologist at the Stanford School of Medicine. “Our study shows that different people are experiencing this crisis in different ways. Not everyone has the same opportunities.”



(<https://news-media.stanford.edu/wp-content/uploads/2020/04/08092530/GettyImages-1214307609-copy.jpg>)

Stanford researchers have examined why people are not practicing in the recommendation to social distance. (Image credit: Getty Images)

## Reasons for non-compliance

The researchers collected a total of 20,734 responses to a survey that was posted on social media networks Twitter and Facebook, as well as the neighborhood social networking service NextDoor.

The researchers found that 39.8 percent of respondents reported not complying with social distancing recommendations in the middle of March.

The most common reason for failing to social distance was work requirements for non-essential industries (28.2 percent). One respondent told the researchers, “Work is not canceled, if I don’t go I’ll lose my job.”

Another frequent explanation for not following orders included worries about mental and physical well-being. Some 20.3 percent said they engaged in social, physical or routine activities to manage unease from sheltering in place, such as “cabin fever.” As one respondent said, “Staying in my home 24 hours of every day is depressing.” Another emphasized, “I have to get outside now and then for my own sanity.”

Other rationales that people cited for failure to comply with social distancing included the belief that other precautions, such as only hand-washing, were sufficient (18.8 percent). Some 13.9 percent of people said they wanted to continue everyday activities and 12.7 percent believed that society is overreacting.

Another important factor for some respondents related to child care. About 4.8 percent of people said they did not comply with social distancing orders because they felt they had to take their children outdoors or to social events for the welfare of both their children and themselves. As one respondent said, “I have kids and it’s impossible to keep them grounded all the time.”

“Clearly different parts of the population have different kinds of concerns and reasons for not social distancing, and government communication should address those,” said Jeff Hancock (<https://comm.stanford.edu/faculty-hancock/>), a professor of communication in the School of Humanities and Sciences and a co-author on the paper.

## Learning from the words people use

The researchers also analyzed what words participants used in their responses to better understand what respondents were feeling and focused on. They found that younger people between the ages of 18 to 31 were more likely to use first-person singular words such as “I” and “me,” which, according to the researchers, indicated they were more self-centered than other groups surveyed.

They also found that young people, the group least at risk for COVID-19, displayed more anxiety in their survey answers than other age groups, using words like “anxious,” “disturb” and “nervous,” more frequently than other age demographics.

Meanwhile, the oldest and most at-risk group (65-years-old and up) showed the least anxiety in their responses.

“A key takeaway for me was how resilient the older population seems,” said Hancock. “They are not as anxious or self-focused as young people. I think this runs counter to the narrative that the old are weak and frail, and instead, they are practiced at social distancing and being comfortable in their home.”

## Recommendations

The researchers hope that these survey results can be used by public health officials and other policymakers for targeted messaging campaigns.

“I hope that governments use these findings and recommendations to improve how they communicate public health orders for sheltering-in-place so that we can get as much compliance as possible,” said Hancock.

The researchers lay out specific messaging recommendations to address the key reasons for why people do not comply with social distancing orders. For example, the researchers suggest that public health messages should be aimed at young people. “Shelter-at-home is clearly much more difficult for younger people as they are used to more social interactions and life out of the home,” said Hancock.”

The researchers also recommended that messages to younger audiences address the negative consequences arising from their noncompliance, and also emphasize how individual actions affect community-wide health outcomes.

Meanwhile, Linos and Hancock have updated and extended their survey and are encouraging more people to participate.

“We hope more people of all backgrounds will take the survey (<https://pcrt.stanford.edu/covid>) so everyone’s voice can be heard,” said Linos. “One way people can help is to participate in research.”

Other authors on the paper include Ryan Moore and Angela Lee from the Department of Communication and Meghan Halley from the Department of Epidemiology.

The findings reported here were part of a larger study published Apr. 7 ([https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764368?guestAccessKey=cd7f419d-b177-44d2-86b2-c3e0254b3152&utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_content=tf1&utm\\_term=040720](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764368?guestAccessKey=cd7f419d-b177-44d2-86b2-c3e0254b3152&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=040720)) in the Journal of the American Medical Association that looked at public concerns in the US of the coronavirus pandemic.

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