

Australian Peoples' Attitudes Toward COVID-19 Restrictive Measures and China: Applying the Theory of Planned Behaviour



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Abstract

The COVID-19 pandemic highlighted the role of public compliance in mitigating virus transmission. This mini-review examines the key findings of Blame Attribution and Compliance with COVID-19 Measures in Australia: The Theory of Planned Behaviour, emphasizing the intersection of blame attribution and the Theory of Planned Behaviour (TPB) in shaping public health behaviors. The study reveals that attributing blame—whether towards governments, individuals, or external entities—directly influences emotional responses and compliance with public health measures. Additionally, the study extends TPB by incorporating emotional dimensions such as reactive attitudes and stress perception. These insights contribute to understanding the psychological and social determinants of pandemic response, offering implications for future crisis communication strategies.

Keywords: COVID-19; Blame attribution; Compliance; Theory of planned behaviour; Australia; Health communication

Abbreviations: TPB: Extending the Theory of Planned Behaviour; PBC: Perceived Behavioral Control

Introduction

The global outbreak of COVID-19 led to unprecedented public health challenges, necessitating rapid compliance with government-imposed measures such as lockdowns, mask mandates, and social distancing. While prior studies have explored compliance determinants through the Theory of Planned Behaviour (TPB), fewer have examined the role of blame attribution in shaping public attitudes and behavioral intentions. This mini-review synthesizes the contributions of [1], whose study investigates how different forms of blame attribution—towards the Chinese government, the Australian government, and individuals—influence compliance with COVID-19 measures in Australia.

Blame Attribution and Compliance with Public Health Measures

After conducting a nationwide online survey with 1101 Australian residents (n = 1101) using Qualtrics, we found: Blame attribution, or the process of assigning responsibility for

negative outcomes, significantly impacts public sentiment, crisis perception, and compliance behaviors. The study identifies three primary forms of blame attribution:

a) Blame on external actors (China) - Public narratives often associated COVID-19's origins with China, influencing geopolitical perceptions and leading to heightened anti-Chinese sentiment. However, counterintuitively, attributing blame to China reduced self-protective behaviors, possibly due to emotional detachment from perceived distant accountability.

b) Blame on domestic governments (Australia) - Blame directed at the Australian government correlated with higher compliance with public health measures, suggesting that distrust in government handling may motivate individuals to take personal responsibility.

c) Blame on individuals - Individuals perceived as non-compliant (e.g., refusing vaccinations or social distancing) were often scapegoated. The study found that this form of blame led to

moderate support for stricter government regulations, reinforcing the idea that personal responsibility narratives influence policy acceptance [2].

Extending the Theory of Planned Behaviour (TPB)

The study integrates blame attribution into TPB, a well-established framework in behavioral psychology that posits attitudes, subjective norms, and perceived behavioral control shape behavioral intentions. Notably, this study innovatively incorporates:

a) Reactive attitudes - Emotional responses (e.g., frustration, stress) stemming from blame attribution were found to influence both negative attitudes towards COVID-19 and resistance to policy measures.

b) Perceived behavioral control (PBC) - Higher perceived control correlated with reduced stress, reinforcing self-efficacy's role in crisis adaptation.

c) Motivation to Comply vs subjective norms - While both factors influence compliance, the study distinguishes motivation to comply (external social pressure) from subjective norms (internalized expectations), revealing that the former heightens stress but also increases adherence.

Implications for Public Health Communication

The findings emphasize the crucial role of crisis communication in shaping public compliance. To enhance public adherence to future health directives, policymakers should:

a) Reframe blame narratives - Reducing geopolitical

blame rhetoric can mitigate emotional resistance and promote rational decision-making.

b) Target emotional responses - Addressing public stress and reactive attitudes in messaging can prevent resistance to health mandates.

c) Leverage social norms - Campaigns emphasizing collective responsibility rather than government enforcement may foster higher voluntary compliance.

Conclusion

[1] study presents a compelling case for the interplay between blame attribution, emotional responses, and compliance behavior during public health crises. By expanding TPB to incorporate reactive attitudes and political narratives, the research offers novel insights into health communication and crisis management. Future research should explore cross-cultural comparisons to assess how blame attribution dynamics vary globally.

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