



Swine flu and risk perception

By David Hillson

The recent spread of swine influenza to humans prompted strong reactions around the globe, with authoritative figures from the World Health Organisation to US President Obama proclaiming the need for vigilance and robust preventative action. However, a cold look at the numbers suggests a more considered response might be appropriate. Do we need to panic now, or watch and monitor the situation, or treat it as another false alarm?

Time alone will tell whether the doom mongers were right. But the episode has focused attention yet again on the role of the media and politicians in influencing public reactions to this type of potential crisis.

In the UK there are two different messages. On the one hand we constantly hear that the British public are extremely risk-averse, wanting to avoid uncertainty wherever possible, and preferring a precautionary approach to be ready for the worst outcome 'just in case'. We're told that the general public expect their political leaders to protect them from any eventuality, whether it be terrorist attacks, food scares or potential pandemics. But talking to individuals one gets a different impression, with widespread scepticism about 'media-hyped panic' or politicians who try to frighten the public for their own ends.

We need to recognise that people react to risk and uncertainty in complex and unpredictable ways, with a wide range of interacting influences. Dr Paul Slovic from Decision Research Inc. (US) is a leading researcher in the field of risk psychology, and has produced some valuable insights to help us understand how and why we feel the way we do towards risk. Although rational assessment is a significant contributor to how risky we believe a situation to be, there are also many non-rational factors, which influence our perception of risk. Slovic lists the following ten factors:

1 Dread. If the outcome of a particular risk is something we imagine to be terrible, painful or fearful, our perception of the risk is heightened. For example, anything that might cause cancer is seen as a high risk because the thought of cancer evokes fear.

2 Control. Where we believe we have control, we perceive risk as lower. Travelling by car is a clear example – we feel less comfortable as a passenger than if we are driving.

3 Natural v man-made. Hazards resulting from human actions are seen as more risky than natural hazards. Nuclear power stations appear to be more risky than severe weather or natural disasters.

4 Choice. If I have some choice over my exposure to a risk, then it seems lower than if I am exposed involuntarily. For example, radiation from cell-phone transmitters gets more public attention and action than exposure to solar radiation when sunbathing on holiday.

5 Children. Any risk that affects children is perceived as worse than one which only affects adults. Playground safety gets more attention than road safety.

6 Novelty. New risks are seen as being higher than ones we have grown used to seeing (genetically modified food is viewed as more risky than pesticides). And continued exposure to the same risk results in it being seen as less risky.

7 Publicity. If a risk has a high profile in the media or public consciousness, it will be perceived as being more risky. Terrorism is an obvious current example.

8 Proximity. If I could be a victim, the importance of the risk seems higher than it really is. For example, I may worry about post-operative complications after surgery even if the hospital or surgeon has a good track record.

9 Risk-benefit trade-off. If exposure to a risk could also result in a perceived benefit as well as a threat, the risk is discounted. Key examples include smoking and drink driving.

10 Trust. Where protection from a risk is offered from a trusted party, the risk is perceived as lower, but lack of trust makes the risk seem bigger. For example, public trust in government or the police can influence the perceived level of threat from terrorism.

These non-rational factors have significant effects on how well risk is assessed and managed. It is easy to see their relevance to the current swine flu situation, where several of Slovic's factors are directly applicable.

Although Slovic's work relates to public perceptions of risk within society, his conclusions apply equally well to assessment of business and project risks. If we remain unaware of these factors, we are likely to make wrong judgements about how important a risk is, and our responses will be inappropriate. Recognising their existence can lead to more effective risk processes, more realistic risk communication, and better outcomes.

At this stage it is hard to be certain about how the swine flu situation will develop and whether it will turn into a full pandemic. For most of us this is outside our control and we are mere observers. However, we can and should take control of our own personal reactions and make sure that we are each responding appropriately to the real risk that we face. This is even more true when we consider the way we react to risk in our projects and businesses, where we have much more control over the level of risk exposure we face and how we deal with it.

About the author

Dr David Hillson, PMP, HonFAPM, FIRM, is an international risk management consultant, and Director of Risk Doctor & Partners (www.risk-doctor.com). He is a popular conference speaker and award-winning author on risk. He is recognised internationally as a leading thinker and practitioner in the risk field, and has made several innovative contributions to improving risk management.

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