

Symposium: Health behaviour during a pandemic: what can be learn from health psychology?

Convenor: Dr Liz Simpson CPsychol., Registered Health Psychologist, Psychology Research Institute, Ulster University, UK.

Summary and rationale of the symposium

The pandemic has been life changing for many of us with working at home, home schooling, caring responsibilities and the loss of social engagement and freedoms due to restrictions on movement and socialising. Adaptation to this “new normal” has been difficult and a challenge for many. Health psychology has contributed to promoting key health messages, explaining many of the behaviour changes that were required of us, such as increased hand washing, keeping our distance and wearing a face mask – all behaviours and all subject to principles of behaviour change. Learning to live safely with COVID-19 is the challenge that we still face. This symposium will showcase important work being carried out by researchers in the UK and Ireland, in response to many of the demands faced. This symposium includes research to support the most vulnerable in our society, with the development of an education programme for carers and families looking after older adults. Two papers promote a better understanding of the underlying mechanisms that influence attitudes and behaviours around testing for COVID-19 and the uptake of the COVID-19 vaccine in adults, using theoretical frameworks to explain facilitators and barriers to these. The final paper looks at women in midlife and how COVID-19 has impacted on their health and well-being.

Talk 1: Advance care planning in a COVID-19 outbreak: Development of an online educational programme for care home staff and family members

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Objectives: Advance care planning in care homes during COVID-19 helps staff and family members understand what is important to residents should their health deteriorate during the outbreak. It also provides a platform for family members and residents to discuss any COVID-related concerns. Accessible information for care home staff and family members on advance care planning in a COVID-19 outbreak is needed to support practice, increase knowledge, and mitigate concerns.

Design: The aim of this study is to develop an online COVID-centred advance care planning programme for care home staff and family members.

Methods: The COVID-centric advance care planning programme was developed in two phases. Phase 1 involved identifying existing evidence. This included a rapid review of guidance on advance care planning during COVID-19 and workshops with key stakeholders. Phase 2 involved the production of the online platform and development of e-learning resources for care home staff and family carers.

Results: The online programme includes information for care home staff and family members on: 1) What is advance care planning and why is it important during a COVID-19 outbreak; 2) Who takes part in advance care planning; 3) What is included in an advance care plan; 4) How an advance care plan is recorded and shared; 5) Supporting your health and well-being during COVID-19. Staff are also provided with guidance on how to facilitate advance care planning discussions in a COVID-19 context.

Conclusion: This study provides care home staff and family members with important information on advance care planning during a COVID-19 outbreak that will promote shared decision making and support the well-being of residents, family members and staff involved in these discussions.

Talk 2: Predictors of screening for COVID-19: employing the Health Belief Model (HBM).

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Objectives: In the early phases of a vaccine roll out and with treatment limitations for Covid-19, suppression and containment efforts rely on public health strategies informed by knowledge, attitudes, and behaviour. The HBM has been used previously to inform health education campaigns.

Design: A cross sectional independent groups design was employed in this study to look at knowledge of COVID-19 and predictors of screening uptake for the virus.

Methods: Irish adults over the age of 18 years were recruited using social media, to complete an online survey in June 2020. Data collected from the survey included socio-demographic characteristics, COVID-19 related knowledge and attitudes, intention to screen for COVID-19 and HBM constructs (perceptions of threat, behavioural evaluation, health motivation and cues to action).

Results: A sample of 362 participants was obtained, aged between 18-75 years, 63% were under 44 years of age and the majority were female (77%), 89% showed a strong intention to screen for COVID-19, if they developed symptoms. Sociodemographic variables, knowledge of COVID-19 and HBM variables were not found to predict screening as a composite variable in the logistic regression analysis. However, in the final step of the model, ages 25-34, ages 35-44 and a high physical health score were associated with lower intention to screen. A higher powerful others score was associated with higher intention to screen.

Conclusion: To improve knowledge and intention to screen, public health campaigns could leverage cohort-specific influencers to encourage behavioural responses with educational messaging focused on more stable constructs such as perceived benefits, altruism and solidarity.

Talk 3: Factors influencing perception and beliefs about Covid-19 vaccines safety and acceptance amongst young adults. A qualitative study.

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Objectives: The 'newness' of vaccine, speed of development and concerns regarding safety, have previously been identified as key barriers to Healthcare Professional (HCP) uptake and recommendation of vaccination to others. Recommendation from HCPs is noted as one of the primary factors influencing vaccine acceptance, particularly amongst those that are hesitant. As data have indicated 18-25 year olds as significantly less likely to accept a Covid-19 vaccine compared to older age-groups (Lazarus et al., 2020), the current study explores the barriers and facilitators of HCP vaccine acceptance and recommendation to young adults. Barriers and facilitators of vaccine acceptance amongst young adults are further explored, including the role of HCP recommendation in influencing behaviour.

Design: A qualitative research design employing semi-structured interviews was used and informed by constructs from the Theoretical Domains Framework (TDF) and the COM-B model.

Methods: Social media was used to recruit health care professionals (HCPs) and young adults (18-25 years) in UK and Republic of Ireland. Interviews lasted 45-60 minutes and were recorded. Content analysis and coding of verbatim transcripts to the TDF domains, was conducted to identify salient themes, in addition to further inductive thematic analysis to ensure capture of any additional themes. Based on salient constructs, the Behaviour Change Wheel (BCW) was utilised to identify intervention functions and appropriate behaviour change techniques to support recommendations for vaccine safety communication and intervention development.

Results: Data collection and analysis are ongoing. Very early preliminary data indicate *beliefs about consequences* regarding infection and continued restrictions as the most salient domains and facilitators of HCP acceptance and recommendation, with *beliefs about capabilities, knowledge and skills*, including access to appropriate data being potential barriers.

Conclusions: Data collection and analysis is ongoing; therefore, it makes drawing firm conclusions difficult at this time. Research so far suggests the need for further information around the impact of vaccination and health benefits.

Talk 4: The impact of COVID-19 on quality of life, stress and coping in women at mid-life: A focus group investigation

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Objectives: This study was part of a wider mixed methods study into the impact of physical activity on psychological wellbeing in women aged 45-55 years, that took place between December 2019 and June 2020, during the first 6 months of the COVID-19 pandemic. The objective of the two focus groups were to expand on data gained from a quantitative survey, to explore what motivates mid-life women had to partake/not partake in regular physical activity during a pandemic and how this impacts their quality of life, stress and coping.

Design: Qualitative on-line focus groups

Methods: Thirteen females aged 45-55 years volunteered to take part in on-line focus groups. Nine women withdrew interest prior to focus groups taking place (due to bereavement caused by Covid-19 and technical problems with Skype), leaving four participants. Focus Group probe questions explored motivations *why* women partake/don't partake in physical activity during the pandemic. Focus groups were audio recorded.

Results: Thematic Analysis (TA) established themes from the transcriptions of the focus groups. Women engaging in physical activity during the pandemic, experienced fewer depressive symptoms and perceived stress, and better physical and mental quality of life, including better emotional well-being; than their counterparts who did not. Whilst the pandemic and lockdown had hindered participation in some physical activities for some of the women, it had provided an opportunity for others who did not exercise previously, to begin to do so.

Conclusions: This study may impact future health intervention planning with menopausal women in the UK, particularly in light of future pandemic/lockdown situations. Encouraging women to engage in regular physical activity, including strength/resistance training could improve the menopausal transition experience, maintaining physical and psychological health during challenging times of pandemic and lockdown, thus delaying/preventing the onset of chronic conditions, otherwise costly to the NHS and the livelihoods of ageing women.