# COVID-19: Identifying and addressing determinants of adherence to physical distancing guidance

# **Hannah Durand**

H Durand<sup>1</sup>, SL Bacon<sup>2,3</sup>, M Byrne<sup>1</sup>, K Farrell<sup>1</sup>, E Kenny<sup>1</sup>, KL Lavoie<sup>2,4</sup>,

\*\*BE McGuire', J McSharry', O Meade', GJ Molloy'

1School of Psychology, National University of Ireland, Galway, Ireland

2Montreal Behavioural Medicine Centre, Hôpital Sacré-Cœur de Montréal, Montreal, Canada

<sup>3</sup>Department of Health, Kinesiology & Applied Physiology, Concordia University, Montreal, Canada

<sup>4</sup>Department of Psychology, University of Quebec at Montreal, Montreal, Canada

Contact: hannahdurand@live.ie

# **Background:**

Optimising physical distancing measures has been a critical part of the global response to the spread of COVID-19. Adherence to these recommendations has been poorer than adherence to other key transmission reduction behaviours. The current project aimed to identify psychosocial determinants of adherence to physical distancing, and to determine whether Government of Ireland COVID-19 communications adequately address the determinants.

#### Methods:

A nationally representative cross-sectional survey as part of the International COVID-19 Awareness and Responses Evaluation (iCARE) study, a qualitative interview study, and a content analysis of COVID-19 poster communications were conducted to identify psychosocial determinants of adherence and determine the extent to which these were addressed in government communications.

## **Results:**

The iCARE survey showed adherence to physical distancing measures varies by sociodemographic group (e.g., age, sex, COVID-19 risk category) and beliefs. Poorest adherence was reported by younger people, males, those at lower risk of serious illness from COVID-19, and those who were less concerned about the impact of COVID-19 on public health and the economy. The qualitative interview study revealed maintaining and negotiating close relationships, public physical environments, habituation to threat, risk-taking to maintain wellbeing, and confusion and uncertainty around government guidelines as barriers to physical distancing behaviour. Having a sense of personal responsibility and control over one's own behaviour was identified as a potential facilitator of adherence to distancing. Content analysis revealed some important gaps, particularly in terms of rationale for specific public health guidelines.

## **Conclusions:**

Though adherence was high overall, there was variability among sociodemographic groups. Government communications to promote physical distancing could be refined to better address key barriers and facilitators of the behaviour.