Whitaker Institute Policy Brief Series

Determinants of adherence to COVID-19 physical distancing measures in the Republic of Ireland

Physical distancing measures (e.g., keeping two metres apart from others outside of one's household, limiting one's number of close contacts, avoiding social gatherings) are among the most effective strategies to reduce the spread of coronavirus disease (COVID-19) in the community and healthcare settings. Emerging evidence gathered at the beginning of the COVID-19 pandemic suggested physical distancing behaviours were more challenging for the public to initiate and maintain relative to other infection mitigation behaviours such as handwashing. There is a complex range of psychological and social variables likely to account for varying levels of adherence to physical distancing measures.

Research Findings
Our quantitative research found that adherence to physical distancing measures was generally very high, but there was some variation across key behaviours (e.g., maintaining two-metre distance, avoiding social gatherings, avoiding non-essential travel) according to membership of certain socio-demographic groups (e.g., younger age groups, males, those at lower risk of severe illness from COVID-19). Qualitative interviews identified difficulties maintaining and negotiating close relationships, habituation to COVID-19-related threats, risk compensation, and confusion and uncertainty around government guidelines as barriers to physical distancing. Having a sense of personal responsibility to prevent COVID-19 transmission through distancing and structure of public environments, including working environments were identified as facilitators. Content analysis of existing current government physical distancing poster communications for the school setting revealed limited application of behaviour change techniques that may be effective. Key theory and evidence-based techniques were underutilised in these posters, specifically those that act upon social processes (e.g., social influences, norms) and those that emphasise natural consequences of adherence to physical distancing that are likely to influence people e.g. reduced viral transmission and decreased burden on healthcare systems.

Policy Recommendations
Future public health campaigns to maintain physical distancing should harness existing established behavioural science principles to optimise their effectiveness. Tailoring of public health messages to specific socio-demographic groups may be an effective way to promote adherence. In parallel structural barriers to adherence to physical distancing must be tackled through state provision of adequate social welfare and mental health supports that enable adherence to distancing. Public environments, particularly working contexts, should be adequately supported to facilitate physical distancing. Public health messages concerning distancing should be clear and consistent to minimise public confusion, as this may reduce adherence. Clear rationale for any restrictions should be provided to minimise the impact of habituation and risk compensation, particularly in the long term. Pro-social messages should be used to emphasise collective group identities and supportive social norms around distancing. The rapidly growing new evidence base regarding adherence to physical distancing that is emerging during the Covid-19 pandemic should be continuously consulted in the development of future public health messaging campaigns that aim to enhance adherence to physical distancing recommendations.