

# RECOVER Closing Conference

Social sciences: a cross cutting approach

Sarah Tonkin-Crine & Sibyl Anthierens

On behalf of the social sciences team

6-7 June 2023

Esplanade Hotel, Zagreb, Croatia

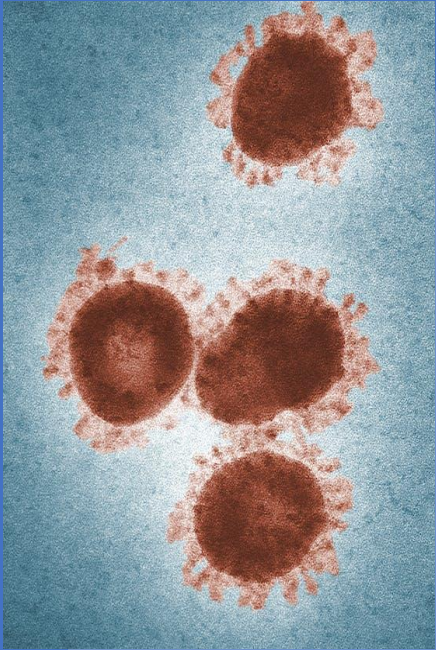


*This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101003589.*



Sarah Tonkin-Crine, Marta Wanat, Nina Gobat, Janneke Verberk , Sibyl Anthierens  
Tamara Giles Vernick, Melanie Hoste, Denise van Hout, Elien Colman





Understanding  
the virus



Implementing  
the control  
measures



Tackling  
(mis)information

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## Tackling the infectious disease pandemic

a complex societal  
problem

(Bardosh et al. 2020)



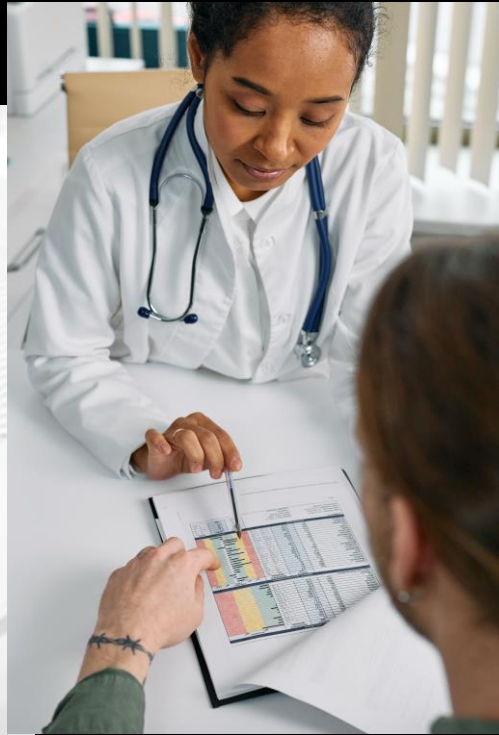


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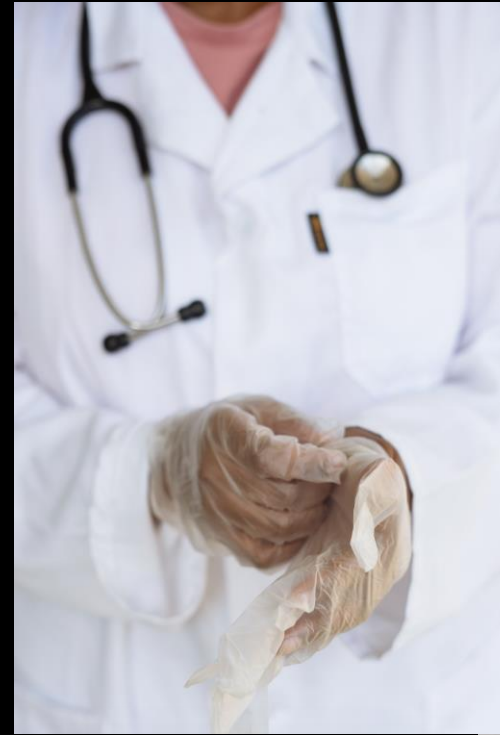
Social sciences research has been embedded through cross cutting studies across the RECOVER WPs including different stakeholders.



Public & Scientists  
WP1



Primary care  
(clinicians & patients): WP2



Hospital care providers  
WP3

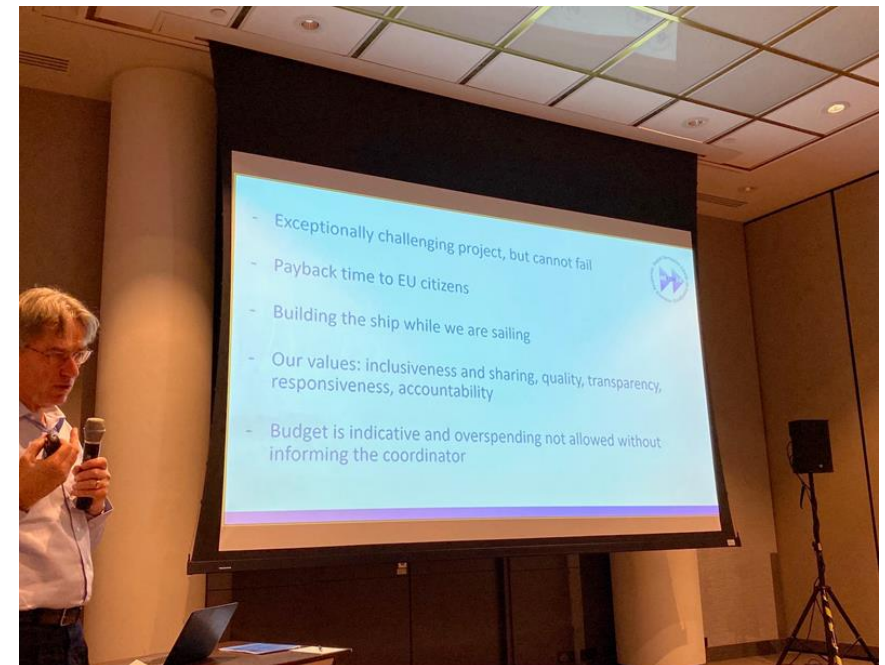


Households  
WP6

# RECOVER Set-up Timelines

“Building the ship while we are sailing” H. Goossens, Schiphol 10.03.2020

- Mid-January: start draft grant application
- Feb 12th: grant submission
- End-Feb: grant awarded
- March 10th: kick-off meeting in Schipol
- March 26th: sponsor approval
- March 30th: UK and Belgian ethics and HRA approval for qualitative work
- April 2nd: Start data collection : first interview !!!



# WP1 Scientist study



- What **does it mean to be a scientist** working in **the public eye** on COVID-19?
- What **new roles and responsibilities** have scientists taken on and how have they found these?
- What are scientists' experiences of **providing evidence to policy makers** during the pandemic?
- What are scientists' views and experiences of **communicating evidence to the public**?

Qualitative interviews in 5 countries (England, Belgium, Netherlands, Sweden, and Germany) end 2020 – beginning 2021

Purposive and convenience sampling

Inclusion criteria:

- Holds a contract with an academic institution or public health institution
- Holds an official government advisory role as part of the COVID-19 pandemic

Analysis: Deductive and inductive thematic analysis

# WP 1 Key messages and implications

Scientists found working on government advisory boards during the pandemic a rewarding and exciting experience but also faced a number of challenges, including

- Presenting advice & facilitating process of evidence be taken on board
- Establishing and negotiating a role for a scientist during health emergency
- Being perceived as a political figure

## IMPLICATIONS

- Entry points where other disciplines such as behavioural, social and political, economical science,... can bring added value to some of the more clinical or biomedically oriented work
- Clarity role of scientific advisors & distinction between scientific advice and government decisions
- Dealing with emerging and changing 'evidence' while providing recommendations
- Clear communication of science to the public



### BMJ Global Health. Following the science? Views from scientists on government advisory boards during the COVID-19 pandemic: a qualitative interview study in five European countries

Ellen Colman,<sup>1</sup> Marta Wanat,<sup>2</sup> Herman Goossens,<sup>3</sup> Sarah Tonkin-Crine,<sup>3,4</sup> Sibyl Anthierens<sup>1</sup>

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©C and MH are joint first authors.  
©C and MH are joint senior authors.

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**ABSTRACT**  
**Introduction:** In order to tackle the pandemic, governments have established various types of advisory boards to provide evidence and recommendations to policy makers. Scientists working on these boards have faced many challenges, including working under significant time constraints to produce 'evidence' as quickly as possible. However, their voices are still largely missing in the discussion. This study explores the views and experiences of scientists working on government advisory boards during the COVID-19 pandemic, with the aim to learn lessons for future pandemic management and preparedness.

**Methods:** We conducted online video or telephone semi-structured interviews between December 2020 and April 2021 with 21 scientists with an official government advisory role during the COVID-19 pandemic in Belgium, the Netherlands, UK, Sweden and Germany. The interviews were audio-recorded and transcribed and analysed using a combination of inductive and deductive thematic analysis techniques.

**Results:** Scientists viewed the initial focus on biomedically oriented work during the pandemic as somewhat one-dimensional, but also highlighted difficulties of working in an interdisciplinary way. They found it difficult at times to ensure that the evidence is understood and taken on board by governments. They found themselves taking on new roles, the boundaries of which were not clearly defined. Consequently, they were often perceived and treated as a public figure.

**Conclusion:** Scientists working on advisory boards in European countries faced similar challenges, highlighting key lessons to be learnt. Future pandemic preparedness efforts should focus on building interdisciplinary collaboration through development of scientific skills and appropriate infrastructure, ensuring transparency in how boards operate, defining and protecting the boundaries of the scientific advice role, and supporting scientists to inform the public in the light of digital disinformation, while dealing with potential hostile reactions.

#### Key questions

**What is already known?**  
• Scientists have played key roles in providing scientific advice to governments during the COVID-19 pandemic.  
• With science becoming a focal point of this pandemic, scientific advisors also found themselves in the public eye.

• The views of key actors, that is, government scientific advisors, are still largely missing and they are crucial for understanding what we can learn from this pandemic and how we can prepare for the next one.

**What are the new findings?**  
• Scientific advisors working during the COVID-19 pandemic faced a number of challenges, such as working in an interdisciplinary way with their peers on scientific boards, establishing a working relationship with the government and facilitating the process of evidence to be taken on board, and dealing with media and public reactions.  
• Scientists found themselves taking on new roles, the boundaries of which were not clearly defined.

**What do the new findings imply?**  
• Looking for entry points where other disciplines such as behavioural, social and political sciences, engineering, and economics can bring added value to some of the more clinical or biomedically oriented work can improve advisory boards' preparedness to perform their secret role during future crises.  
• There is a need for a better clarity around the role of scientific advisors and the distinction between scientific advice and government decisions for all actors, including policy makers, media, the public and the scientific advisors themselves.  
• Scientific organisations need to be explicitly named and communicated transparently to the public in order to maintain trustworthiness and facilitate public trust in science.

# WP 1 Public survey

Aim:

to estimate self-reported COVID-19 vaccine acceptance in seven European countries, and to identify factors associated with vaccine hesitancy

- online survey conducted from 4 to 16 December 2020 among 7000 respondents 7 European countries (Belgium, France, Germany, Italy, Spain, Sweden, and Ukraine)
- 1000 respondents between ages 18 and 65 in each country (stratified by gender, age, and geographical region)
- The survey also contained open text boxes
- Timing : crucial moment – snapshot – just before vaccination outroll in Europe





# WP1 Public survey



Findings	Policy Implications
<ul style="list-style-type: none"><li>➤ Vaccine acceptance is <b>conditional &amp; volatile</b></li><li>➤ Individual, familial and societal benefits and capacity to assist citizens in resuming their daily lives &amp; countries in restoring economic activity</li><li>➤ <b>Safety issues</b> (trust &amp; confidence)</li><li>➤ <b>Mistrust in authorities &amp; Trust in physicians and nurses</b> has been found to be consistently <b>high</b> across the countries</li><li>➤ <b>Mixed confidence</b> in other sources of scientific information</li></ul>	<ul style="list-style-type: none"><li>➤ There is a need to highlight that vaccine trials have been subjected to <b>normal safety measures</b></li><li>➤ Emphasizing <b>societal vaccine benefits</b> in communication strategies</li><li>➤ <b>Targeted, compassionate, non-stigmatizing messages</b> may speak more effectively to concerns</li><li>➤ <b>Communication strategies:</b><ul style="list-style-type: none"><li>• Invest more in supporting healthcare professionals to promote public health messages about vaccine safety and uptake</li><li>• Will require more training &amp; resources &amp; time</li><li>• New intervention strategies to move beyond mass communication</li></ul></li></ul>

## WP2 Quali work in primary care

- Primary care has a crucial role in responding to the COVID-19 pandemic as the first point of patient care
- Previous qualitative research on infection outbreaks is limited and largely retrospective
- Capturing experiences during an outbreak can inform response to further outbreaks

We investigated how European primary care responded during the **first wave of the COVID-19 pandemic** by:

- 1) Exploring health care professionals' experiences of **providing care** during the pandemic
- 2) Exploring patient **experiences of consulting** European primary care services for CA-RTI symptoms during the pandemic



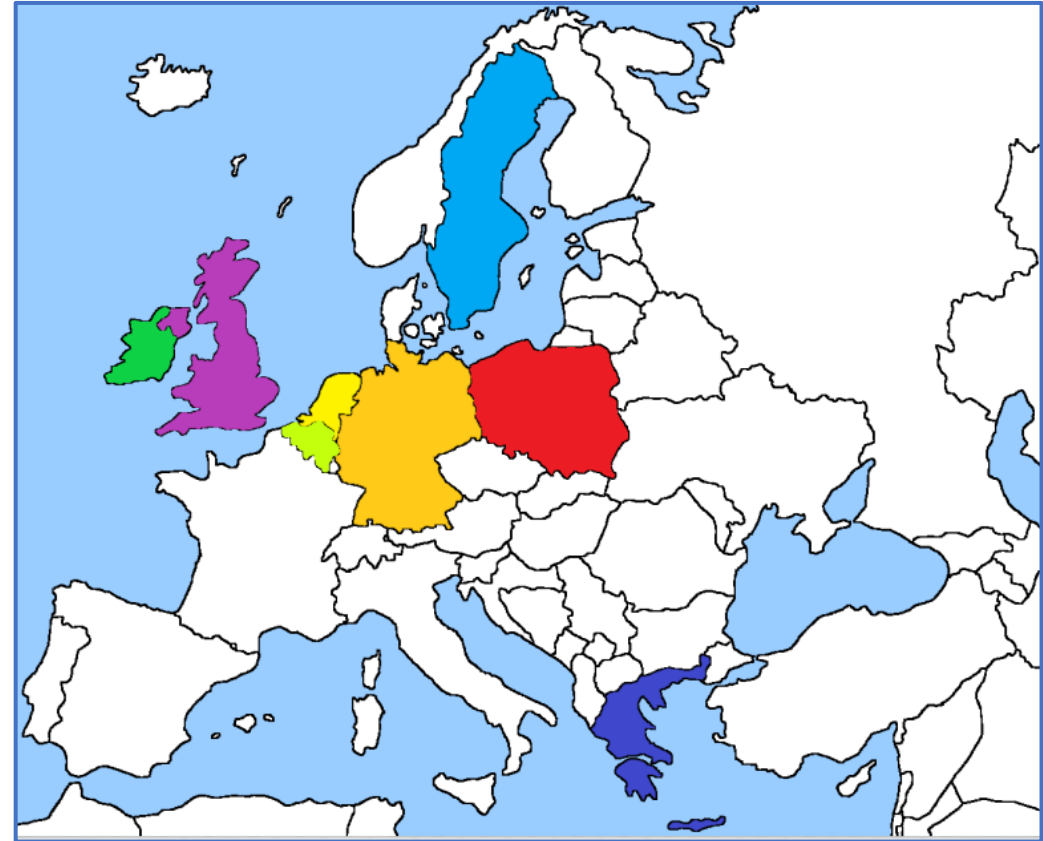
# Methods

International study in 8 European countries (UK, Belgium, Netherlands, Greece, Sweden, Germany, Poland and Ireland).

Purposive and convenience sampling:

- PCPs- delivering care for patients presenting with CA-RTI symptoms
- Patients- presenting with CA-RTI symptoms in primary care

Analysis: Deductive and inductive thematic analysis

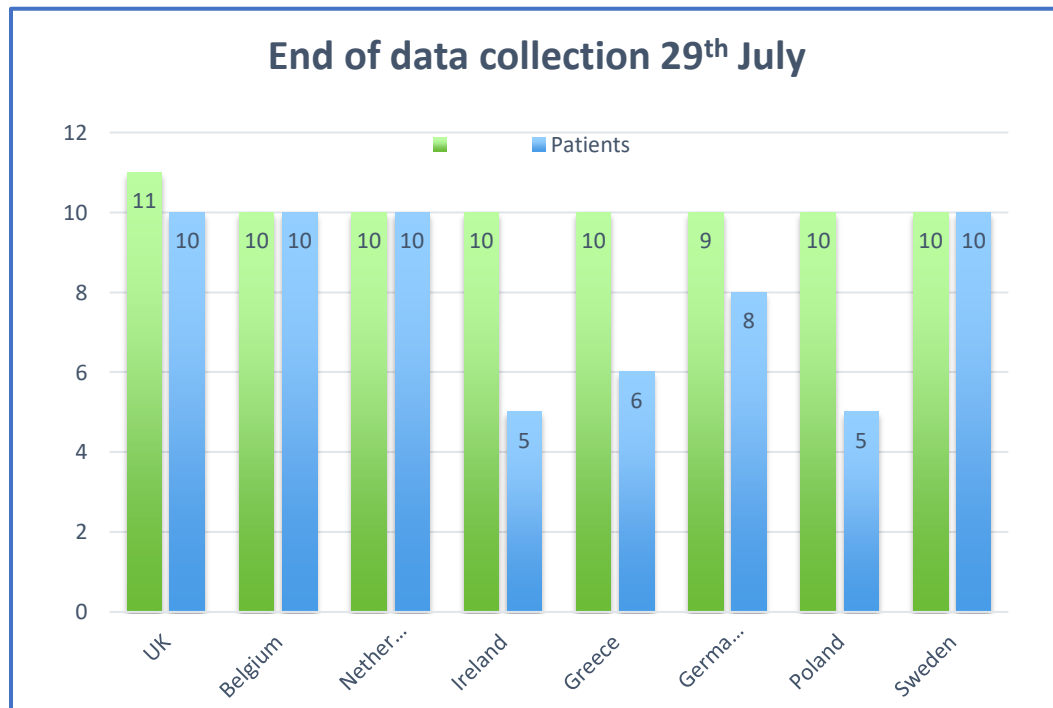


# Results



## Sample

- N= 144 interviews (80 HCPs; 64 patients)
- Interviews took place between April and July 2020



Pandemic peak –  
lockdown restrictions



Feb	March	April	May	June	July
		UK Belgium Ireland	Netherlands Germany Greece	Poland Sweden	



Restrictions relaxed



# Key messages HCP

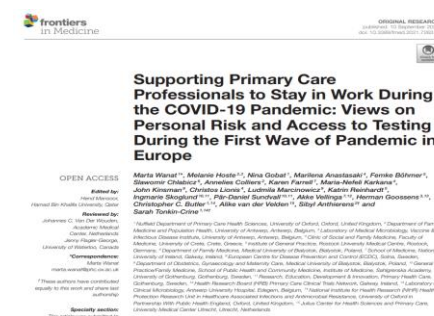


- Primary care rapidly transformed despite numerous challenges
- Need for ongoing training to deal with uncertainties
- Preservation of autonomy & responsiveness of primary care to preserve the ability for rapid transformation in any future crisis of care delivery.
- HCPs were the first point of contact for **all queries related to COVID-19** which went beyond medical advice
- Representation of primary care at policy level and engagement with local primary care champions are needed to facilitate easy and coordinated access to practical information on how to adapt services



# Key messages patients

- Patients accepted remote consultations for CA-RTI if they saw the need for them and felt reassured by their clinician
- Patients with severe RTIs found the experience of self-caring at home as difficult
- Patients sought testing to identify if symptoms were caused by COVID-19 and to follow preventive measures to prevent transmission if necessary.
- Testing positive for SARS-CoV-2 was interpreted as having future immunity by some.



# Key messages patients

- If not referred for testing, interpreted as not having to worry about their illness which influenced transmission behaviour
- Those who tested negative assumed that they were no longer at risk and did not further question the validity of their tests.

EUROPEAN JOURNAL OF GENERAL PRACTICE  
<https://doi.org/10.1080/13814788.2023.2212904>



ORIGINAL ARTICLE

OPEN ACCESS

## The experiences of patients ill with COVID-19-like symptoms and the role of testing for SARS-CoV-2 in supporting them: A qualitative study in eight European countries during the first wave of the pandemic

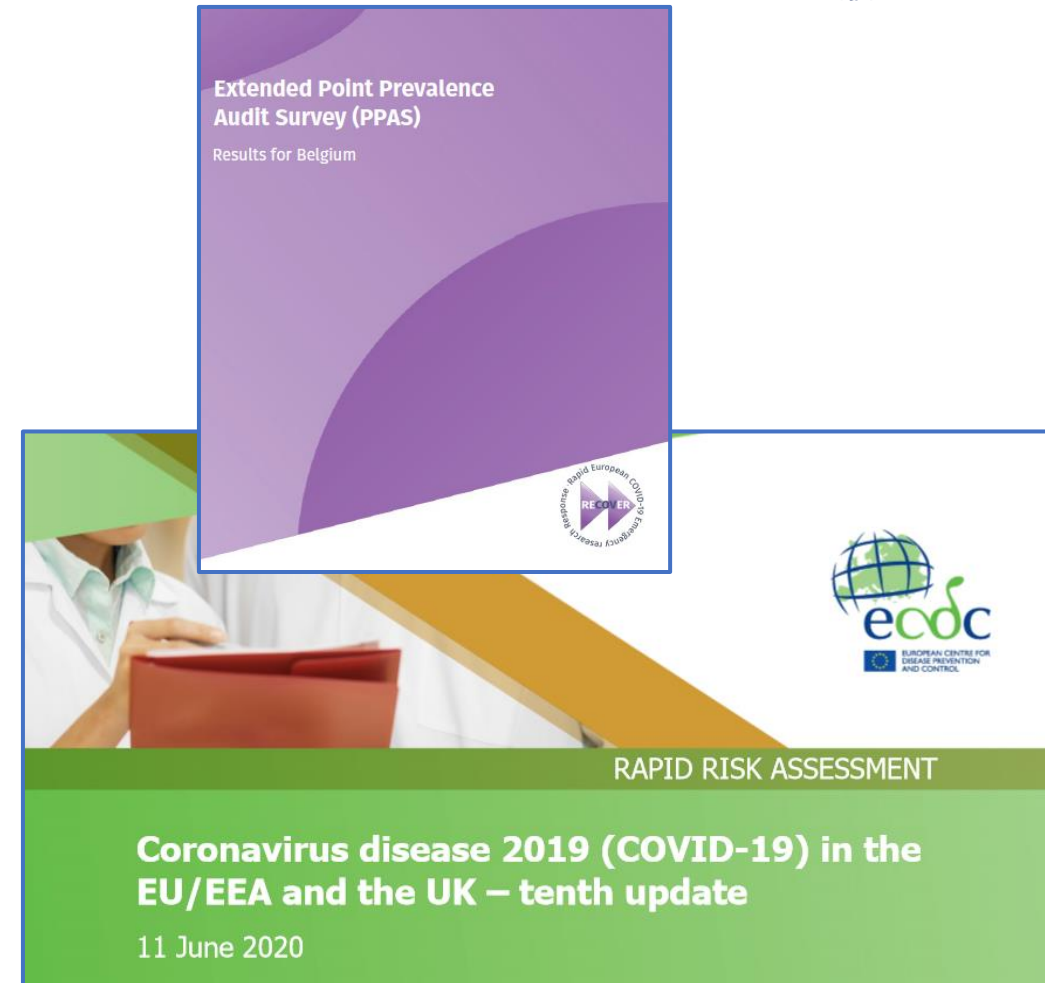
Melanie E. Hoste<sup>a,b</sup>, Marta Wanat<sup>c</sup>, Nina Gobat<sup>c</sup>, Marilena Anastasaki<sup>d</sup>, Femke Böhmer<sup>e</sup>, Sławomir Chlabicz<sup>f</sup>, Annelies Colliers<sup>g</sup>, Karen Farrell<sup>h</sup>, Maria-Nefeli Karkana<sup>h</sup>, John Kinsman<sup>h</sup>, Christos Lionis<sup>d</sup>, Ludmila Marcinowicz<sup>i</sup>, Katrin Reinhardt<sup>e</sup>, Ingmarie Skoglund<sup>j,k</sup>, Pär-Daniel Sundvall<sup>j,k</sup>, Akke Vellinga<sup>l</sup>, Herman Goossens<sup>b,m</sup>, Christopher C. Butler<sup>c,n</sup>, Alike van der Velden<sup>o</sup>, Sarah Tonkin-Crine<sup>c,n\*</sup> and Sibyl Anthierens<sup>a\*</sup>

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# Clinical implications and impact



- Provide clinicians with clear information about how they can support patients with **non-COVID related issues**
- Provide primary care with resources including **personal protective equipment** with training on how and when to use.
- Encourage primary care teams to **share advice and resources** both within and between teams.
- Provide easy access to COVID testing for HCPs and patients.
- Support patients with severe RTI symptoms **psychologically**





# Policy Implications



- Consider benefits of providing easy access to testing and rapid results
- Communication around validity of results is crucial to avoid assumptions and information on the importance of maintaining preventive measures
- Messages about 'immunity' and impact on behaviour messages needs to be communicated clearly to patients to avoid misunderstandings.



# WP3: Healthcare professional survey



## Aim:

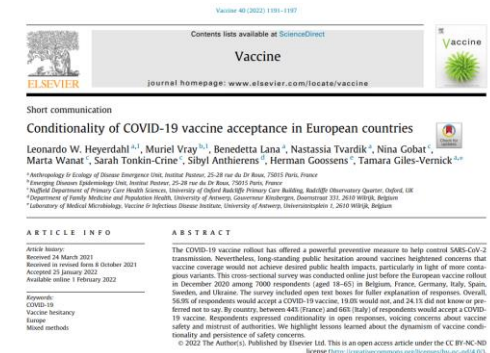
To assess perceptions of hospital health professionals in Europe on local infection prevention and control measures and their general wellbeing

## Context:

- Different hospitals in Europe
- Two survey rounds: April 2020 (round 1) and May-August 2020 (round 2)

## Sample:

- 2,289 hospital HCWs (round 1: n=190, round 2: n=2,099)
- Mean age 42 ( $\pm 11$ ) years, 66% were female, 47% medical doctor, 39% nurse
- 74% of HCWs were directly treating patients with COVID-19



# WP3: HCP hospital survey



Findings	Policy Implications
<ul style="list-style-type: none"><li>➤ <b>High levels of concern</b> about infection risk to themselves and their family as a result of their job</li><li>➤ <b>Less acceptance that risk</b> is part of their job in round 2</li><li>➤ Compared to seniors, <b>junior HCWs more often report lack of sense of control</b> over getting infected with COVID-19</li><li>➤ <b>Female HCWs 50% more likely than males</b> to report a WHO-5 score &lt;50, i.e. proxy for depressive symptoms</li></ul>	<ul style="list-style-type: none"><li>➤ Health facilities must be <b>aware of these differential impacts</b> on their staff</li><li>➤ <b>Build trust</b> within organizations</li><li>➤ Provide <b>tailored support</b> for this vital workforce</li></ul>

# WP6: Household study



## Aim:

To explore how household members navigate recommendations to prevent spread of infections within the home, the impact and the support needed

## Mixed methods study:

Wave 1: first wave of pandemic (the Netherlands & Belgium)

Wave 2: second wave of pandemic (the Netherlands, Belgium, Switzerland) – younger people in the household

1. Survey asking questions regarding transmission prevention behaviours
2. Telephone interviews using topic guide with open ended questions

PLOS ONE



### PREVENTING COVID-19 TRANSMISSION WITHIN THE HOUSEHOLD: RECOMMENDATIONS TO SUPPORT HOUSEHOLD MEMBERS

Sibyl Anthierens<sup>1</sup>, Jannike Verberk<sup>1,2,3,4</sup>, Sarah Tonkin-Crine<sup>1,5</sup>, Patricia Bruijning-Verhagen<sup>1</sup>, Nina Gobat<sup>1,6</sup>

On behalf of the [RECOVER](#) social science team

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**PURPOSE**  
Secondary transmission rates of COVID-19 within households exceed those in other settings. Two meta-analyses have summarized results from household studies and found pooled rates of COVID-19 in households of 27% and 19%, respectively, with individual studies reporting rates as high as 90%.<sup>1</sup> A home is a social environment and implementing COVID-19 prevention measures over an extended period in that setting can be very difficult. Therefore understanding how households implement these measures is crucial.

**KEY MESSAGES AND POLICY SUGGESTIONS**  
Nine key messages and policy suggestions have been developed out of this work aimed at optimising support for household members living with a person who has COVID-19.

1. **PROVIDE INFORMATION ABOUT THE POTENTIAL INFECTIVITY OF THE INDEX CASE**  
Messaging related to preventing disease transmission in the home should emphasise the fact that regardless of how ill the patient appears, there remains the risk of infection to other household members.
2. **CONSIDER TESTING ALL HOUSEHOLD MEMBERS REGARDLESS OF SYMPTOMS**  
Having a negative test result while living with someone diagnosed with COVID-19 will motivate household members to maintain preventive measures within the home. Thereby, testing can shorten the duration of self-isolation.
3. **MOTIVATE PEOPLE TO GET TESTED IMMEDIATELY WHEN SYMPTOMS START**  
Explain the benefits to the whole household of people getting tested early and the need to implement stringent infection prevention measures as soon as concerns arise.
4. **EMPHASIZE THE VALUE OF PERSEVERANCE AND OF IMPLEMENTING ROUTINES FOR PREVENTING INFECTION IN THE HOME**  
Messaging should emphasize that infection prevention is useful and important regardless of how long household members have been living with a person who is ill with COVID-19. Becoming infected isn't inevitable: every effort counts.
5. **HELP HOUSEHOLD MEMBERS PROVIDE QUALITY CARE AT HOME**  
Information about how to care for household members with COVID-19 and when to seek medical care should be provided. Checklists are seen as particularly useful as a way of providing information.
6. **COMMUNICATE DIRECTLY WITH HOUSEHOLD MEMBERS**  
Information should be directed at household members and provided to them when they are living with a person who has COVID-19. Immediate provision of information from an official source is an effective approach to meet household member information needs.
7. **ENCOURAGE HOUSEHOLDS TO DISCUSS THEIR FEELINGS ABOUT POTENTIAL DIAGNOSIS WITH COVID**  
Anger, fear, anxiety and feeling overwhelmed are common and legitimate emotions when a household member first becomes unwell. Discussing feelings will help households prepare for that scenario which can build resilience.
8. **SHARE SOLUTIONS THAT OTHERS HAVE FOUND TO WORK**  
The home is a social environment. Preventive measures have a greater chance to be adopted, maintained and be successful if they work within a household's daily rituals and routines.
9. **CONSISTENCY IS KEY**  
Different policies and guidelines from schools, employers and national government creates confusion.

## Experiences and needs of persons living with a household member infected with SARS-CoV-2: A mixed method study

Jannike D. M. Verberk<sup>1,2,3,4</sup>, Sibyl A. Anthierens<sup>1,5</sup>, Sarah Tonkin-Crine<sup>1,6</sup>, Herman Goossens<sup>1</sup>, John Kinsman<sup>1,7</sup>, Marieke L. A. de Hoog<sup>1</sup>, Julia A. Bieleck<sup>1,8</sup>, Patricia C. J. L. Bruijning-Verhagen<sup>1</sup>, Nina H. Gobat<sup>1,6</sup>

**Abstract**

**Background**  
Households are important sites for transmission of SARS-CoV-2 and preventive measures are recommended. This study aimed to 1) investigate the impact of living with a person infected with SARS-CoV-2; 2) understand how household members implemented infection control recommendations in their home; and 3) identify the information and support needs of household members.

**Methods**  
For this observational mixed-methods study, households with a person with confirmed SARS-CoV-2 infection were recruited via drive-through testing sites of Municipal Health Services, healthcare worker screening or hospital emergency visits in the University Medical Centre Utrecht, the Netherlands and via primary care physicians, hospital emergency visits or preoperative screening in the University Hospital of Antwerp, Belgium. We recorded household characteristics, including characteristics of all household members, together with their views on prevention measures. In a subset of households one adult household member was asked to participate in an interview investigating their views on preventive

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101003589.



# WP6: Household study



Findings	Policy Implications
<ul style="list-style-type: none"><li>➤ <b>Maintaining preventive measures</b> depended on the severity of illness, the perceived risk of getting infected and disruption to usual social interaction</li><li>➤ Household members believed <b>household transmission was inevitable</b> or had already taken place</li><li>➤ Preventive measures: household members implemented most of the social distancing and hygiene measures except wearing a face mask</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Emphasize the value of perseverance and changing habits for preventing infection in the home.</b> Becoming infected isn't inevitable: every effort counts</li><li>➤ <b>Help household members provide quality care at home:</b> Information about how to care for household members with COVID-19 and when to seek medical care should be provided. Checklists are seen as particularly useful as a way of providing information.</li></ul>

# WP6: Household study



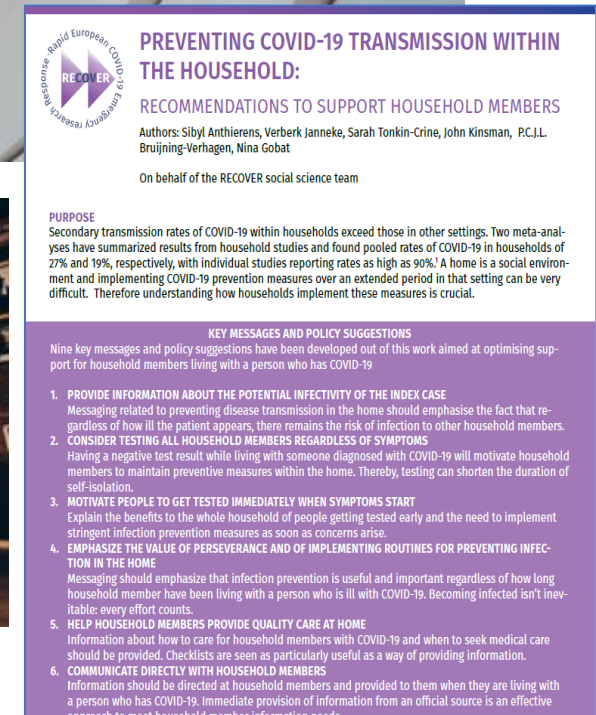
Findings	Policy Implications
<ul style="list-style-type: none"><li>➤ Household members <b>struggled with well-being</b>, with participants highlighting the burden of quarantine, uncertainty and anxiety about their own health and the health of loved ones</li><li>➤ <b>Positive about received information</b> however uniform guidance on duration of quarantine from different sources were confusing</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Normalize emotional responses of household members to the index person</b> Encouraging households to discuss how they might feel if and a strategy for managing that scenario, can help build preparedness and resilience</li><li>➤ <b>Consistency is key:</b> Different policies and guidelines from schools, employers and national government create confusion</li></ul>

# Impact integrated social science mixed method research

Liaise with WHO, European Centre for Disease Prevention and Control (ECDC), national public health agencies, and professional societies to immediately translate research findings into patient-level and public health level outbreak response measures.

Resulting in:

- 10 A1 publications
- 1 podcast BGJP
- Policy briefs sent around to all member states (ECDC)
- Capacity building & Interdisciplinary work & reflecting on methods
- Input in ECDC Rapid Risk assessment paper
- Adaptation WHO guideline on household advice
- WHO protocol 2020 COVID-19 research: Perceptions of Healthcare Workers regarding local infection prevention and control procedures for COVID-19



# Publications

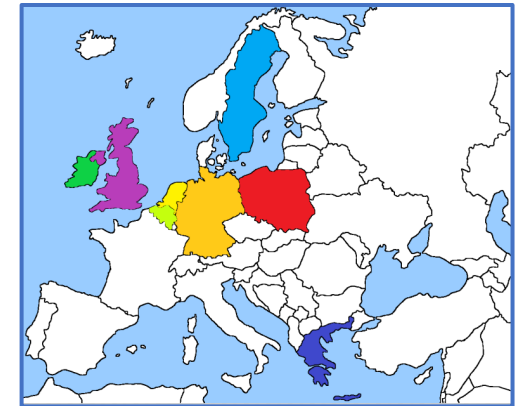


- Policy Briefs:
  - Public views of COVID-19 vaccinations in seven European countries: options for response, January 2021 Giles-Vernick T., Vray M., Heyerdahl L., Lana B., Gobat N., Tonkin-Crine S., Anthierens S.. On behalf of the RECOVER social science team
  - Preventing COVID-19 transmission within the household: recommendations to support household members October 2020. Anthierens S., Verberk J., Tonkin-Crine S., Bruijning-Verhagen P., Gobat N. On behalf of the RECOVER social science team
- Submitted:
  - Rethinking scientists and public trust: A cross-sectional mixed-methods investigation in 7 European countries. Submitted to BMJ Global health
- Published:
  - The experiences of patients ill with COVID-19-like symptoms and the role of testing for SARS-CoV-2 in supporting them: a qualitative study in eight European countries during the first wave of the pandemic. Hoste M, Wanat M, Gobat N, Anastasaki M, Böhmer F, Chlabicz S, Colliers A, Farrell K, Nefeli Karkana M, Kinsman J, Lionis C, Marcinowicz L, Reinhardt K, Skoglund I, Sundvall PD, Vellinga A, Verheij T, Goossens H, Butler C, A van der Velden A, Tonkin-Crine (shared senior author), Anthierens S (shared senior author). EJPC 2023
  - Conducting rapid qualitative interview research during the COVID-19 pandemic – reflections on methodological choices. Wanat M, Borek A, Pilbeam C, Anthierens S and Tonkin-Crine S (Joint senior authors). Frontiers in Sociology, section Medical Sociology 2022, Front. Sociol. 7:953872.doi: 10.3389/fsoc.2022.953872
  - Conditionality of COVID-19 vaccine acceptance in European countries. Heyerdahl LW, Vray M, Lana B, Gobat N, Wanat M, Tonkin-Crine S, Anthierens S, Goossens H, Giles-Vernick T. Vaccine 2022 Feb 23;40(9):1191-1197. doi: 10.1016/j.vaccine.2022.01.054. Epub 2022 Feb 1
  - Views of hospital based healthcare workers of local infection prevention and control procedures for COVID-19 and emotional wellbeing: a cross-sectional survey during the peak first pandemic wave in Europe. van Hout D., Hutchinson P., Wanat M., Pilbeam C., Anthierens S., Tonkin-Crine S., Gobat N. c. PLoS ONE 17(2): e0245182. <https://doi.org/10.1371/journal.pone.0245182>
  - Methodological and ethical considerations when conducting qualitative interview research with healthcare professionals: reflections and recommendations as a result of a pandemic. Pilbeam C., Anthierens S., Vanderslott S., Tonkin-Crine S., Wanat M. International Journal of Qualitative Methods, 2022; 21. <https://doi.org/10.1177/16094069221077763>
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  - Following the science? Views from scientists on government advisory boards during the COVID-19 pandemic: a qualitative interview study in five European countries. Colman E., Wanat M, Goossens H., Tonkin-Crine S (shared senior author), Anthierens S (shared senior author). BMJ Global Health 2021;6:e006928
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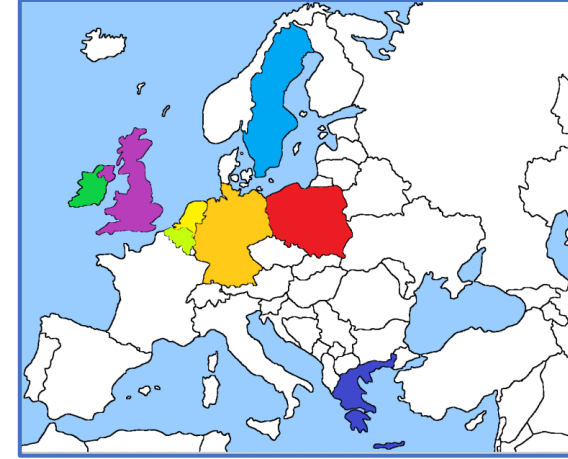
# Headaches

- Contracts
  - RECOVER consortium agreement
  - Coordinating centre agreements
  - Recruiting site agreements
- Ethics
  - 'Fast-track' COVID processes
  - Countries range from 7 – 67 days
- Interpretations of protocol/methods
  - Interview techniques
  - Recruitment of participants
  - Reimbursing participants
  - Rapid analysis
  - Understanding 'language' in different WPs
- (slow) Publication progress



# International projects

- Work on trust
  - Building on existing networks.
  - Working with people you've never met.
  - Being transparent about decisions and processes.
  - Starting work in good faith.
  - Understanding what benefits you can offer others.



# Key reflections



1. Our studies provide insights into social & behavioural 'snapshots' at particular times during pandemic'
2. Our team delivered actionable findings with recommendations in real-time
3. Planning for data sharing is essential, but qualitative data sharing is underdeveloped
4. Maintain close collaboration with researchers and policy makers on a continuous basis not ad hoc
5. There is a need to properly plan and integrate the social science (incl behavioural work) from the start of writing the proposal and for future generic protocols
6. Integration of the social science work within the medical work (not silo working)

**Thank you for listening  
on behalf of the RECOVER social  
science team**

**Questions?**



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