

**Personal and social experiences of COVID-19 (PERSOCOV) and the public health restrictions in Ireland:**

**Executive Summary**

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## Background

The COVID-19 pandemic is without question one of the most significant occurrences of the last hundred years. It has two defining features. The first is exposure to the virus itself and the concomitant impacts on personal and population health. The second and arguably more pervasive is the public health response that placed great restrictions on mobility, contact, and communication. Such restrictions echoed through schools, workplaces, and other social institutions (e.g., places of worship, exercise, and amusement). The implications of such restrictions should be of great interest to social science and are the backbone of intense public debate about the necessity of such restrictions, their broader social implications, and the degree to which national and subnational variation in policy and its implications have impacted upon society. Beyond the basic question of whether and to what extent such restrictions stemmed the spread of disease lie equally important questions about how such restrictions were experienced and how they impacted beliefs, attitudes, and activities on a range of social and political issues.

To better understand this, a collaborative project between Professors Michael Breen of Mary Immaculate College and Ross Macmillan of the University of Limerick conducted a nationally representative survey of residents of Ireland to document their experiences of COVID-19 and the public health response, the **PERSOCOV** study. Participants were surveyed in the first week of June 2020 and were asked to retrospectively recount their life circumstances and experiences during *the first COVID – 19 restrictions period, during the month of April*. The short period of recall increases the validity of responses. In addition to documenting specific details about experiences of social distancing, social isolation, and economic disruption and family change associated with the public health restrictions, survey participants were also asked

- social and psychological responses to the pandemic itself;
- impacts on health and well-being;
- assessment of the efficacy and legitimacy of and satisfaction with national response to COVID-19;
- assessment of trust in key political entities involved in the COVID-19 response;
- social attitudes, relationships, and experiences both with respect to family and friends, as well as members of society in general;
- attitudes towards immigration and cultural diversity;
- impacts on human value priorities; and
- implications for social and institutional trust more generally.

A key feature of the study was the inclusion of survey items that appeared in the Irish panels of European Social Survey (hereafter ESS) who were surveyed biannually from 2002 to 2018, as well as content from the World Values Survey (WVS). Importantly, these surveys allow specific and detailed comparison with earlier data and hence can identify shifts in attitudes, beliefs, and behaviors associated with the pandemic and the resulting public health restrictions. The final sample includes 1,166 respondents drawn from all 26 counties in the Republic of Ireland and is weighted to accurately represent the population of the Republic of Ireland in 2020. The data are the first and only nationally representative sample for Ireland and one of the first such surveys in the world dealing with these aspects of the COVID-19 experience. Its uniqueness reflects both the quality of the data collection and broad-based assessment of attitudes and beliefs on a range of social and political issues.

## Experiences of COVID-19 and the resulting public health restrictions

Initial questions assessed the participants exposure to COVID-19 illness, as well as the broad experiences with the public health restrictions. Approximately 40 percent of those surveyed indicated that they themselves or someone they knew personally had contracted COVID-19. Of these, the majority reporting knowing a single victim, although 20 percent reported knowing more than one victim of the disease. Figure 1 shows the social relationship to known victims of the disease. As participants could indicate more than one person, those identifying multiple victims were treated as a distinct category.

Although there is always an issue of what type of relationship one is likely to know health information, those who know someone fall into three distinct groups. First, a significant percentage, almost one-quarter) had either themselves (12%) or a household (6%) or family member (6%) fall victim. An equal percentage had a close friend be diagnosed and just over one-fifth knew multiple victims. It is interesting given the “strength of weak ties” to facilitate information flows that both acquaintances and co-workers were less likely to be identified.

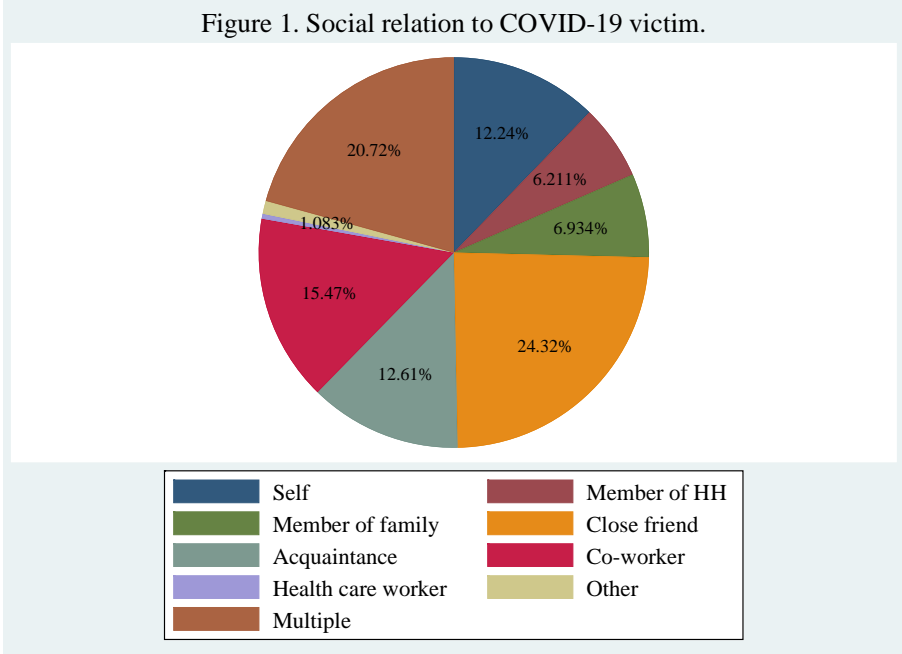
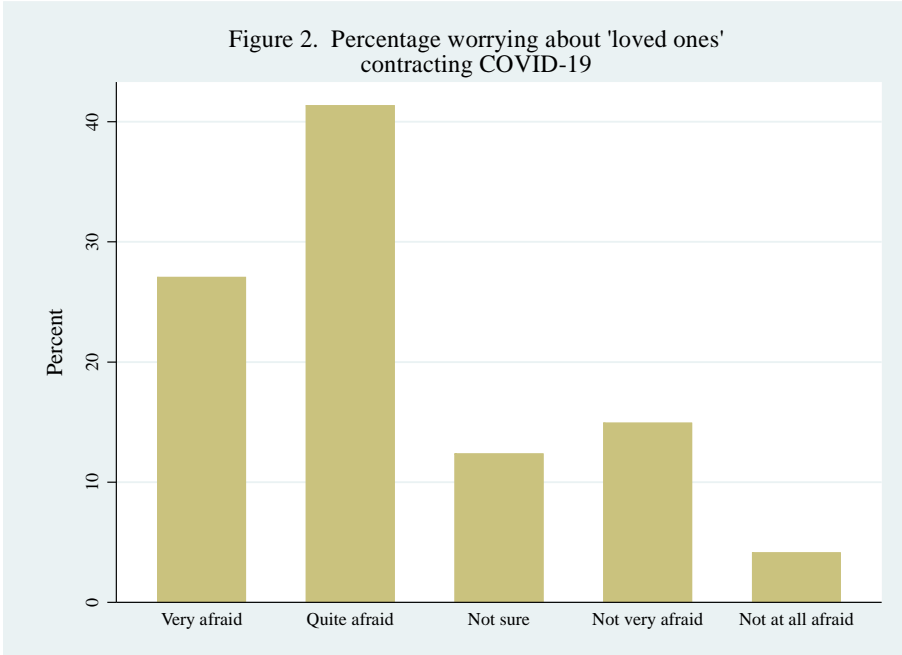


Figure 2 shows the extent of such burdens directly. Here, participants were asked how afraid they were that a ‘loved one’ would contract the disease. Over 64 percent reported feeling very afraid or afraid, while only 4 percent reported that they were not at all afraid. The PERSOCOV study will conduct follow up study the personal and social consequences of COVID-19 related stress.



One of the enduring debates is whether the public health restrictions were in the end a “cure worse than the disease.” Yet other than aggregate data on unemployment and general reports about the closing of

creches, schools, universities and other businesses, we know little about the diversity of experiences. Table 1 reports on experiences of changes in paid employment as a result of COVID-19.

**Table 1. Work situation during the COVID - 19 'lockdown.'**

<u>Situation</u>	<u>Percentage</u>
I continued work as before	21.3
I worked from home	30.4
I was reduced to part-time work	3.5
I had to close my business	2.7
I was not working because my employer was closed	20.4
I lost my job	5.0
Other	16.7

Just under one-fifth indicated that they continued work as before. A slightly higher number – 30 percent – reported that they worked from home. Reductions in work was also highly prevalent but again variable. While approximately 3 and a half percent were reduced to part-time, job loss through the closure of businesses or firings was experienced by 30 percent. Many of those who answered ‘other’ add to this group as they indicated a variety of ways in which their employment was reduced.

The other subject of considerable debate was how families with children were coping with the mass closure of schools. As almost all schools were physically closed, the important question was how schools and families interacted around schooling and how much support was provided for the “home schooling” of children. Table 2 shows the significant variation in how much support parents received from schools. Consistent with the widespread closing of schools, five percent of parents had children continue their schooling as usual. A further 17 percent had daily on-line instruction. The majority received either daily (27.5%) or weekly (34.5%) schoolwork from their teacher. At the same time, a substantial minority – 16 percent – reported that they received very little guidance from their children’s school.

**Table 2. Schooling situation during the COVID - 19 'lockdown.'**

<u>Situation</u>	<u>Percentage</u>
My child/children continued schooling as usual	5.4
My child/children had daily on-line instruction	16.6
My child/children received daily school work from their teacher	27.5
My child/children received weekly school work from their teacher	34.5
My child/children received very little guidance from their school	16.1

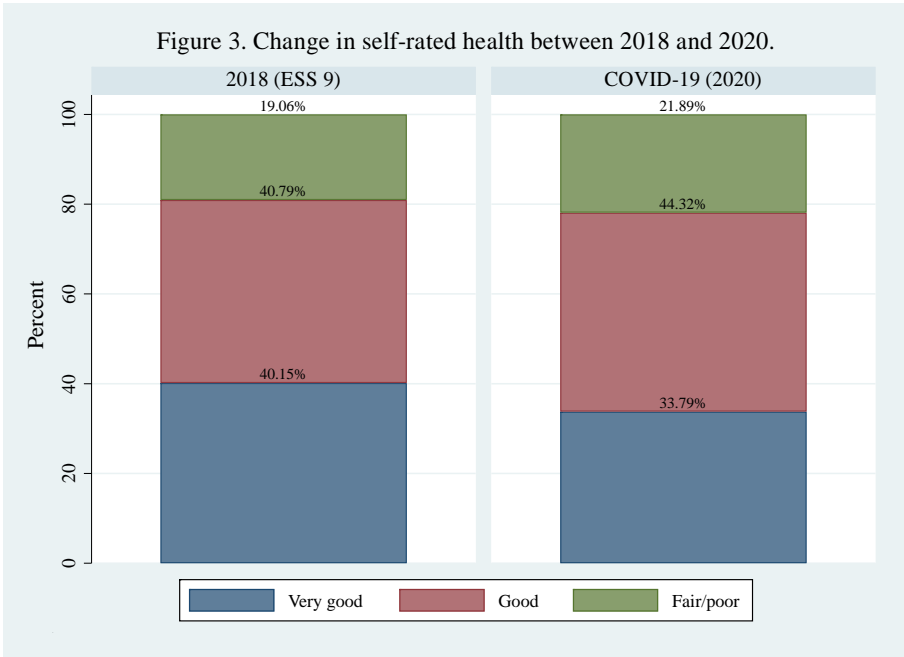
Other aspects of social restrictions were also assessed. In terms of being able to access public spaces, 36 percent reported that they left their house or apartment daily, another 28 percent left a few times a week, and another 22 percent left their home about once a week. The final 13 percent left only once or twice

during the referenced month and just under 6 percent left their home only once. Some part of this reflects constraints on ability to access public spaces. Six percent reported that there was not a place where they could exercise, while a remarkable 27 percent reported that there was not a place where they could communicate face-to-face with friends or neighbours.

**Health and well-being**

The effects of the COVID-19 pandemic on health and well-being involves multiple channels. The most direct is exposure to the virus and resulting symptomatology. Yet, we know from surveillance data that actual risk of contracting the virus is low (and declined through much of the “lockdown” period) and risk of serious symptoms was even lower. Yet health risks are much broader and multifaceted than simply contraction of the disease and reflect worry about infection, stress related to forced changes in lifestyle due to the closure of businesses, schools, and other organizations, reduced social support, and limits in ability to safely access health care. Participants reported on all these issues.

The most general assessment of the health effects of the COVID-19 period can be seen in changes in self-rated health. Self-rated health is one of the most widely validated measures for assessing population health with predictive validity for mortality over both short- and long-term. The impact of exposure to COVID-19 and the public health response is not trivial. In comparison to self-rated health in the 2018 ESS, the proportion reporting very good health which is typically the norm fell from 40 percent to 34 percent while the percent reporting fair/poor health increased by 3 percent. Such changes are not trivial and indicate that population health is estimated to have declined for over 200,000 people.



Although it is difficult to pinpoint why self-rated health declined, the survey highlights a number of potential factors. As already indicated, a significant number were worried that their family and friends would contract the virus and this will have been a source of considerable stress. At the same time, inability to access medical services undermines health and almost 18 percent of survey participants reported that they wanted some form of medical consultation but were unable to get one. Changes in health behaviors are also important. The survey revealed that one-quarter indicated that their alcohol consumption increased during the COVID-19 lockdown. Even more striking, just under 54 percent indicated that their eating had increased. Although there has been discussion in several countries about the disruption of supply chains and the inability to get food, only five percent of Irish residents indicated that their eating had decreased. When asked directly about difficulty in the management of everyday

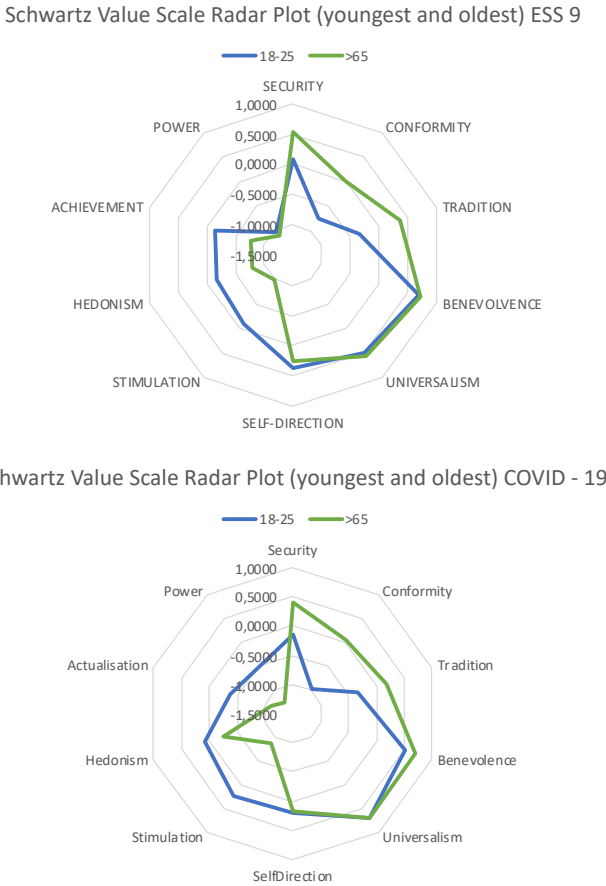
activities, 26 percent indicated difficulty in getting exercise, 16 percent indicated difficulty in getting food, 15 percent indicated difficulty in getting other necessary items, and 19 percent indicated difficulty in paying for daily expenses. The PERSOCOV study will further study physical and mental health under COVID-19 with a particular interest in people with existing vulnerabilities.

**Changes in core values during COVID-19**

Both the current survey and the European Social Survey include the Schwartz Values Scale. This maps 10 core values that are common around the world. The pair of graphs below show the differences that occur for the oldest and youngest age groups in the surveys, comparing the current PERSOCOV to the same data from ESS 9 in 2019.

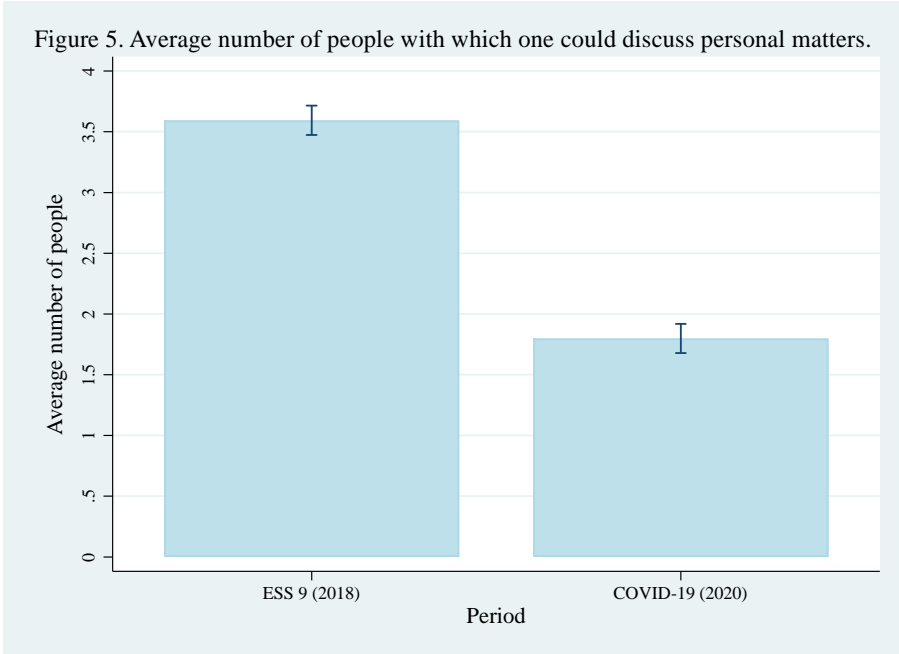
The graphs show increases for both age groups in terms of “hedonism”. Among younger cohorts, the two domains that showed the greatest change were “stimulation” and “power.” In the former case, participants valued stimulation more in the COVID-19 period relative to 2018. Power refers to values that emphasize status and prestige, along with control and dominance over people and resources. This likely reflect the fact that the transition to adulthood typically involves extensions of autonomy and agency that would have been significantly curtailed during the COVID-19 lockdown and hence younger people would feel their lack of power particularly acutely. At the same time, there is a decided shift among older cohorts away from “tradition.” The later may reflect greater perceived vulnerability to COVID-19 combined with a complicated public health discourse that emphasizes the need for collective action to minimize the spread of the disease.

**Figure 4. Changes in value priorities**



**Social support**

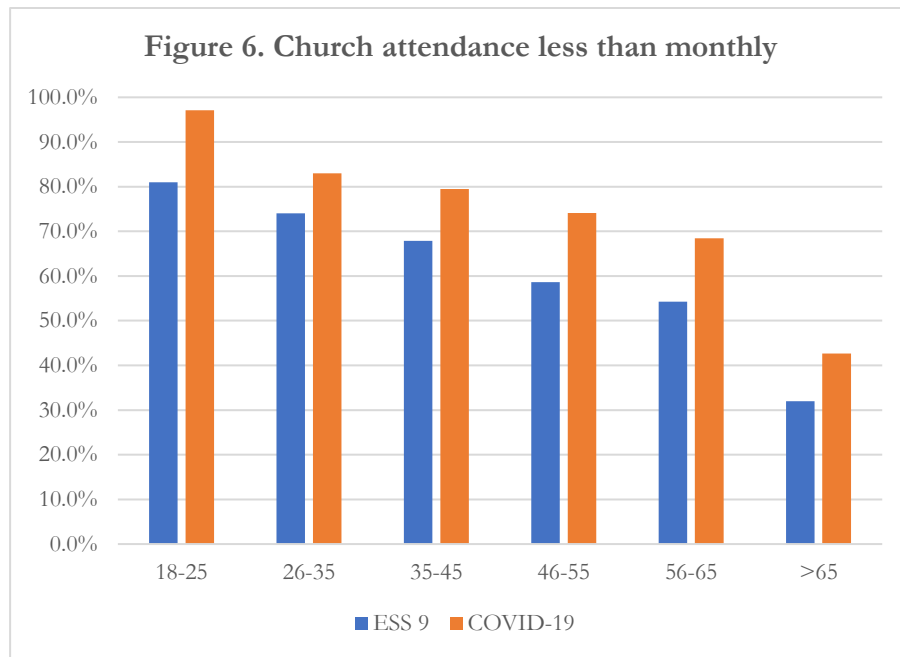
Particularly during times of stress and social crisis, social support is fundamental to personal and collective well-being. The PERSOCOV data examined this issue in a number of ways. One basic way of measuring extent of social support is by asking how many people there are with which one can discuss personal matters. Figure 5 shows this for both the ESS 9 in 2018 and the COVID-19 period in 2020. The difference is striking with the number of people almost exactly half during the COVID-19 period (1.7 versus 3.5). When considering the overall availability of support, there is clear evidence of an isolated and vulnerable sector. When asked how often there was someone to talk about the “pressures” of life, over 15 percent reported ‘rarely’ or ‘never’ someone. For support if one was to have health problems, just over 13 percent reported low levels of support. Support was lowest with respect to help with financial difficulties – just over 30 percent indicating that there was rarely or never someone who could help in these circumstances.



**Religion and church participation**

Religious identity and participation in services continue to be important features of Irish as well as European social life. At the same time, there is work that suggests that people are more likely to embrace religion in times of social crisis. A number of questions covered the topic of religion and religious practice. In the PERSOCOV survey, 46 percent said they regarded themselves as a religious person, 40 percent said they did not, and 14 percent stated they regarded themselves as atheists. This was markedly correlated with age, with some 41.5 percent of the 18- 25 group stating they were atheists compared to only 4.7 percent of the over-65s. Participants were also asked about their church practice, including virtual attendance, during the COVID-19 restrictions. These contrast sharply with the practice figures from Round 9 of the ESS. Figure 3 shows the comparison between those who never attend from the COVID-19 survey and ESS in 2019.

Religious participation clearly declined during the COVID-19 period. Overall the fall-off in practice went from 32 percent attending weekly in 2018 to 19 percent attending weekly during the COVID-19 experience. This was most notable in the youngest age group, 18-25. Fewer than 1.5 percent attended more than monthly during this time as compared to 8.5 percent in 2019. The decrease in practice has been a trend since ESS started in 2002: at that time 53.7 percent attended church at least monthly compared to 25.1 percent in this most recent survey.



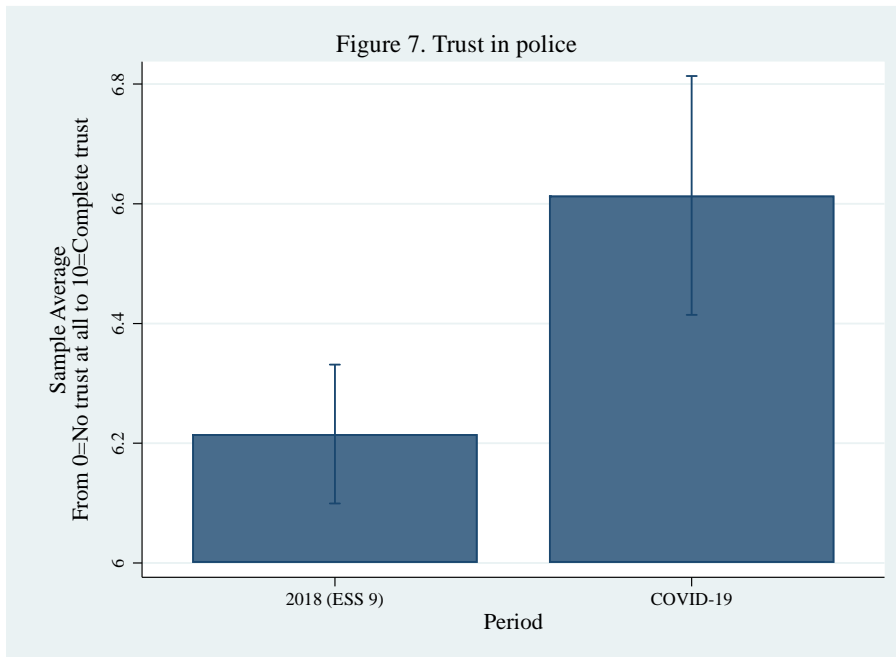
At first blush, this may not seem surprising. “In person” religious services were largely eliminated. But many, many congregations moved online and this should have mitigated declines in participation, particularly among those more “digitally connected.” The story however is more complicated. Among older cohorts who should be less digitally connected, religiosity and attendance largely align – about 60 percent report that they are religious people and 40 report that they do not attend services. In contrast, younger cohorts, who are more likely to have internet skills and access, are actually much less likely to participate in church services relative to their identity as religious people. Here, 62 percent indicated some level of religious identification yet less than 3 percent attended any religious services at all.

### Satisfaction with public health protocols and enforcement

A key element of both policy debate and public discussion is whether the government and law enforcement “over stepped” in implementing and enforcing social restrictions around COVID-19. Public perceptions on this issue were assessed in a number of ways. An initial question asked about degree of satisfaction “in Ireland’s response to COVID-19.” Here, 34 percent responded that they were satisfied ‘a great deal’ and another 49 percent indicating that they were satisfied ‘quite a lot.’ Only a small minority expressed dissatisfaction with the public health response in Ireland.

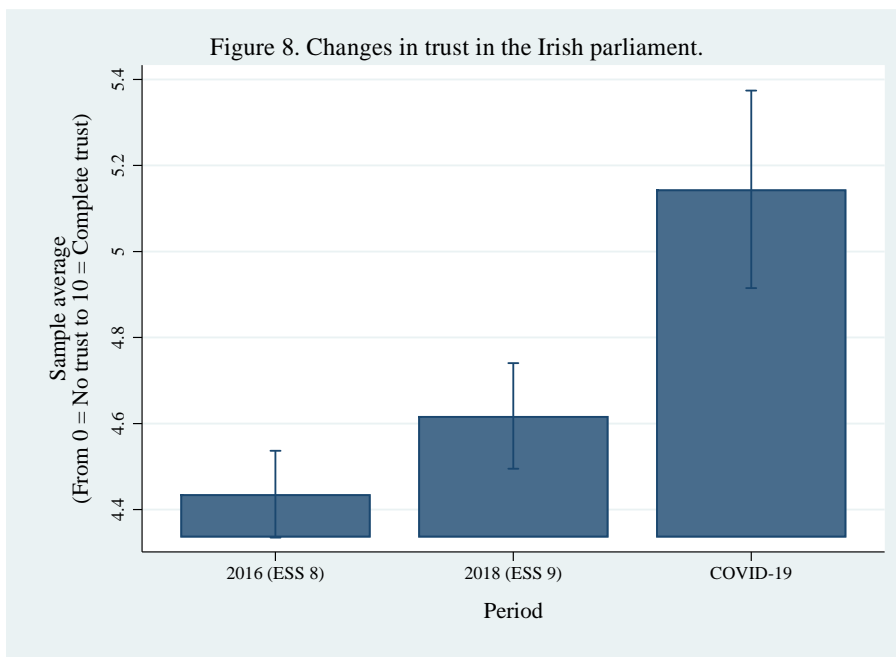
Participants were also asked about trust in the Gardai and we were able to benchmark responses against the 2018 ESS. Figure 7 shows that trust in the police increased in the COVID-19 period. On average, trust in police increased by about 10 percent over the two time periods. Participants also reported on their perceptions of Gardai activities during the lockdown period. First, they were asked the degree to which Gardai behaved “appropriately.” Fifty-eight (58) percent felt that the Gardai behaved “perfectly appropriately” while 12 percent felt that they were to some degree overzealous and 30 percent felt they were to some degree too lax. Participants were also asked about equity in Gardai enforcement. While a slim minority (46%) felt that the Gardai “treated everyone the same,” a slightly larger percentage felt there was some bias in enforcement. Six percent felt very strongly that some groups were treated better than others.



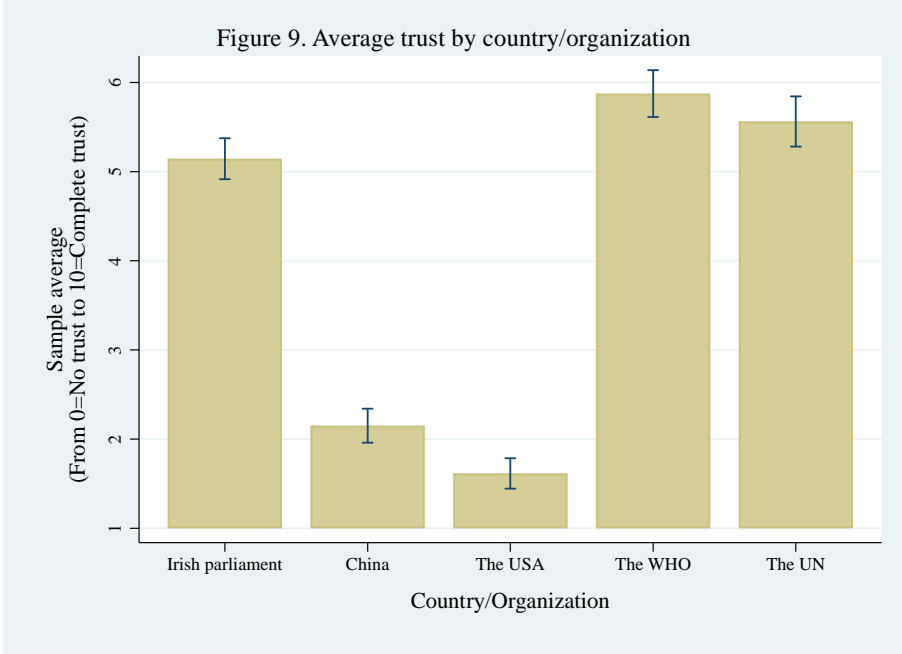


### Trust in government and political institutions

Trust in government and political institutions is central to functional government and a basis of democracy. Social crises such as COVID-19 can influence such trust. One argument is that trust is undermined, particularly when governments are seen as not responding appropriately or mismanaging the crisis. Alternative, others argue that support for governments can increase when people “rally around the flag.” Figure 8 addresses this directly by comparison average levels of trust in the Irish parliament in the 2016 and 2018 European Social Surveys and in our COVID-19 survey in 2020. Although trust in government is generally quite stable, there is a defined increase in trust in the COVID-19 period. Using the difference between ESS 8 and 9 as a benchmark, the increase in trust during the COVID-19 period is almost three times larger.



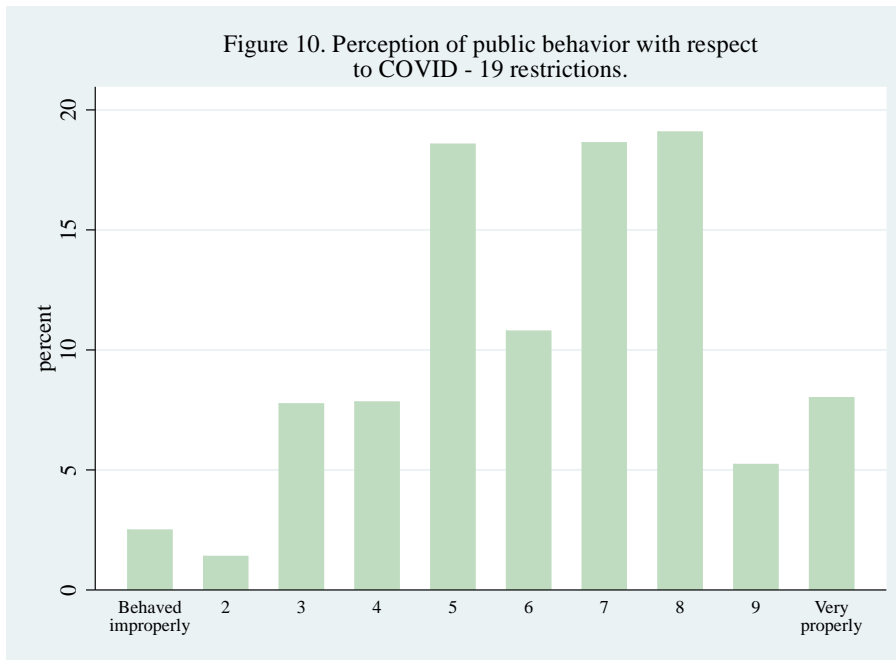
The nature of the pandemic with its origins in China, questions about how candid China (and other countries) have been about the state of things, the seemingly uniqueness of the crisis in the US (at least among advanced economies) and its unique role in contemporary international affairs, and simultaneous praise and criticism of supra-national organizations like the World Health Organization (WHO) and the United Nations (UN) raise questions about broader dimensions of trust. This is particularly significant given globalization of economies and societies and the nature of infectious diseases. Figure 9 provides a lens into this by showing variation in trust for Ireland, China, the US, the WHO, and the UN. The results are quite striking. On the ten-point scale, trust in the Irish parliament is just over 5. In contrast, trust in China is just over two. Perhaps even more remarkable given the historically strong relationship between Ireland and the United States, trust in the US is even lower (1.6). To give added weight to this, one can look at the percentage of people who expressed “no confidence at all.” While only 12 percent had no confidence at all in the Irish parliament, 40 percent reported no confidence in China and almost half (48%) reported no confidence in the USA. In contrast, trust is much higher for the WHO (5.9) and for the United Nations (5.6).



**Solidarity, social trust and perceived altruism**

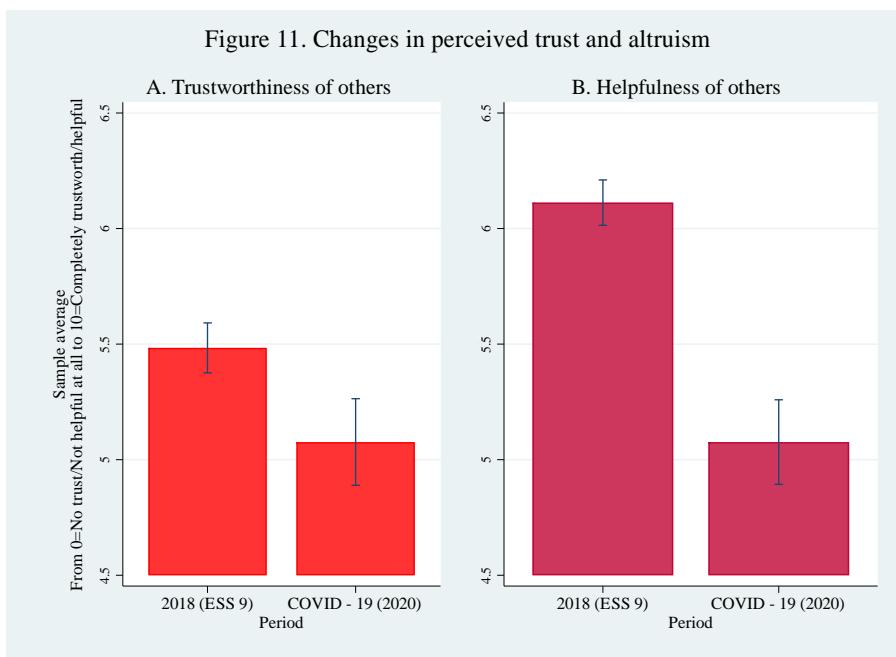
Trust in others and perceived altruism are central to numerous social phenomena. It is the basis of cooperation and underlies exchange relationships. It also undergirds inter-group relations and fosters community cohesion. Beyond civil society, trust is equally important for the functioning of large-scale social institutions with identified effects on politics and governance, as well as and economic activity and development. A key point of discussion around COVID-19 and the consequent social restrictions is their potential to undermine social cohesion. The PERSOCOV study examined such issues in a number of ways.

First, participants were asked directly their perceptions of how Irish residents behaved with respect to the COVID – 19 restrictions and public health dicta. In general, participants felt that people behaved “properly” but there was also a fair amount of variation (see Figure 10). Here, just under two-thirds gave responses between 5 and 8 on the ten-point scale (with 10 indicating that people behaved “very properly.”



A follow-up question asked Participants whether they felt “more hostility than usual” or “more solidarity than usual” (on a scale from 1 to 10). Participants were more likely to express that they experienced “more solidarity with two-thirds of responses falling between 5 (no change) and 10 (more solidarity). Still, this indicates that one-third of Irish residents felt increased hostility during the COVID-19 period.

Finally, Participants were asked about issues of social trust and altruism. In both cases, there was pronounced decreases in the COVID-19 era. In the case of perceived trustworthiness of others, there was a half point decline on the ten-point scale. Decreases were even greater for perceived helpfulness of others. Here, the decrease was almost one-point. In general, the PERSOCOV data indicate that the COVID-19 period had effects beyond the personal and undermined key aspects of social integration.



## Summary

The PERSOCOV study provides unprecedented evidence of the impact of the COVID-19 pandemic and the (highly restrictive) public health protocols in Ireland but also provides a foundation for further and more detailed comparison with other countries in Europe and around the world. The main conclusion is that the personal and social consequences of the experience of the COVID-19 era in Ireland was simultaneously profound and highly variable. Although the public health restrictions were national policy, there was wide variation in changes to work, the supports that parents received from schools, and people's ability to access public spaces and communicate with friends and neighbours. Not surprisingly, a significant number of people reported difficulties in the management of everyday activities. There is also evidence that health declined for large numbers of people and unhealthy behaviors such as limited exercise and outdoor activity, excess eating and alcohol consumption increased. There were also marked declines in traditional sources of social support, including having people to talk to about personal matters and church attendance.

Moreover, while people were generally satisfied with the government response to COVID-19, there was also evidence that many felt that police enforcement was either too lax or too strict and most perceived some level of inequality in treatment across groups. This however did not undermine trust in the Irish institution in that trust in parliament and trust in the Gardai increased during the COVID-19 period. Trust in other governing entities was however highly variable with exceptionally low trust in China and the United States and comparatively higher trust in the WHO and the UN. Increases in trust and solidarity are more mixed for civil society. Although people reported experiencing more solidarity in general than in earlier periods, they also reported significantly lower perceptions of trustworthiness in others and even lower perceptions of the helpfulness of others. The latter may be particularly worrisome given the necessity of collective activity for dealing with infectious diseases such as COVID-19 and could ultimately undermine government efforts and support for government efforts to combat the pandemic.

Future work will focus on a detailed multivariate analysis of the dataset with a particular focus on a) a comparison with earlier data on attitudes towards a variety of social and political issues and b) systematic cross-national comparison with other data collected during the COVID-19 period (e.g., on-going projects in the UK and Germany) as well as data scheduled for collection in later 2020 as part of the on-going European Social Survey project. It is also the intention of the researchers to hold a second wave on interviews in 12 months time to test the persistence of the changes documented in this survey as well as longer-term consequences of exposure to the COVID-19 pandemic and the consequent public health response. Ninety percent of respondents have agreed to be recontacted for same.