

Impact of Covid-19 on PhD Study, Ronie Walters



My PhD is researching the impact of health literacy on behaviour change in cardiac rehab patients. People with inadequate health literacy can struggle to access and understand information, have effective conversations with medical staff, ask and respond to questions, play an active part in decision making and apply information to actively manage their health. Given that many cardiac patients can benefit from changing health behaviours to reduce the risk of recurrence, health literacy seemed a potential critical element to the process. I started in 2018 and at the time Covid-19 hit I had completed a cross-sectional survey of health behaviours, health literacy, illness beliefs, and self-efficacy and motivation for physical activity in all NHS Highlands patients referred between 1st April 2018 and 31st March 2019. I was 2 months into data collection for the same survey which would have been collected within 2 weeks of referral to rehab and again 6 months later for all patients referred within NHS Highlands and NHS Grampian.

As Covid-19 kicked in it became apparent that not only would I have to stop collecting data from newly referred patients, I wouldn't be able to do the follow up as the responses would be skewed by the lockdown rendering the longitudinal study defunct. I was in a unique position in that I had a pool of 230 patients who had consented to be contacted again to help with research. I had recent baseline data on their health behaviours and health literacy. With news of patients not seeking help for existing conditions, decrease in admissions for cardiac problems and the knowledge that cardiac patients were in a higher risk category for covid related problems it was important we knew more about their experiences.



In consultation with my supervisors I designed a covid sub-study that would only contact patients that had been identified previously and consented to be contacted again. The study was kept as short as possible to reduce participant burden, and with no staff involvement needed there was no burden to the NHS. The study will ask about their work situation (key worker, shielding, furloughed), health behaviours and whether these have changed due to the lockdown. I am also examining motivation and adherence to covid-19 guidelines, where they find health information, and checking knowledge of where and when to seek help for a variety of conditions. Finally I am using selected subscales of the health literacy questionnaire to examine (1) how they feel they are actively managing their health, (2) appraising information, (3) navigating the healthcare system, (4) finding good information and (5) understanding information well enough to know what to do.

This study will allow us to examine behaviours and relationships to baseline health literacy of cardiac patients / people living with cardiac conditions. It will allow any gaps in knowledge to be identified and help staff respond quickly to disseminate information to patients.