

SFI Science in Ireland Barometer 2020

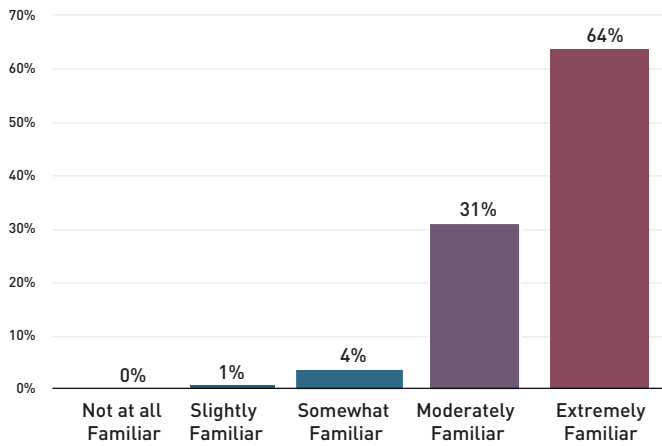
COVID -19 Research Report



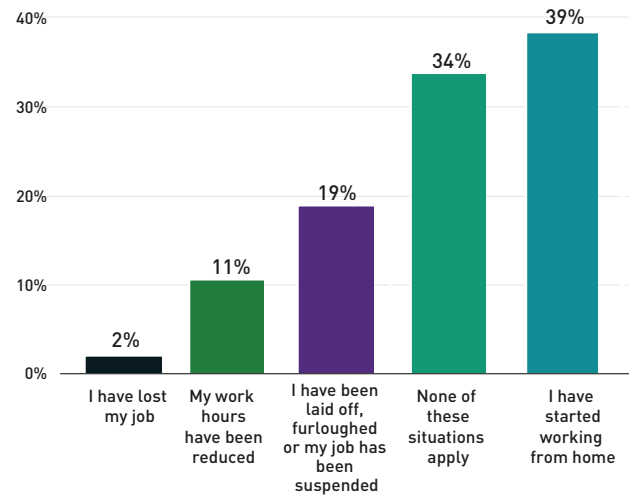
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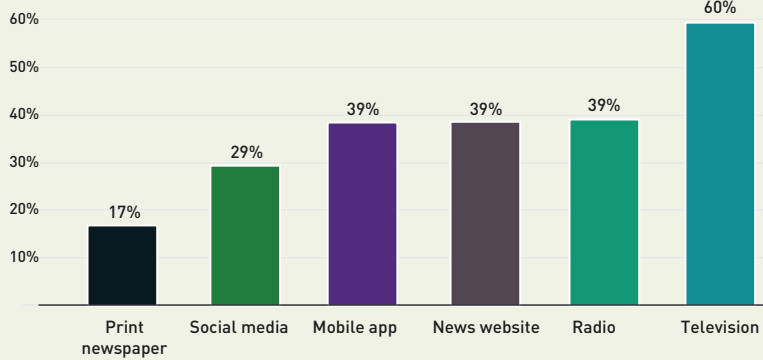
Self-reported familiarity with COVID-19 - “How familiar are you with the Coronavirus (COVID-19)?”



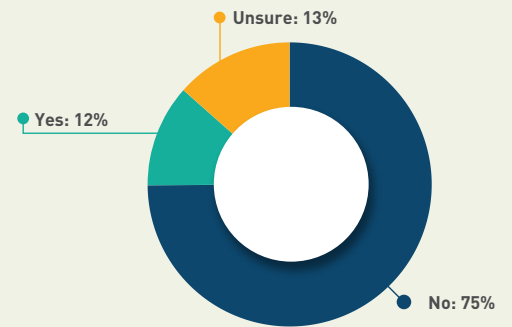
Change in paid employment due to COVID-19- “Do any of the following situations apply to you because of the Coronavirus (COVID-19) situation?”



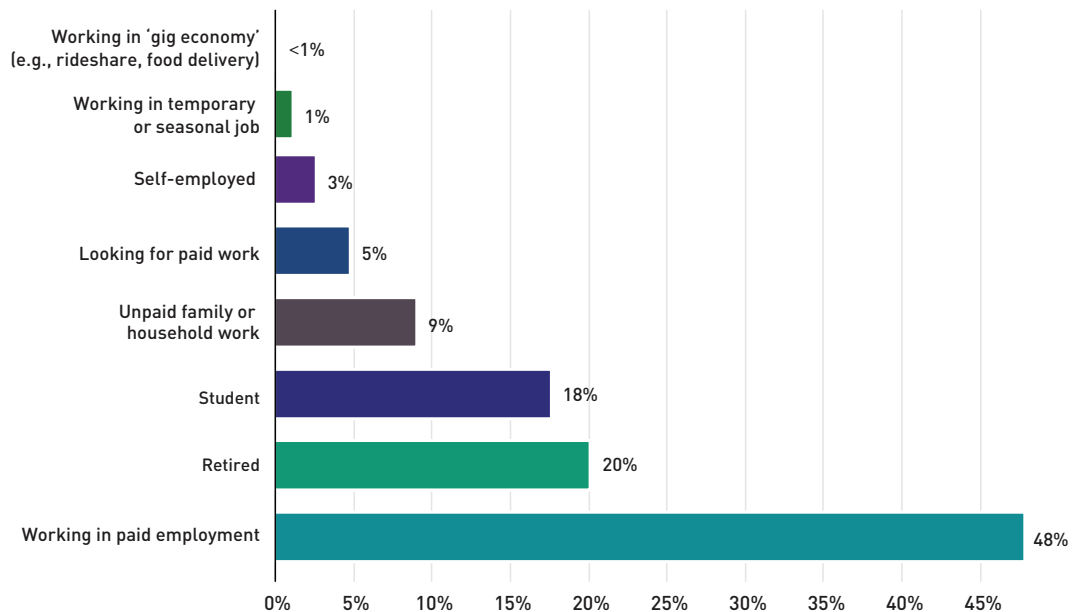
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Employment status before COVID-19 - “Which of the following best describes your work or employment before Coronavirus (COVID-19)?”



21%



of the population believed they would get sick with COVID-19 at the time of this research.



Over one third of the population have experienced negative mental health due to COVID-19.

Most valued for COVID-19 decisions

Scientific evidence

Advice from medical doctors



38% of people in paid employment started working from home as a result of COVID-19.

Some members of the public reported **less interest** in health (37%), technology (37%), and science news (39%).



74% of the population were found to be supportive of making a future COVID-19 vaccine mandatory.



RTÉ News was the most popular news source (60%).



More than two-thirds of people (70%) accessed information about COVID-19 through their primary news source on a daily basis.

Executive Summary



Extending beyond the original objectives of the SFI Science in Ireland Barometer 2020, the COVID-19 pandemic presented a societal context that required an additional focus to the research. The development of the pandemic during the first half of 2020 resulted in an ability for the Barometer to capture data regarding COVID-19 views and experiences that may impact public attitudes towards science, potentially changing interactions between the scientific community and the public.

This research involved asking respondents' from within the Irish public about COVID-19, including familiarity with it, views towards it, personal circumstances during the pandemic, which news sources were used to gain information, priorities in government decision making, and the extent of interest in taking a potential vaccine.

Responses to this survey were given over two months between 13th July 2020 and 13th September 2020. During this time, people living in Ireland were faced with a range of changing rules and restrictions in different counties (detailed in Appendix A). However, most counties were under level 3 restrictions, which included two-metre social distancing guidelines, mandatory face coverings in shops, and restrictions to the numbers of people allowed to gather indoors and outdoors.

The discussion about the impact of the COVID-19 crisis on attitudes towards science will be available after Phase II of the project has been completed in 2021. Here, we directly report findings from the COVID-19 pandemic-related questions without speculating on broader relevance to conceptual and long-term understanding of public science attitudes in Ireland.¹

¹ NOTE: All results from this research presented in this report were weighted to accurately represent the Irish population. A detailed account of the methodology used within this research project, including the survey design, can be found in the appendices of the SFI Barometer 2020 Research Report.



Key Findings

Overall, the majority of respondents from the Irish public considered the collective risk of COVID-19 as serious and were in support of a mandatory vaccine, but thought it was unlikely that they personally would get infected. These findings are supported by the following key points:

- The Irish public recognised the collective risk posed by the COVID-19 pandemic, with 93% agreement that ‘getting sick with COVID-19 can be serious’.
- A majority acknowledged that ‘many people in [their] community will be affected by COVID-19’, with 67% agreement.
- However, there was a low level of perceived individual risk, with only 21% agreement that they personally would get infected with COVID-19.
- Support for a mandatory vaccine was widespread, with 74% agreement.

Regarding management of priorities in the response to the COVID-19 pandemic, several notable gaps were identified within public opinion between expectations and perceptions of what factors influence the Irish government’s decisions and actions. These findings are supported by the following key points:

- A higher proportion of the public believed the government was following advice from *medical doctors* more than any other source of guidance (68%).

- People believed that *scientific evidence* was not being considered enough by the government. This was apparent as a gap between respondents who indicated that *scientific evidence* should most influence the government (81%) and those who believed the government was influenced by *scientific evidence* (45%).
- There was a noticeable perception amongst the public that the government was considering *economic* and *political* factors too much. These factors were perceived to be the most influential drivers of governmental decision-making by 61% (*economic considerations*) and 29% (*political considerations*) of people, compared to just 34% and 2% who agreed that they should influence decision-making the most (respectively).
- As a demographic comparison, men more often believed that the government was considering *political* and *public opinion* factors the most (62% and 61% respectively) compared to women (38% and 39% respectively).

This research found that the COVID-19 pandemic has affected people's personal lives in various ways. These findings are supported by the following key points:

- With regards to work, 38% of people in paid employment started *working from home* as a result of COVID-19.
- Nearly one-fifth (19%) of people faced a temporary suspension of work, while a third (34%) of people's work status had not changed.
- More than one-third (34%) reported negative effects on their mental health, while 5% *postponed major medical treatment*.
- A total of 7% of people indicated they might have had, or definitely had, COVID-19 despite not having been tested.

With regards to COVID-19 media behaviour, several trends were found in terms of popular news sources and how they were accessed. These findings are supported by the following key points:

- *RTÉ News* was the most popular news source (60%), and was primarily accessed through *television* (60%), compared to *radio* (39%), *news website*; (39%) *mobile app* (38%) and *social media* (29%).
- More than two-thirds (70%) of people accessed information about COVID-19 through their primary news source on a *daily* basis.
- People reported more interest in news about *popular entertainment* (88%), *government and politics* (64%), and *arts and style* (74%).
- Some members of the public reported less interest in news about *health* (37%), *technology* (37%), and *science* (39%).

'Who values science in Ireland and why?'

1



1 | Results

1.1 | Perceptions of COVID-19

Section Summary

This section explores the Irish public's general level of familiarity with COVID-19, and key attitudinal dimensions to the pandemic and its effects, as well as attitudes towards a potential vaccine.

21%



of the population believed they would get sick with COVID-19 at the time of this research.

What information do you wish you knew about the Coronavirus (COVID-19)?

Where did it originate from truly?

Man, 18, Mallow

Key findings

- The Irish public recognised the collective risk posed by the COVID-19 pandemic, with 93% agreement that 'getting sick with COVID-19 can be serious'.
- A majority of the public also acknowledged that 'many people in [their] community will be affected by COVID-19', with 67% agreement.
- However, there was a low level of a perceived individual risk, with only 21% agreement that they personally would get infected with COVID-19.
- Support for a mandatory vaccine was widespread, with 74% agreement.

The quotations presented in dark blue quotation boxes show what different people said in response to:

What information do you wish you knew about the Coronavirus (COVID-19)?

1.1.1 | Familiarity With COVID-19

Here, results provide an overview of familiarity within the Irish population of COVID-19. The entire population were at least *slightly familiar* with COVID-19, with the majority reporting that they were *extremely familiar* (64%).

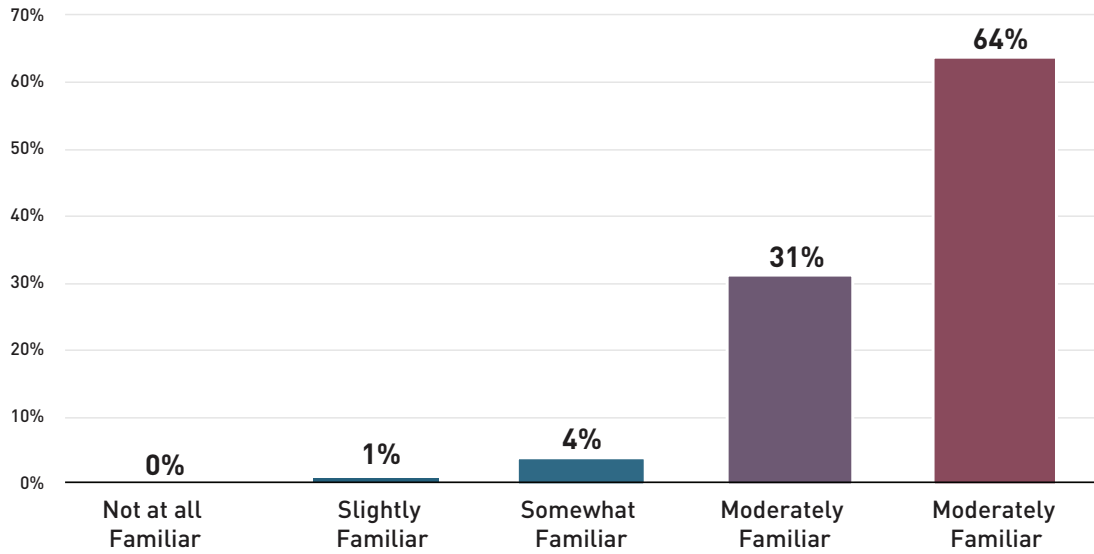


Figure 1.

Self-reported familiarity with COVID-19 - “How familiar are you with the Coronavirus (COVID-19)?”²

The median response was *moderately familiar* with 31% of responses.

1.1.2 | Perceptions of COVID-19 Risks

Results also provide indication of people’s risk perceptions regarding COVID-19, particularly concerning infection and consequences of contracting the virus.

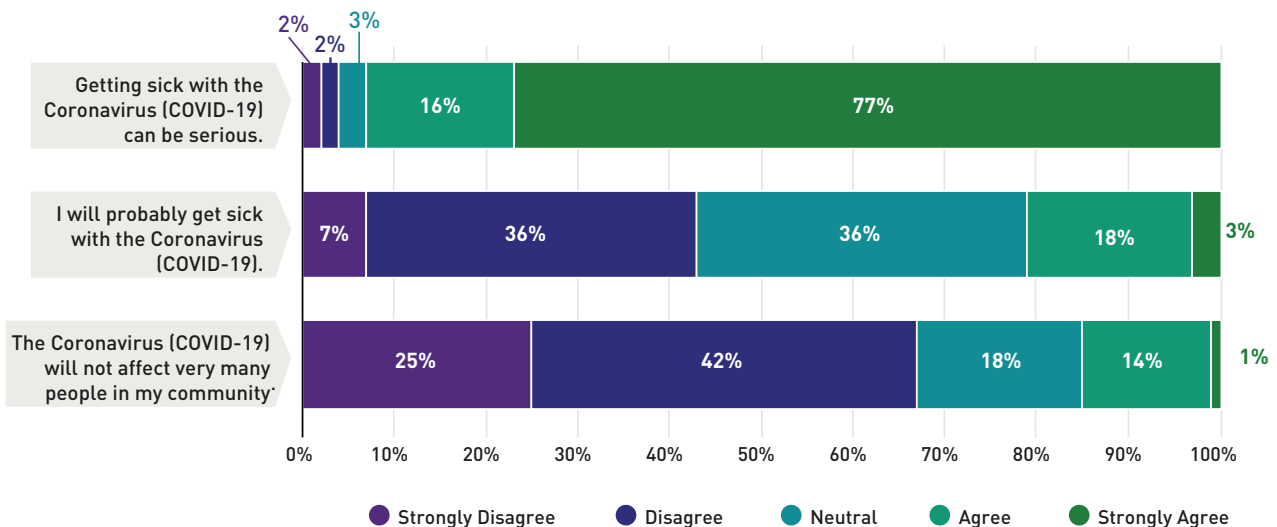


Figure 2.

Level of agreement with statements related to risks of COVID-19 - “How much do you agree or disagree with the following statements?”³

2 Margin of error: ±5%, n = 883

3 Margin of error: ±5%, n (top to bottom): 883, 847, 865

There was a high level of agreement (93%) that contracting COVID-19 could have serious health consequences, with a median response of *strongly agree*. There was considerably more variation in the perceived risk of infection, with a *neutral* median response and 43% disagreement with the idea that they would ‘probably get sick with the coronavirus’. However, around two-thirds (67%) generally believed the virus ‘would affect [...] many people in their community’.

1.1.3 | Acceptance of COVID-19 Vaccine

These next results indicate how favourable people would find a mandatory COVID-19 vaccine once available. At the time of this research (July-September 2020), COVID-19 vaccines were in the very early stages of development, with initial testing only a couple of months underway, compared to the 265,237 vaccinations which have been given at the time of writing⁴. The majority (74%) said they would be supportive of mandatory vaccination, with a median response of *mainly favourably* (30%) and the most popular response of *very favourably* (45%).

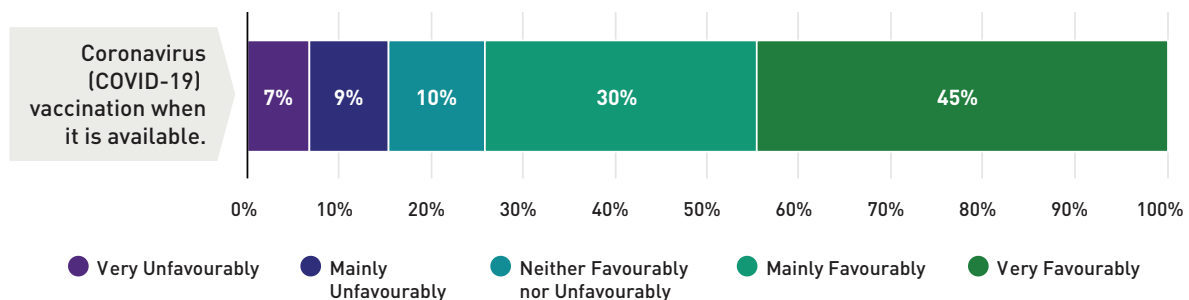


Figure 3.

Reaction towards a mandatory vaccine against COVID-19 - “How would you feel if the following was announced as a requirement in your local area?”⁵

1.1.4 | Demographic Trends in Perceptions of COVID-19

Results indicated an interplay between education level and COVID-19 risk perceptions. As education levels increase, people in Ireland tended to have a heightened risk perception of becoming infected with COVID-19.⁶

An additional notable result from further analysis was that a mandatory COVID-19 vaccine is slightly more likely to be accepted with increasing age⁷.

What information do you wish you knew about the Coronavirus (COVID-19)?

“ I wish the daily updates would break down the areas in which cases are occurring and the age range of patients. I wish I knew more about the backgrounds of those contracting the virus and how that might increase or decrease the chances accordingly

Man, 37, Dublin

What information do you wish you knew about the Coronavirus (COVID-19)?

“ Safety data on upcoming vaccines - need reassurance if any fast-tracking, and evidence around safety full explained, to maximise uptake

Woman, 56, Galway

4 The latest available figures includes all vaccinations given up to the 12th February 2021: 175,238 first doses, 89,999 second doses given. Current figures available at: <https://covid-19.geohive.ie/pages/vaccinations>

5 Margin of error: $\pm 5\%$, $n = 852$

6 $r_s = .27, p < .001$

7 $r_s = .20, p < .001$

1.2 | Priorities in Governmental Decisions About COVID-19 Management

Section Summary

In this section, we present results exploring the Irish public's views on priorities that were affecting government decision-making. In particular, what the Irish public *perceived* the government to be prioritising, compared to what they believed the government *should* be prioritising.



Key findings

- A higher proportion of the public believed the government was following advice from *medical doctors* more than any other source of guidance (68%).
- People believed that *scientific evidence* was not being considered enough by the government. This was apparent as a gap between respondents who indicated that *scientific evidence* should most influence the government (81%) and those who believed the government was influenced by *scientific evidence* (45%).
- There was a noticeable perception amongst the public that the government was considering *economic* and *political* factors too much. These factors were perceived to be the most influential drivers of governmental decision-making by 61% (*economic considerations*) and 29% (*political considerations*) of people, compared to just 34% and 2% who agreed that they should influence decision-making the most (respectively).
- Men more often believed that the government was influenced by *political considerations* and *public opinion* the most (62% and 61% respectively) compared to women (38% and 39% respectively).

There are several important findings within Figure 4, below. A notable expectation gap was identifiable with regards to *economic considerations*. A total of 61% of the population *perceived* the government as influenced by *economic considerations* the most, but only 34% considered it as something the government *should* be considering the most. In a similar way, 29% of the population *perceived* the government as influenced by *political considerations* the most, but only 2% considered it as something they *should* consider the most.

Conversely, 45% of the population *perceived* the government as following *scientific evidence* the most, but 81% considered it as the factor the government *should* be considering the most. In other words, there was a noticeable perception amongst the public that the government was influenced by *economic* and *political* considerations too much, and *scientific evidence* not enough.

What information do you wish you knew about the Coronavirus (COVID-19)?

When we hit the second spike in Ireland, will we be sent into lockdown again, or will the economy be picked over the people

Man, 16, Dublin

Another noteworthy point is the fact that a higher proportion of the public believed the government was following advice from *medical doctors* the most (68%), compared to *scientific evidence* (45%). The smallest expectation gap was found in *public opinion*. Just over one-tenth (12%) of people identified *public opinion* as a key factor that the government *should* consider in decision-making, alongside 11% who perceived it as a factor that they were indeed considering.

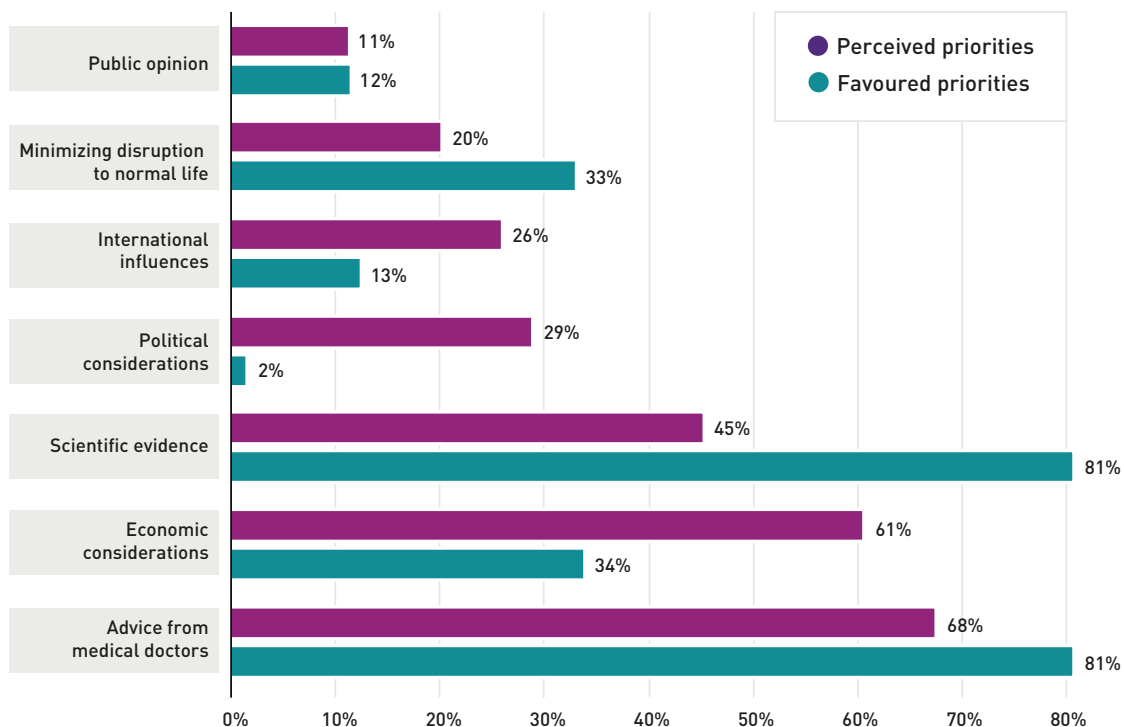


Figure 4.

Perceptions of Government priorities for decision-making related to COVID-19: Actual (●) versus Preferred (●) - “Which of the following is the government considering the most?” and “Which of the following should the government be considering the most?”⁸

1.2.1 | Demographic Trends in Priorities in Governmental Decisions about COVID-19 Management

Further analysis revealed notable gender differences in two response options related to priorities in governmental decisions about COVID-19 management. Within the 29% of people who perceived the government to be taking into account *political considerations*, there was a higher proportion of men (62%) than women (38%)^{9,10}. Men were also overrepresented (61%) in the perception that *public opinion* was being primarily considered by the government compared to 39% of women. This indicates that men were more likely to believe *public opinion* was something the government was considering the most for COVID-19-based decision-making.

8 Margin of error: ±5%
 $n_{\text{perceived priorities}} = 875; n_{\text{desired priorities}} = 860$


9 Margin of error: ±6%

10 Responses from non-binary people could not be represented accurately here because there was a lack of census data about the non-binary population in Ireland with which to weight the data. For more details, see the ‘Gender’ section of the methodological appendix in the SFI Barometer 2020 Research Report.

1.3 | Personal COVID-19 Situation

Section Summary

In this section, results are presented relating to the population’s current situation relating to COVID-19, predominantly in terms of health and employment.



38% of people in paid employment started working from home as a result of COVID-19.

Key findings

- With regards to work, 38% of people in paid employment started working from home as a result of COVID-19.
- Nearly one-fifth (19%) of people faced a temporary suspension of work, while a third (34%) of people’s working statuses had not changed.
- More than one-third (34%) reported negative effects on their mental health, while 5% postponed major medical treatment.
- A total of 7% of people indicated they might have had, or definitely had, COVID-19 despite not having been tested.

1.3.1 | COVID-19 Employment Situation

The following results reveal how the population’s employment situations changed during the COVID-19 pandemic. Nearly half (48%) of the Irish population were *working in paid employment* prior to the pandemic, with 4% in other types of employment (3% *self-employed*, 1% *working in temporary or seasonal employment*). Overall, 5% were *looking for paid work*, 9% doing *unpaid family or household work*, while nearly one-fifth (18%) of the population were studying and another fifth (20%) *retired*.

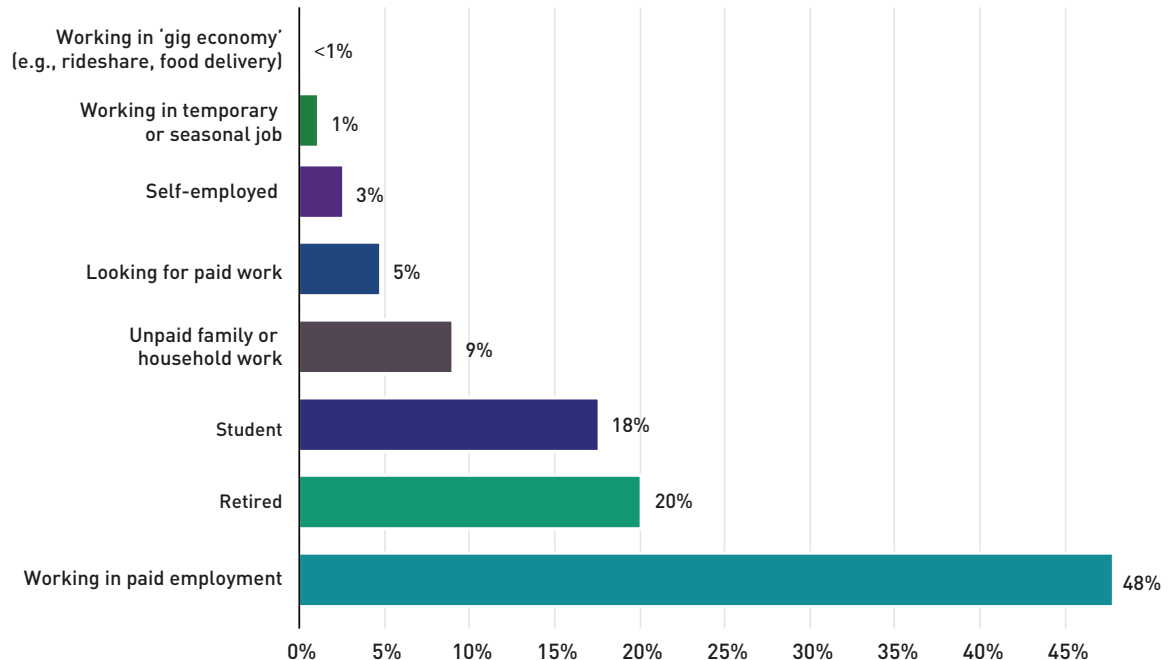


Figure 5.

Employment status before COVID-19 - “Which of the following best describes your work or employment before Coronavirus (COVID-19)?”¹¹

11 Margin of error: ±5%
n = 867

The change in employment experienced by the largest proportion of the population was the switch to *working from home* (38%). Other disruptions to employment accounted for 32% of people's experiences, with the least common being job loss (2%), a reduction in work hours (11%), and a temporary suspension of work - *being laid off, furloughed or suspended* (19%). However, most common overall was a lack of disruption to work at all, as 34% of the population responded *none of these situations apply*.

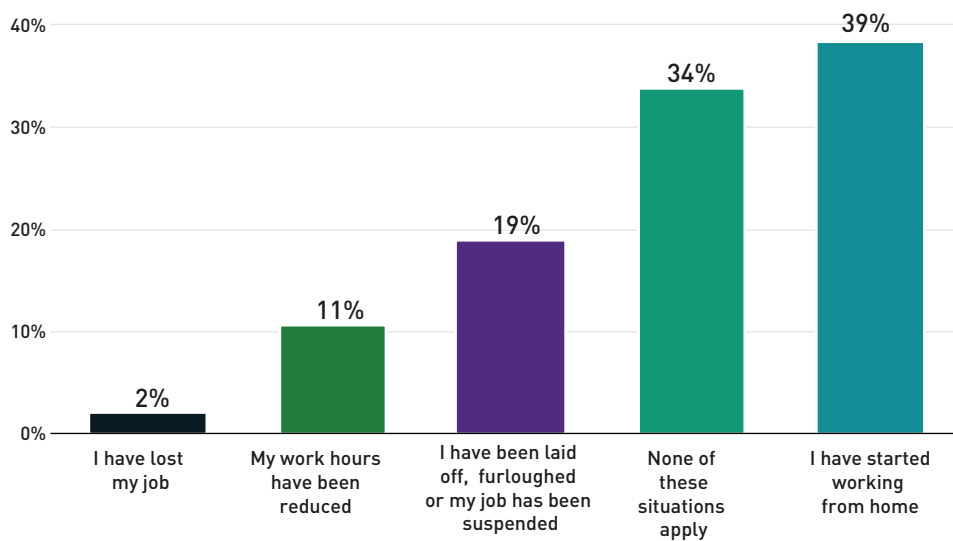


Figure 6.

Change in paid employment due to COVID-19 - "Do any of the following situations apply to you because of the Coronavirus (COVID-19) situation?"¹²

1.3.2 | COVID-19 Health Situation

This section is concerned with personal health situations and the impact COVID-19 was having on the population, which included mental and physical health outcomes. Results are also included about self-reported COVID-19 infection status.

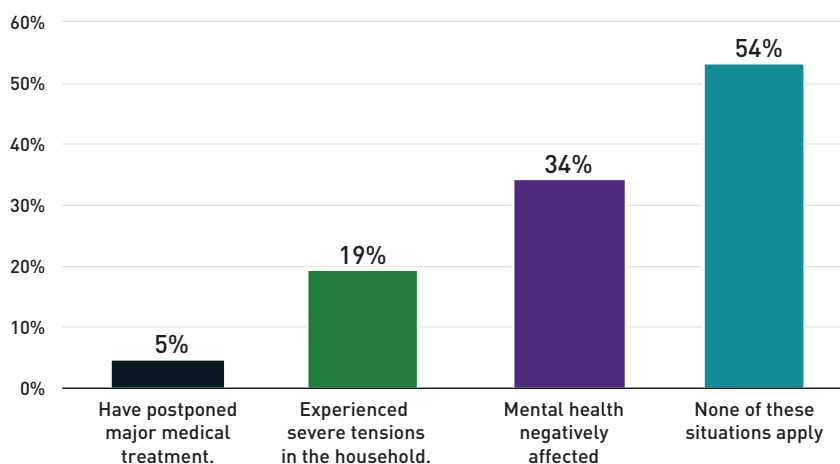


Figure 7.

Change in health situation due to COVID-19 - "Do any of the following situations apply to you because of the Coronavirus (COVID-19)?"¹³

What information do you wish you knew about the Coronavirus (COVID-19)?

"[...] very little support for stay at home Moms and Dads economic wise I received no help compared to a teenager who has no dependents [...]"

Woman, 37, Galway

12 Margin of error: $\pm 7\%$
 $n = 417$

13 Margin of error: $\pm 5\%$, $n = 831$

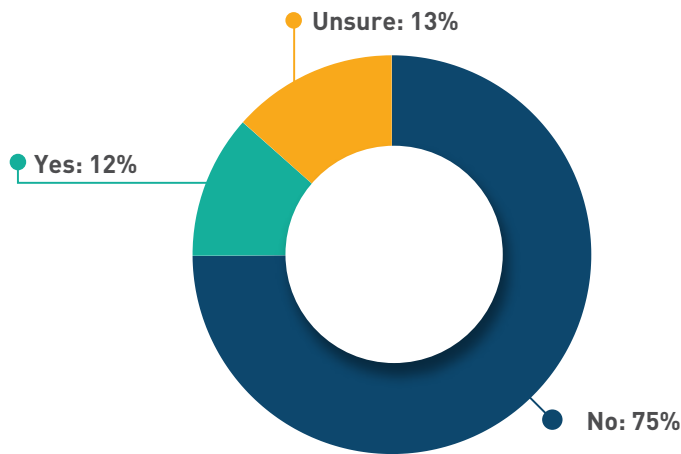


Figure 8.

Self-reported COVID-19 infection status - “Have you ever had, or thought you might have, the Coronavirus (COVID-19)?”¹⁴

Around one-third (34%) of the population had their *mental health negatively affected* due to the COVID-19 situation, and one-fifth (20%) had experienced *heightened tensions within their own household*. These results are likely linked to confinement and social distancing measures. An additional 5% reported having postponed *major medical treatment*.

A total of 12% of the Irish population ‘had or thought [they] might have COVID-19’, while three-quarters (75%) had not. A follow-up question posed to people who indicated yes asked them to expand on their positive response.

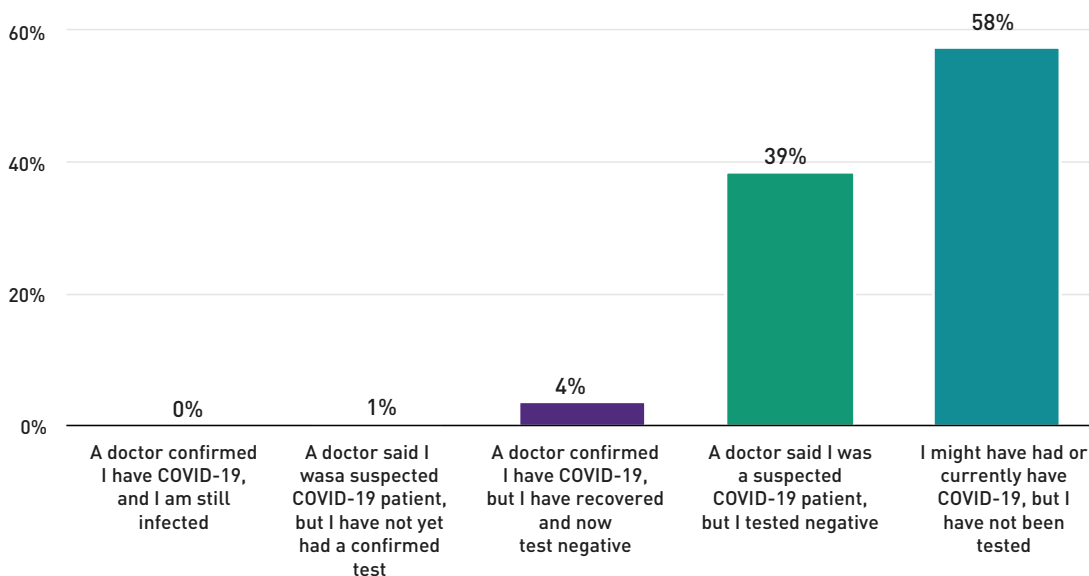


Figure 9.

Confirmation status of self-reported COVID-19 infection - “Which of the following best describes your situation?”¹⁵

14 Margin of error: ±5%, n = 773

15 Margin of error: ±16%, n = 71

Of the 12% of the population who suspected they had or have had the virus, most (58%) *[had] not been tested* to confirm their infection status. Overall, 43% had tests for COVID-19, but only 4% reported that *a doctor confirmed [they] have COVID-19*, while more than a third (39%) *tested negative*. A tiny proportion reported that *a doctor said [they were] a suspected COVID-19 patient, but have not yet had a confirmed test* (1%). No one reported a medically-confirmed current infection; 0% reported that *a doctor confirmed [they] have COVID-19, and [are] still infected*.

1.3.3 | Demographic Trends in Personal COVID-19 Situations

An additional detail to these results was that a higher proportion of men had experienced certain disruptions to their work situation than women. Of the 19% who had been *laid off, furloughed or suspended*, 64% were men and 36%¹⁶ were women. Gender differences were also identified in the proportion of people who experienced *severe tensions within their household*. Of those who reported *severe tensions within their household*, 60% were men, compared to 39% of women¹⁷.

What information do you wish you knew about the Coronavirus (COVID-19)?

“ Why people that are dying from different circumstances not COVID-19 but are being labeled ‘COVID_19 death’. Also, why is it that the areas 5G has been installed why are these areas affected more

Woman, 25, Dublin

What information do you wish you knew about the Coronavirus (COVID-19)?

“ From a personal perspective and having developed two major virus infections (common cold) since the beginning of March, I would like to know whether or not there is a chance that one of these infections could have been COVID-19... so a test for antibodies!

Woman, Dundalk


16 Margin of error: ±11%

17 Margins of error: ±8%, ±7%

1.4 | COVID-19 Media Behaviour

Section Summary

This section sets out the Irish public’s information behaviour and sources in terms of science news, specifically through the live case study of COVID-19.


RTÉ News was
 the most popular
 news source (60%).

Key findings

- RTÉ News was the most popular news source (60%), and was primarily accessed through television (60%), compared to radio (39%), news website; (39%) mobile app (38%) and social media (29%).
- More than two-thirds of people (70%) accessed information about COVID-19 through their primary news source on a daily basis.
- People reported more interest in popular entertainment news (88%), government and politics news (64%), and arts and style news (74%),
- Some members of the public reported less interest in health (37%), technology (37%), and science news (39%).

1.4.1 | Change in News Interest

These results show the change in level of the public’s interest in certain news categories compared to before the COVID-19 pandemic.

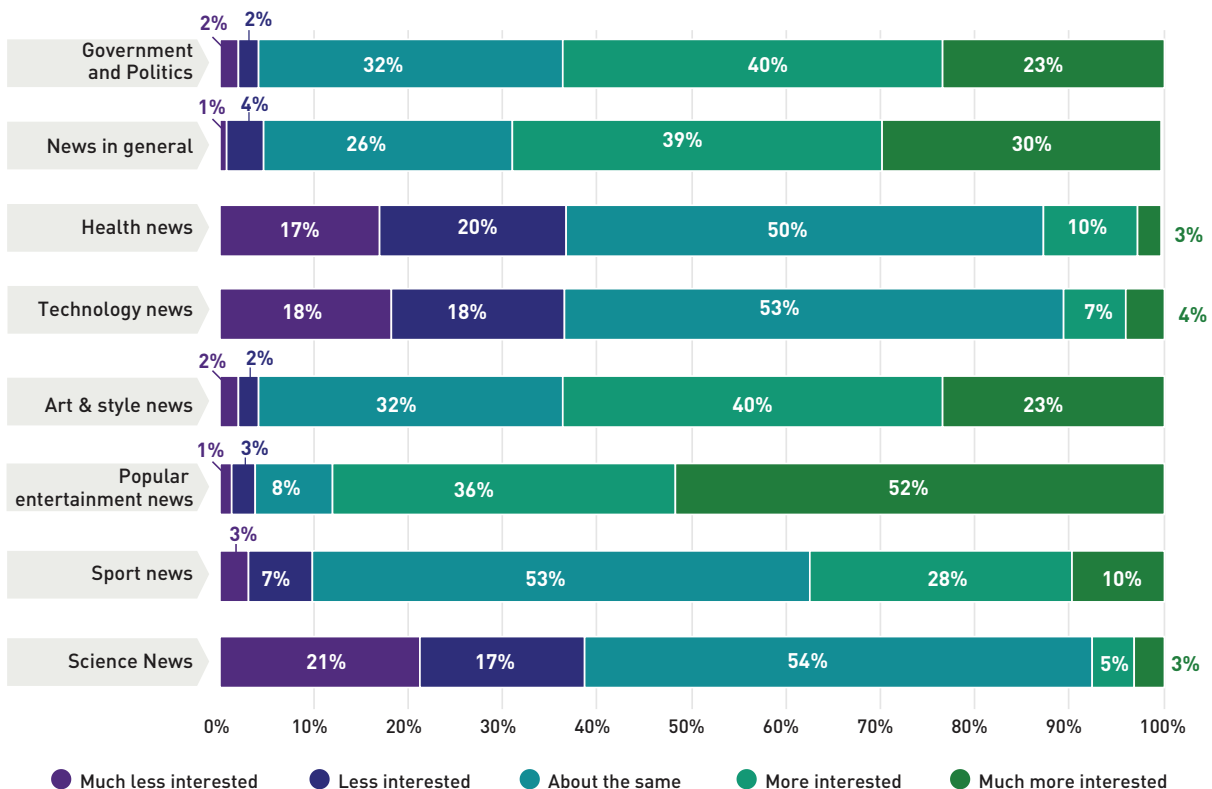


Figure 10.

Change in the level of interest in different news categories compared to before COVID-19 - “During the Coronavirus (COVID-19) crisis, have you been more or less interested in following:”¹⁸

¹⁸ Margin of error: ±5%
 n (top to bottom): 887, 885, 868, 883, 885, 890, 850, 876

As shown in Figure 40, we found the Irish population gained substantial interest in *popular entertainment news* (88%), and became somewhat more interested in *news in general* (69%), *government & politics* (64%) and *arts & style news* (74%) during the pandemic. Simultaneously, there was a loss of interest in *health news* (37%), *technology news* (37%), and *science news* (39%). This is a particularly notable finding, considering the fact that the COVID-19 pandemic is an issue rooted in health, science, and technology (when its management and potential bio-technical solutions are considered).

1.4.2 | Primary COVID-19 News Source

Here, results are presented about the news sources the population used the most to find information about COVID-19.

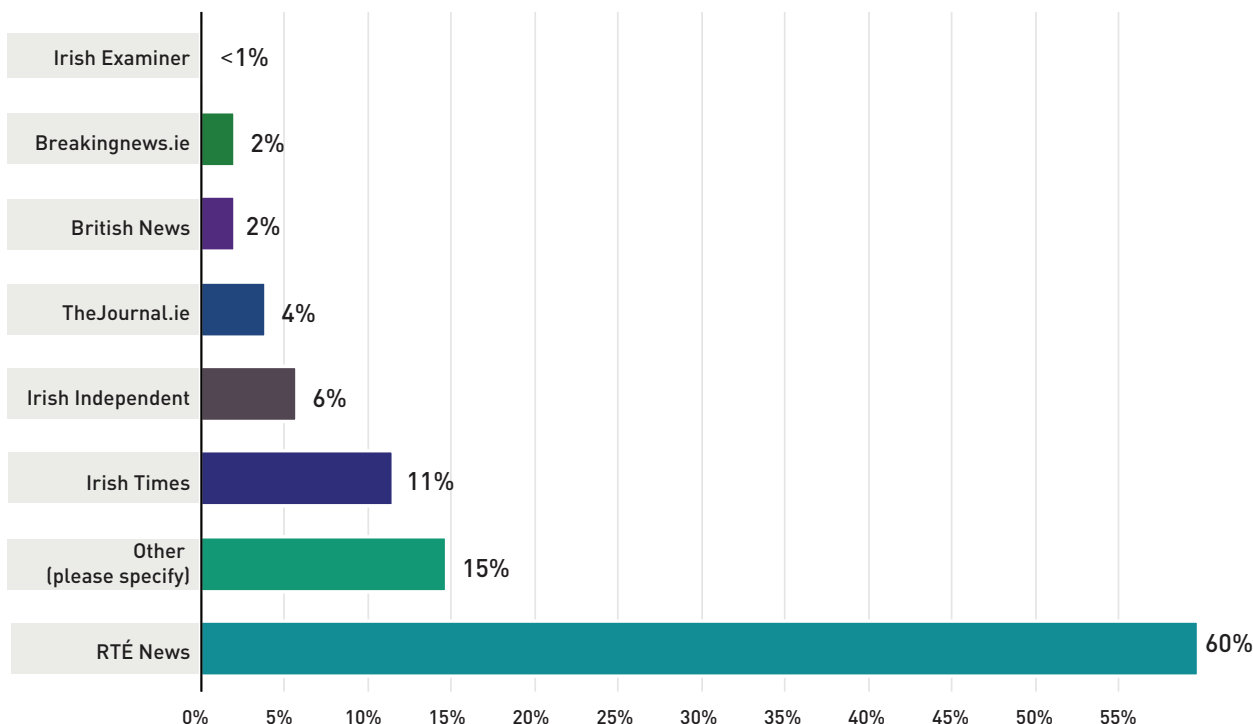


Figure 11.

Primary news source for information on COVID-19 - “What primary news source do you use to stay informed about the Coronavirus (COVID-19) situation?”¹⁹

What information do you wish you knew about the Coronavirus (COVID-19)?

“Feel well informed from the news”
 Woman, 46, Tralee

More than two-thirds of people (70%) accessed information about COVID-19 through their primary news source on a daily basis.

19 Margin of error: ±5%, n = 729

As Figure 11 shows, *RTÉ News* was by far the most popular news source, as 60% of the population selected it as their primary source for information about COVID-19. The news sources for the 2% of people who selected *British News* as their main source of information can be seen below (Figure 12).

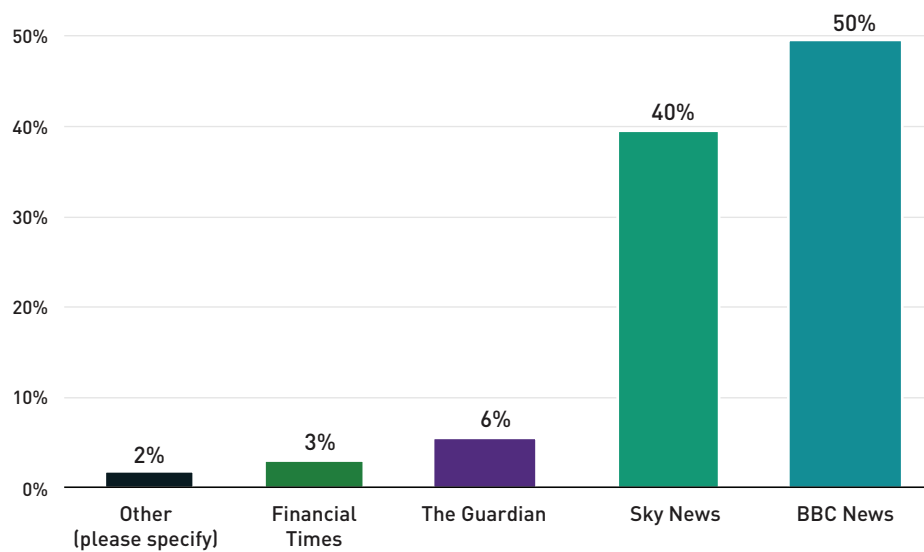


Figure 12.

Primary news source for information on COVID-19 if 'British News' selected - "Please specify your primary British news source:"²⁰

Clearly, *BBC News* and *Sky News* were the most popular channels for those who preferred British news sources, with 50% and 40% of responses respectively.

1.4.3 | Accessing COVID-19 News Sources

Knowing where the public gets their information is important to fully understand news habits during the COVID-19 pandemic. The figure below shows the distribution of population across which news mediums they used to access their primary news source.

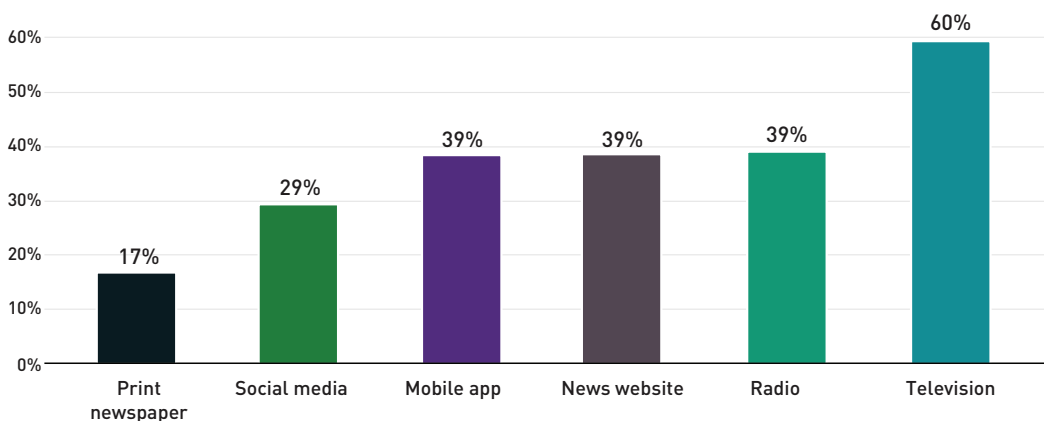


Figure 13.

Means of accessing the primary news source for information on COVID-19 - "How do you usually access your primary news source?"²¹

²⁰ Margin of error: $\pm 35\%$
 $n = 15$

²¹ Margin of error: $\pm 5\%$. Respondents were able to select more than one news medium.
 $n = 826$

Overall, *television* was identified as the most popular news medium with 60% of the population selecting it as the way they accessed their primary news source for information about COVID-19. *Radio, news websites* and *mobile apps* were equally popular, with 38%-39% of the population selecting these as usual ways to access the news, followed by *social media*, with 29%.

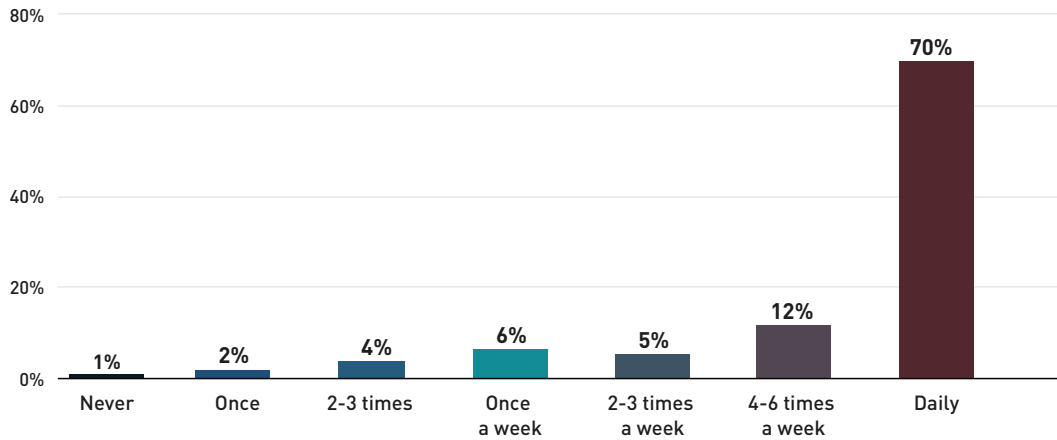


Figure 14

Frequency in accessing information on COVID-19 through the primary news source - “In the last 30 days, how often have you turned to your primary source for information about the Coronavirus (COVID-19) situation?”²²

About two-thirds (70%) reported accessing their primary source on a *daily* basis to receive information or updates related to the COVID-19 situation. All other frequencies were much less represented, with *4-6 times a week* at 12%, followed by *2-3 times a week* (5%), *once a week* (7%), *2-3 times* (4%), *once* (2%), and *never* (1%).

1.4.4 | Trust in COVID-19 News Sources

The next measure was trust in primary news sources to provide reliable information concerning COVID-19. The majority (82%) of the Irish population showed general confidence in this regard, with 40% *completely trusting* their primary source, although the median and most popular response was *partially trust* (43%).

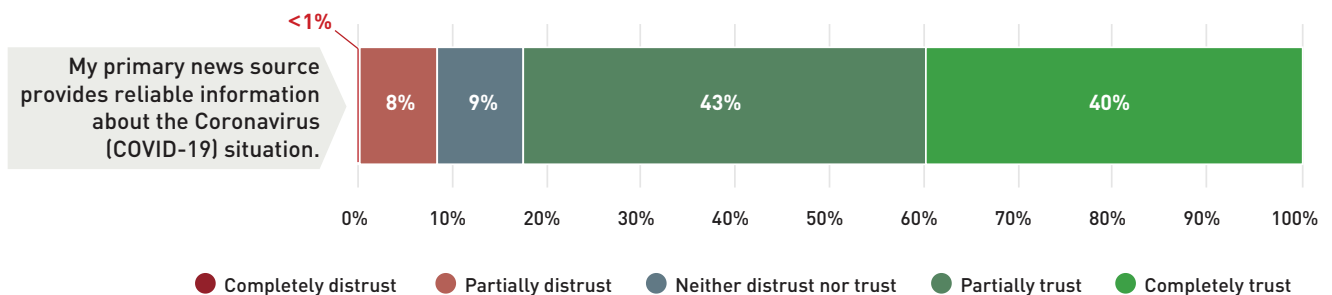


Figure 15.

Trust in primary news source to provide reliable information on COVID-19 - “Please indicate to what extent you distrust or trust your primary news source for reliable information about the Coronavirus (COVID-19) situation.”²³

22 Margin of error: ±5%, n = 835

23 n = 842

1.4.5 | Demographic Trends in COVID-19 News and Information

Slight gender differences were observed with those who used *print newspaper* to access their primary news source, with most being women (69%) compared to men (32%)²⁴.

Another notable finding was that with increasing age, people in Ireland tended to access their primary sources slightly more frequently²⁵. Further, we found significant differences in how various age groups access their primary news source for information on COVID-19²⁶. For the age ranges between 15-24 and 45-65+, *television* was the most popular means of accessing COVID-19 news. *News websites* were the most popular platforms for age groups 25-29 (60%), 30-34 (38%), and 45-59 (52%). However, trends on the basis of age and *social media* usage were also apparent, with a majority of 20-24-year-olds (56%) and more than one-third of 30-34-year-olds (37%) accessing their primary news source through *social media*. For the age group 35-39, social media was the most popular means (45%). *Mobile apps* were predominantly used by the 25-29 (57%) and 40-44 (59%) age groups.

Geographically, differences between people from Dublin city and the rest of the country were evident. People from Dublin city tended to be *more interested* in 'health news' than before the COVID-19 pandemic (Table 1).²⁷ Specifically, more than one-third (37%) of Dublin residents followed 'health news' 4-6 times a week, while only 7% of people from the rest of the country followed 'health news' with this frequency.

Table 1.

Cross-tabulation showing the level of interest in health news compared to before the COVID-19 pandemic across residents from Dublin city and the rest of the country.^{28,29}

Level of Interest proportions in %						
Location	Much less interested	Less interested	About the same	More interested	Much more interested	Total
Rest of country	18	20	53	7	2	100
Dublin city	10	18	32	34	6	100
Total	17	20	51	10	3	100

Further differences were found between these residency categories when it came to interest in 'art and style news' as compared to before COVID-19 (Table 2).³⁰ Here, a general difference was observed in distribution of responses across all categories.

What information do you wish you knew about the Coronavirus (COVID-19)?

There is a lot of conflicting information about a second wave of COVID-19, that there probably will be another surge of coronavirus cases and another severe lockdown. I don't know what to believe.

Man, 42, Dublin

24 Margin of error: ±5%

25 $r_s = -.27, p < .001$

26 $\chi^2(60) = 466.781, p < .001, V = .33$

27 $\chi^2(4) = 79.275, p < .001, V = .30$

28 $n_{\text{rest of country}} = 785, n_{\text{Dublin}} = 100$

29 In this report, individual percentage counts are rounded. Using the raw data, all totals equal 100%.

30 $\chi^2(4) = 79.529, p < .001, V = .30$

Table 2.

Cross-tabulation showing the level of interest in art and style news compared to before the COVID-19 pandemic across residents from Dublin city and the rest of the country.³¹

Level of Interest proportions in %						
Location	Much less interested	Less interested	About the same	More interested	Much more interested	Total
Rest of country	0	3	24	45	28	100
Dublin city	8	0	8	67	17	100
Total	1	3	22	48	26	100

People with different levels of formal education also exhibited significant moderate differences in interest in 'science news' when compared to pre-COVID-19 times (Table 3).³² Most notably, people with primary education became *much more interested* in 'science news' (30%) than people with other education levels. For example, the next highest proportion was 7%, populated by people with lower secondary education.

Table 3.

Cross-tabulation showing the level of interest in science news compared to before the COVID-19 pandemic across levels of education.³³

Level of Interest proportions in %						
Formal education	Much less interested	Less interested	About the same	More interested	Much more interested	Total
No formal education/training	25	0	75	0	0	100
Primary education	33	37	0	0	30	100
Lower Secondary	20	4	68	1	7	100
Upper Secondary	29	24	41	5	1	100
Technical or Vocational	49	15	36	0	0	100
Advanced Certificate/ Completed Apprenticeship	8	31	60	0	0	100
Higher Certificate	7	7	61	24	0	100
Ordinary Bachelor Degree or National Diploma	14	13	69	5	0	100
Honours Bachelor Degree/ Professional qualification or both	11	26	55	6	1	100
Postgraduate Diploma or Degree	11	19	64	6	0	100
Doctorate (Ph.D.) or higher	14	29	57	0	0	100
Total	21	18	54	5	3	100

31 $n_{\text{rest of country}} = 772, n_{\text{Dublin}} = 97$

32 $\chi^2(40) = 352.504, p < .001, V = .32$

33 n (top to bottom): 52, 43, 150, 189, 74, 48, 54, 64, 110, 83, 7

There were rather large statistically significant differences amongst ethnic groups regarding frequency of accessing primary news sources for COVID-19 information (Table 4)³⁴. Specifically, about one-third (34%) of people of Other Ethnic Groups³⁵ accessed their primary news source *once in the last 30 days*, while only 1% of people in White Ethnic Groups did this.

Table 4.

Cross-tabulation showing the frequency of accessing the primary news source for COVID-19 in the last 30 days across White people and people from Other Ethnic Groups.³⁶

Frequency proportions in %								
Ethnic Group	Never	Once	2-3 times	Once a week	2-3 times a week	4-6 times a week	Daily	Total
Other Ethnic Groups	0	34	0	0	3	13	50	100
White Ethnic Groups	1	1	4	7	5	12	71	100
Total	1	2	4	6	5	12	70	100

Some members of the public reported less interest in health (37%), technology (37%), and science news (39%).

34 $\chi^2(6) = 188.556, p < .001, V = .48$

35 The ethnicities were grouped under this term because the sample sizes were too small to allow for meaningful comparisons. The term 'other ethnic groups' is referring to 'Black or Irish Black' and 'Asian or Irish Asian' hereafter.

36 Ethnic groups: $n_{\text{white}} = 802, n_{\text{other}} = 32$



Discussion

We found high levels of self-reported familiarity with COVID-19 within the Irish population. The results show that the population was taking the virus seriously and did not underestimate the potential impact it could have on their communities. However, the Irish public were generally less concerned about their personal risk of contracting the virus.

This was shown by the fact that the majority of the population (79%) either felt neutrally towards or disagreed with the idea that they ‘will probably get sick with coronavirus’. Only 12% of the population suspected they had or have had COVID-19, and of these people, only a very small proportion actually tested positive (4%).

The majority of the population (74%) were found to be supportive of making a future COVID-19 vaccine mandatory. However, the importance of widespread vaccine uptake means the 15% of the population who expressed negative sentiment towards a mandatory vaccine must be taken seriously by health authorities. Qualitative responses to the open-ended question, ‘What information do you wish you knew about the Coronavirus (COVID-19)?’, suggest that information on the safety and efficacy of COVID-19 vaccines (supplying scientific information about risks or lack thereof) may be crucial for improving the uptake of vaccines.

In terms of attitudes towards government decision-making about managing the COVID-19 pandemic, a key finding was that the public generally perceived the government as placing too much emphasis on *economic* and *political considerations* (perception-expectation gap: -27%) when making decisions, as opposed to *scientific evidence* (perception-expectation gap: +36%). This connects with the public's positive perception of science in terms of its role in addressing societal challenges. The strong attitudes about government decision-making were in the context of high levels of interest in news about the pandemic. Namely, 70% of people were checking COVID-19 news *daily* with RTÉ News as the primary information source (60%) and *television* as the most popular media channel (60%). In other words, most people were seeking information to stay up to date on pandemic-related developments, including the government's actions. However, despite the majority of the population checking COVID-19 news *daily* (70%), most of the population did not highlight an increase in interest in news more generally about *science* (92%) or *health* (87%). This may suggest a public perception of the COVID-19 pandemic response as more of a societal/political phenomenon. This is despite a noticeable perception of the pandemic as medical in nature, evidenced by the fact that the majority (68%) of people expected policy-makers to be most influenced by *medical health professionals*. While an argument could be made that there may be a growing fatigue with COVID-19-related news, we have not found support for this as an alternative explanation. Rather, this alternative explanation is unlikely, given the trend of an overall increase in consumption of science news/information compared to 2018³⁷.

On a more individual level, the results of this research show that the most common change to work situations was the switch to working from home (38%), for those able to make this change. The population experienced other disruptions to employment, including *reduction in working hours* (11%) and temporary or permanent suspension from work (19%). While the majority of the population had not experienced any negative mental health effects (66%) or *tensions within the household* (80%), an important finding remains in the fact that just over a third (35%) of the Irish public's mental health had been negatively affected by the pandemic. This may suggest that support services targeting mental health will be an important consideration for policymakers and public health professionals.



More than two-thirds of people (70%) accessed information about COVID-19 through their primary news source on a daily basis.

37 See the SFI Barometer 2020 Research Report.

3



Conclusion

This research took place in Ireland during the peak of the COVID-19 pandemic in 2020. It found that the Irish public were highly responsive and engaged with information about the COVID-19 pandemic. The majority were checking the news *daily* via *television* - mostly *RTÉ News* (see section 1.4). However, this research shows that the public may have been viewing the pandemic response as more of a political/social issue than a scientific one.

This is evidenced through public concern for its effect on Irish communities but relatively low assessments of personal risk (see section 1.1.2). The public generally perceived the government as placing too much emphasis on economic and political factors when making decisions, as opposed to scientific evidence. However, the public perceived the government to be listening to medical health experts (see section 1.2), suggesting that there is a perception of the response as medical in nature. Over a third of the Irish public indicated experiencing negative effects on their mental health (see section 1.3.2).

These findings will further connect with research in 2021 to explore changes in the Irish public's attitudes. It will explore how experiences and views towards COVID-19 and government decisions in 2020 compare to science attitudes that may be evident at a later stage of the pandemic in 2021.

Appendices

4 Appendix A:

Irish COVID-19 Rules and Restrictions Timeline in 2020³⁸

24 March

- National Public Health Emergency Team announced that people seeking testing for COVID-19 will have to display two major symptoms rather than one before they are referred.

5 May

- National Public Health Emergency Team announced a change in testing criteria, wherein people only need to have a sudden onset of a cough, fever or shortness of breath and no other cause that explains their illness in order to be eligible for testing.

29 June

- Ireland entered phase three of the government's roadmap of easing COVID-19 restrictions.³⁹

15 July

- The Taoiseach announced that phase four of easing COVID-19 restrictions will not go ahead on 20 July and was postponed to 10 August.
- Following a Cabinet meeting at Dublin Castle, the Government of Ireland announced five key priority areas:
 - Face coverings must be worn in all shops and shopping centres. Retail staff will also be required to wear them unless there is a partition in place or there is social distancing of 2 metres between them and customers.
 - Pubs, hotel bars, nightclubs and casinos will remain closed until 10 August. Pubs currently serving food can remain open.
 - Social visits to people's homes should be limited to a maximum of ten people from no more than four different households.
 - Current restrictions of 50 people in indoor gatherings, 200 at outdoor gatherings, is being extended until 10 August.
 - It is continuing to advise against all non-essential travel.

38 Dates and events listed here were identified from Wikipedia and cross-referenced against government and Health Service Executive sources for accuracy. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_the_Republic_of_Ireland#Timeline

39 For details on the restrictions within phase three: <https://www.thejournal.ie/phase-three-ireland-measures-5133752-Jun2020/>
<https://www.gov.ie/en/publication/6c9cf-daily-briefing-on-the-governments-response-to-covid-19-wednesday-1st-july-2020/>

19 July

- A green list for safe travel, due to be published by the Government of Ireland on 20 July, was postponed due to ongoing negotiations in Brussels, where the Taoiseach was attending an EU summit. People coming into Ireland from countries on the list will not be required to quarantine for a 14-day period. Arrivals from countries not on the green list are required to quarantine.

23 July

- The Government of Ireland launched a €7.4 billion July Jobs Stimulus package of 50 measures to boost economic recovery and get people back to work, with the COVID-19 Pandemic Unemployment Payment and the Temporary COVID-19 Wage Subsidy Scheme extended until April 2021.

27 July

- The Taoiseach, the Minister for Education and the Minister of State for Special Education and Inclusion announced a €376 million support package and roadmap to reopen all schools in Ireland at the end of August. It included additional teachers and special needs assistants, personal protective equipment and stepped-up cleaning regimes.

4 August

- Following a Cabinet meeting at Dublin Castle, the Government of Ireland announced six key priority areas:
 - Phase four of easing COVID-19 restrictions will not go ahead on 10 August.
 - Pubs, bars, hotel bars, nightclubs and casinos will remain closed.
 - Restaurants and pubs serving food will now have to close by 11pm, but takeaways and deliveries can remain open after that time.
 - Face coverings will be mandatory in all shops and shopping centres from 10 August.
 - Five countries—Malta, Cyprus, Gibraltar, San Marino and Monaco—have been removed from the green list of countries identified as safe to travel to.
 - Current restrictions of 50 people in indoor gatherings, 200 at outdoor gatherings will remain in place.

7 August

- The Taoiseach announced a series of measures for counties Kildare, Laois and Offaly following significant increases of COVID-19 cases in the three counties, which will come into effect from midnight and will remain in place for two weeks. Measures include:
- Residents of the three counties will not be permitted to travel outside of their counties, except for in limited circumstances including to travel to and from work.
- Restaurants, cafés, pubs serving food, cinemas, gyms, theatres, museums, galleries, bingo halls, casinos, betting shops, leisure centres and other indoor recreational and cultural outlets will be closed.
- All retail outlets may remain open but with strict adherence to public health guidelines, including the wearing of face coverings.
- All indoor gatherings will be restricted to 6 people and outdoor gatherings restricted to 15 people.

10 August

- Face coverings were made mandatory in all shops, shopping centres, libraries, cinemas, museums, nail salons, hairdressers, dry cleaners, betting stores, tattooists and travel agents,

with fines of up to €2,500 or a prison sentence of six months to people who do not comply.

12 August

- It was announced that the Government of Ireland intends to move away from the phases of re-opening the country, and switch to a colour-coded system planned by the National Public Health Emergency Team to indicate how counties, regions and the country as a whole are currently affected by COVID-19.

18 August

- Following a Cabinet meeting at Government Buildings, the Government of Ireland announced six new measures because of the growing number of confirmed cases, which will remain in place until at least 13 September:
 - All outdoor events will be limited to 15 people
 - All indoor events will be limited to 6 people, except for religious services, weddings and businesses, such as shops and restaurants
 - Gardaí will be given new powers to enforce rules around social gatherings in restaurants and bars serving food, and in private homes
 - Restaurants and cafés can remain open with closing times of 11.30pm
 - People will be advised to work from home and to avoid using public transport, unless absolutely necessary
 - Sports events and matches will revert to behind closed doors with strict avoidance of social gatherings before and after events

3 September

- As part of the July Jobs Stimulus, the Taoiseach, the Minister for Finance and the Minister for Tourism, Culture, Arts, Gaeltacht, Sport and Media launched the Stay and Spend Scheme to help drive sales in the hospitality sector during the off-season which has been negatively impacted as a result of COVID-19, which will run from 1 October 2020 to 30 April 2021.

9 September

- The Government of Ireland announced that measures introduced on 18 August will be extended until Tuesday 15 September as a new roadmap for “living with COVID-19” will be announced, which will include a colour-coded, five-level system to indicate what public health measures are in place in different areas of the country at any given time.

5 | Appendix B: Glossary⁴⁰

Attitude: In psychology, an attitude represents a person's positive or negative assessment of a thing, person, topic, or issue (the attitude object). Attitudes consist of two components: affect and cognition.

Affect: Affect is an attitude component and refers to feelings and emotions generated by stimulation through a thing, person, topic, or issue (the attitude object).

Cognition: Cognition is an attitude component and is related to knowledge, thoughts, beliefs, and attributes one associates with a thing, person, topic, or issue (the attitude object).

Average: The average, or mean, is the sum of all values divided by the total number of values. For instance, the mean of the numbers 6, 4, 2, 1, 3, and 6 is 3.7.

Chi-square test: This test is used when you want to evaluate whether two categorical variables are related.

Cognitive testing: The process of administering, and gaining detailed feedback on, all or part of a survey prior to the main survey with a smaller sample size in order to confirm that the intended meanings of your survey questions are clear to your respondents and that any directions you provide can be easily and accurately followed.

Correlation: The extent to which two variables have a relationship dependent on each other. For example, there is a correlation between eating high quantities of fatty foods and gaining weight.

Cramér's V: This test is used as a follow-up after a statistically significant chi-square result to determine the size of the effect.

Effect size: The effect size is a number representing the strength of the relationship between two variables. The larger this number is, the stronger the relationship.

Inferential statistics: Inferential statistics are numbers resulting from calculations which enable generalizations about a population from collected data with a known level of certainty that the results accurately reflect reality within a certain range. This is done, for example, by testing hypotheses and deriving estimates.

Likert-type scale: A Likert-type scale is typically a statement with a set of response options, allowing a respondent to indicate, for example, their level of agreement with a statement in a way that can be readily converted to numbers for analysis.

Margin of error: In statistics, the margin of error describes the amount of randomly occurring error that will happen during the process of generating data. Typically, the larger the sample size, the smaller the margin of error, and the more likely the results can be generalised accurately within a smaller range.

40 Disclaimer: These are highly simplified definitions, not meeting scientific standards.

Median: When ranking the numbers in a set of data from the smallest to the largest number, the median represents the exact mid-point, or the most central number. For instance, the median of the set of numbers 1, 2, 3, 4, 5, 6 and 7 is 4.

Mode: The mode is the most frequently occurring value or attribute in one set of data. For instance, among the set of numbers 6, 4, 2, 1, 3, and 6, the mode is 6.

Populous: Densely populated - here, it refers to the amount of people in a category or group.

Qualitative: Qualitative data represent observable phenomena which cannot be described by numbers and are subject to interpretation. Interview transcripts, for instance, are qualitative data which need to be systematically interpreted and organised in order to make valid assumptions about them. In this report, the blue text bubbles show qualitative data.

Quantitative: Quantitative data refers to set quantities, and therefore numbers. For example, the tables and figures in the results present quantitative findings.

Reliability: In statistics, reliability describes the overall consistency of a measure. When similar results are measured under constant conditions, the reliability assumption is achieved.

Sentiment: This refers to a feeling or opinion held or expressed.

Socio-demographics: This refers to characteristics of a population, such as gender, age, income, ethnicity, education, etc.

Spearman's Rho: In statistics, Spearman's Rho describes the correlation or relationship between two variables.

Statistical significance: When findings are statistically significant (e.g., at a confidence level of 5%), it means that they are probably not the result of pure chance (e.g., with a 95% probability).

Stratified random sampling: In statistics, stratified sampling is a sampling method in which the total population is divided into subpopulations, dependent on certain (socio-demographic) characteristics. Random samples are then selected from each subpopulation.

Validation: Validation describes the process of assessing something in terms of its validity and how they can be used in statistical analysis.

Validity: Validity is the extent to which a measurement instrument actually measures what it is supposed to measure. For example, a scale that is broken and does not display the correct weight provides invalid data. Valid research findings are those that closely correspond to the objective or subjective reality of the situation you are studying.


Variable: In statistics, a variable is a specific measure of an attribute (e.g., length or colour). Within a variable, different values from different measurements can vary - hence the name 'variable'. For instance, age can be a variable for which data was collected and which varies between respondents.

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