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Public Attitudes Toward Covid-19 Health Guidelines In North America: A Rapid Review

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ABSTRACT

COVID-19 has destroyed economies, trading, industries, administrative systems and even limited the mobility of people in many countries. The only solution to minimize outbreaks is to follow the guidelines provided by health organizations. Therefore, this research analyzes the attitude of North Americans towards public health guidelines or SOPs for preventing the spread of COVID-19. Instead of doing empirical investigations, this study has conducted a review of several relevant research articles. The results highlighted that in comparison to the young generation, the elderly people regard this virus as a threat and follow the public health policies or guidelines. This study has several limitations, first, it's based on the review of the literature and focused on North America. Secondly, it lacks the usage of specific meta-analysis software (i.e. RevMan). In future, the researchers can do an empirical investigation to evaluate the exact percentage of people following the guidelines and are much concerned about the virus.

Keywords

COVID-19; Public Health; Public Attitude; North America; Public Awareness; Health Communication.

1. INTRODUCTION

COVID-19 is now the biggest public health challenge (KCDC, 2020) as this virus has affected global systems. Markets and businesses around the world continue to be affected even with the availability of vaccines. Moreover, vaccines are available only in certain countries and there exists much contradiction in the efficacy of vaccines because the virus is mutating every three or four months. Since last year, instead of a decrease in cases, in many countries, the cases are soaring. Therefore, in those countries, the pressure on the health care systems is higher than ever (Berlinger et al., 2020). One way that can help in reducing the spread of COVID-19 is raising public awareness, particularly by understanding the public attitude towards the health guidelines provided by World Health Organization (WHO) and other health authorities. Therefore, this research has reviewed the public attitudes towards COVID-19 health guidelines in North America.

1.1. Background

World Health Organization (WHO) reported the virus 2019-nCoV on 31st December 2019 in Wuhan which is a city in China, this virus was later termed named as Coronavirus (COVID-19) (Taylor, 2020; Wu et al., 2020). In 2002, Foshan, China was infected with the "severe acute respiratory syndrome" (SARS) which was caused due to "SARS coronavirus (SARS-CoV)". Many scientific pieces of evidence revealed that the genome of SARS-CoV has a resemblance with 2019-nCoV (Chan et al., 2020; Woo et al., 2019). Moreover, some studies also related the COVID-19 with the "Middle East respiratory syndrome (MERS)" caused by "MERS coronavirus (MERS-CoV)" due to similar symptoms infected patients (WHO, 2020). On 13th January 2020, the COVID-19 started spreading rapidly out of China, even in the Philippines few cases were reported (Labrague et al., 2020). Due to its accelerated spread around the globe, WHO declared it as pandemic (WHO, 2020) and 2019-nCoV was renamed as "SARS-CoV-2" due to identification as the causative agent of the coronavirus disease 2019 (Atzrodt et al., 2020). Since, 11th March 2020, COVID-19 is now being tackled by international and local health authorities who are prescribing a wide range of relief measures to control the effect of COVID-19 on public health. WHO has launched many free online introduction programs, training courses and awareness campaigns in multiple languages to educate the public about coronavirus but it's still unknown that how many people are following such guidelines (WHO, 2020). According to the SOPs provided by the world health organization, physical separation/ distancing, use of non-pharmacological interventions, hand hygiene and face masks have been shown to reduce transmission of SARS-CoV-2. These measures lay the foundation to combat the large-scale proliferation of this disease and decrease the overall financial and logistical burden on health care systems.

Without the execution of public health strategies, it is estimated that 64.6% of the Canadian population will be exposed to COVID -19 by January 2022, and 3.6% of these individuals will not survive as a consequence of contracting COVID -19 related illnesses. Unfortunately, preventative treatment for COVID -19 is not yet available and it remains unclear whether vaccinations will be accessible for large-scale public use anytime soon. For that reason, defensive behaviour frameworks may be required by 2022, with the risk of widespread recurrence removed by 2024.

Behavioural moderation strategies rely on open adherence to key well-being behaviours. A separate pursuit is underway to identify specific individual characteristics that can be used to predict compliance with COVID-19 rules. Several major studies have been conducted to assess compliance with COVID-19 rules for public health on a national and global scale. Reviewing and mapping existing knowledge is critical for determining predictive variables and identifying gaps in science and technology.

The review done will summarize recent studies to highlight the research questions listed below:

1. Which factors influence people's attitudes towards public health guidelines regarding COVID-19 in North America?
2. What is the correlation between public attitudes/adherence and the personal characteristics of the population?
3. Which activities promote adherence to public health guidelines by cultivating more favourable attitudes towards their implementation?

2. EXISTING LITERATURE

Since the outbreak of COVID-19, many researchers are studying its effect on the education sector (Sun et al., 2020; Onyema et al., 2020), economy (Carlsson-Szlezak et al., 2020), tourism (Sheresheva, 2020) and health psychology (Adren and Chilcot, 2020) but these studies have ignored the most important perspective of public attitude towards health guidelines. There is minimal evidence linking health communication to encouraging behavioural change in the public with respect to COVID-19. However, in neuroscience and anthropology, there is a substantial body of knowledge about behavioural changes in a range of social and wellbeing contexts. The limited literature currently available on COVID-19 would almost certainly lead to more useful conclusions if this scientific proof were available. Additionally, increased psycho-social literature and frameworks are all reliable sources of guidance for influencing behaviour along with other related campaigns that provide more rigorous evidence from national and local activities involving minorities who may be undervalued in the general population. Moreover, several municipalities can use the WHO methodology to conduct research on iterative behavioural insights for COVID-19,

in addition to their own expert data collection on public perceptions.

3. METHODOLOGY

The research is a swift review instructed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) rapid review rules.

3.1. Selection

The reviewer thoroughly searched the titles and abstracts to ensure that they were relevant to the main purpose of this review. Moreover, the articles were selected from different renowned databases (i.e Scopus and Web of Science).

3.2. Data extraction

A standardized data extraction form was used to collect data on the plan, scope, and estimation of the investigation, investigation characteristics, examining strategies, and outcomes. The data extraction steps are shown in figure 1.

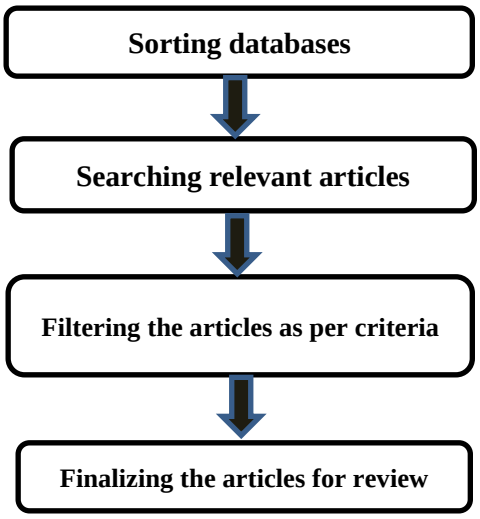

Figure 1: *Steps in Data Collection*

4. RESULTS & FINDINGS

The final synthesis consisted of 9 studies in total. Table 1 summarizes the study characteristics of the studies included. The research was conducted in the United States and Canada.

Table 1: *Characteristics of study*

Author	Country	Study Design	Population	Sample Size	Study Focus
Bridgman et al., 2020	Canada	Cross-sectional survey, Qualitative	Canadian Residents	2.5 million tweets and 8857 articles	Self-reported adherence to COVID rules
Brodeur et al., 2020	United States	Correlational-cross-sectional survey	Residents of 436 counties in the United States	1139	Non-essential visits, change in distance travelled
Clements, 2020	United States	Correlational-cross-sectional survey	Residents of the United States who are at least	1034	Hoarding, attending large group events, and wearing masks
Everett et al., 2020	United States	Experimental-between-subjects design	Citizens of the United States	1032	Intentions to adopt public health behaviours
Goldberg et al., 2020	United States	Correlational—cross-sectional survey	Residents of the United States	3933	Wearing a mask in public
Kantor & Kantor, 2020	United States	Correlational—cross-sectional survey	Residents of the USA	1005	Adherence to COVID-19 guidelines
Knotek II et al., 2020	United States	Correlational—cross-sectional surveys	Residents of the United States	1141	Wearing a face mask in public
Pedersen & Favero, 2020	United States	Correlational—cross-sectional survey	Residents of the United States.	1449	Physical distancing
Von Soest et al., 2020	Canada	Correlational—cross-sectional survey	Residents of Canada	1593	Overall adherence to COVID-19 public health guidelines

Throughout the reviewed studies, there was a consistent correlation between attitudes/adherence and a few specific personal characteristics that include gender, age and trust in government. Additionally, traditional media sources,

belief in science and medicine, appropriateness of rules and larger family units were all factors that directed an individual's likelihood to conform to policies regarding COVID-19. Both political conservatism and trust in government regulations also influenced an individual's adherence to coronavirus-related policies and guidelines.

Although instruction, occupational status, faith in others, race, and well-being status were not related or conflicting, this research discovered a significant void in COVID -19 written methods for promoting open wellbeing adherence. Interventional considerations were made by only a small number of quasi-experimental researchers.

In general, the authors of the analyzed research articles delivered logical suggestions derived from inferential findings obtained through convenience sample surveys. Overall, communicating information related to the pandemic and the government's potential threat appeared to be the most promising strategy for increasing public confidence.

5. CONCLUSION

This study exhibits several aspects of public health policy including those revolving around COVID -19. The supporting evidence reveals that in general, elderly people who have more confidence in government than their younger counterparts, regard COVID-19 as a threat and therefore, are more likely to follow public health policies and guidelines surrounding COVID-19. Future research directions include increasing public awareness of pandemic policies and emphasizing the effectiveness of health policies in mitigating the threat of COVID-19. The majority of publications included in this review analyzed protective behaviour using a variety of methods. In addition, it is recommended that future research on this topic employs investigational designs and more rigorous inspecting strategies to examine the impact of public well-being interventions as well as the effectiveness of tailored approaches for high-risk groups.

6. CONTRIBUTION

The results of this study indicate that individuals who believed that COVID -19 posed a threat and individuals who did not believe in the need for overt welfare rules were more likely to show reliable compliance with welfare rules. Therefore, it follows that open well-being rules should lead to progress in shared information, particularly about the threat of infection and the sustainability of open well-being rules.

In addition, education should be targeted at groups of people who are more prone to disobedience or have negative attitudes around the very existence of such policies and guidelines. These groups include younger men- especially, those who identify as traditionalists and those who have less trust in government or science. Furthermore, COVID-

19 focused advocacy, which was significant for the higher specific likelihood of noncompliance with COVID -19 measures, was not found in the current review. Each approach includes features based on supportive independence rather than broad-based injunctions, connections based on social values and feelings, and a communication system that emphasizes direct communication.

It is recommended that health authorities and public health officials work in collaboration with each other to promote public health guidelines, taking into account both systemic and structural aspects. According to the results of our reviewed studies, people's ability to follow public health guidelines is a strong predictor of adherence. Preventative measures such as washing hands thoroughly and wearing face masks should be used to promote behaviours that reduce the likelihood of viral transmission. Hand cleanliness and mask use can be upheld by the availability of supplies such as wipes, cleaning items, reusable masks, and proper dumping facilities. Changing such behaviours requires complex systemic changes, such as redesigning public spaces, ensuring that individuals have access to alternative methods of working as well as supporting individuals who don't use employment benefits that cover days off work. Furthermore, it is a plausible theory that data was missed because screening alone was insufficient. The strategy under consideration was not subjected to a formal quality assessment. Additionally, the eligibility was personalized to recognize articles that were relevant to a North American setting, with an emphasis on the United States and Canada. The eligibility criteria were limited to modifiable behaviours that are visible to the public. When considering the use of open wellness rules, the influence of both identity traits and societal traits must be considered. Thus, an examination does not assess the psychological or societal factors that influence compliance with COVID -19. In addition, the studies did not examine the distribution of confinement spaces and indigence rates across societal units (e.g., population groups) in relation to the framework components. Despite the fact that the thinking process comes before action, it is only the first stage of a larger thinking process that includes both information gathering and analysis.

7. LIMITATIONS

Identified elements of this survey include cross-sectional studies chosen by the reviewer that use convenient research strategies. A non-random approach that has been used in this study compromises the representativeness of the test and also increases the inaccuracy of the results that overall, introduces bias to the findings of this study. Additionally, since most people are passive observers, they do not take into account driving factors such as changing behaviours and attitudes- some believed that the validity of the data was overstated, while others were concerned that too little or no data was collected.

8. IMPLICATIONS

This study is based on public attitude towards COVID-19 guidelines provided by health authorities to minimize its spread, thus it has deeply analyzed the literature and gathered several pieces of evidence to highlight significant implications. In terms of theoretical implications, this study has analyzed the attitude of people of North America that how effectively they are following guidelines. Thus, this research expanded the literature on coronavirus and public attitude towards guidelines. In addition, this research has directed the attention of researchers towards highlighting the importance of focusing on the public attitude instead of merely explaining the effect of COVID-19 on the economy. The researchers focusing on the COVID-19 can consider this research as key for evaluating the public attitude. In terms of methodological implications, this study adopted the PRISMA rapid review strategy which can also be adopted by future researchers. Practically, this research serves as a guideline for policymakers, WHO, governments, doctors and particularly the general public as it has highlighted the patterns of public attitude towards health guidelines during a pandemic.

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