

An interview with Dr Jane Murphy

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Jane is a post-doctoral researcher on the Horizon 2020 SEURO project (Scaling EUROpean citizen driven transferable and transformative digital health) at Trinity College Dublin. She completed a MSc in Health Psychology at NUI Galway in 2017. In 2021, Jane completed her PhD research on digital health interventions to support medication adherence in young adults living with asthma, at the School of Psychology, NUI Galway. Her PhD was funded by the Irish Research Council and used a range of research methodologies as well as incorporating Public and Patient Involvement (PPI) to explore feasible digital health supports for young adults with asthma. Jane has worked on several research projects and co-supervised postgraduate students conducting research in digital health and self-management of chronic conditions across the lifespan including hypertension, type II diabetes and asthma. She has contributed to teaching on a range of programmes in the School of Psychology and College of Medicine, Nursing, & Health Sciences at NUI Galway. In SEURO, Jane is applying health psychology and behavioural science to the development and evaluation of digital health behaviour change interventions, focusing on older adults managing multi morbidity.

EHP: Tell me a little bit about yourself and the position you are currently in?

JM: I completed my undergrad, MSc and PhD in Health Psychology at NUI Galway – a great place to learn some Health Psychology tricks. I'm newly



finished my PhD - I passed my viva in December and I submitted my final thesis in January this year. My PhD thesis focused on digital health interventions to support medication adherence in young adults living with asthma.

In July last year, I finally left NUI and began my current position – a postdoctoral researcher on the SEURO project in Trinity College Dublin. SEURO (Scaling EUROpean citizen driven transferable and transformative digital health) is an EU funded Horizon 2020 project which aims to advance the digital health platform called 'ProACT', and scale it up for delivery across Europe. ProACT aims to support individuals over 65 living at home with multimorbidity to better understand and self-manage their health and well-being.

My specific role within the project is to lead a behavioural science work package which focuses on the development of a Digital Checklist of the key steps that should be considered in the development and evaluation of digital health behaviour change

interventions. From my PhD work I can see the value in a comprehensive checklist like this, so I was invested from the get-go. And overall, the position felt like a nice 'next step' from my PhD – I wanted to stay in the field of digital health and chronic conditions but wanted to expand my research experience across conditions and from young adults to other stages of the lifespan.

EHP: *What is it like being a post-doctoral researcher (i.e., is it what you expected it to be? If not, how is it different?)? What are your typical day-to-day tasks? Do they vary much?*

JM: Day-to-day tasks can vary a lot, which keeps it both challenging and interesting. They range from organising and facilitating focus groups, workshops, interviews, project advisory board meetings, analysing data, writing protocols, deliverables and ethics applications, trial planning and attending meetings, either with the entire SEURO Consortium or individual teams within the Consortium depending on the task at hand.

EHP: *How would you compare it to being a doctoral student?*

JM: Naturally I think you're working as a more independent thinker and researcher to get your tasks done on a daily basis. But at the same time, there's a greater 'teamwork element' to working on a Consortium project – it's nice to work with a team that have an extensive range of expertise to learn from, and we can benefit from each other's strengths.

I also think the work is more structured – in your PhD you can somewhat structure your own timeframe and set personal goals and deadlines – whereas in this position there's more 'hard' deadlines set within the project, and for me that works well because I like structure.

EHP: *What were the main challenges in getting here (i.e., previous training, applying for post-graduate/post-doctoral positions, other responsibilities, etc.)?*

JM: The position I'm currently in is the first position that I applied for, so I can't speak too

much to the process of applying for positions. Thankfully, I was successful and started the position last July (2021). At this point, I still had PhD work to do - revise certain thesis chapters and write my discussion chapter. So for me the challenge was about balancing my dual role and time – thesis writing tasks, starting and settling into my first postdoctoral role.

Before this, completing the PhD during a pandemic also brought a host of challenges. I had a 7-month delay with recruitment through General Practice for my final study, which pushed it out much later than I had hoped. But I used this time to kick start writing my thesis and it worked out quite well, because when recruitment for my final study got the green light, getting the study started was a nice break from writing at that point

But what I found the most challenging during this time was the lack of dedicated office space for writing tasks and adjusting to working from home. And of course, not seeing my PhD pals every day – peer support is the absolute pillar!

EHP: *What aspects of the journey have you enjoyed the most (i.e., since you began third level education)?*

JM: I enjoyed many aspects of my PhD. Probably the thing I enjoyed most was the people that I got to meet - both my friends in Galway, people I worked with on the CREATE EC and those that I got to meet at the annual workshops and other conferences.

I also liked the diversity and range of areas I was researching – health behaviour, digital health, chronic conditions and developmental stages of the lifespan – there's a never-ending amount to learn! I also had a great working relationship with my supervisors. This made the 4 years so much easier and I just really enjoyed learning from them.

EHP: *Were you considering any other types of positions during/after your doctoral training?*

Answer: I think industry is another potential direction that's often considered if you're working in digital health. And I like the idea of sustaining

digital health interventions and working towards their integration into society and services. But my main interest lies in research and iteratively applying behavioural science to develop and refine these interventions.

EHP: *What advice would you give people who are considering applying for post-doctoral positions (i.e., dos and don'ts)?*

JM: •Do not be discouraged from applying for positions if you're at an early career stage – yes, experience is important, but so is relevant training, ability to problem solve and related topic knowledge.

•In the interview, demonstrate how you overcame any relevant challenges in your PhD/ other research. Challenges are inevitable in all research projects, so having experience of successfully managing them is essential.

•Be prepared to talk about your long-term career goals – what you want to achieve from the position and how it will help you achieve your goals. If your goal is to eventually apply for your own grant, show that you have thought about specific grants you may apply to.

EHP: *When you think about your area of expertise and your research, what is the way forward to make even more impact- in the research community as well as in society?*

JM: I think a key way of increasing impact is to increase reach – disseminate to both the research community and the public and through a number of avenues e.g., charity sector and events, policy briefs, media avenues (e.g., in Ireland we have RTE brainstorm, where the academic and research community can contribute to public debate and provide an informed view). Linked to that point, I think 'succinct' descriptions of the key findings/ implications of the research is an effective method of communication for several audiences – these may be efficiently presented through infographics, charts, or a short video. Additionally, taking a multi-stakeholder approach to our research field and incorporating all relevant expertise is

extremely valuable. This may include health psychologists, PPI representatives, healthcare providers, industry and human-computer interaction experts.

EHP: *With regards to how Covid 19 has impacted your research and teaching practices (i.e., remote work), what practices would you keep and what would you get rid of moving forward out of the pandemic?*

JM: I see huge value in face-to-face interaction, for research and teaching-relating tasks. However, the increased accessibility of online research events and conferences is also an advantage. Additionally, the potential to work remotely leads to increased job opportunities, which is another major plus. Moving forward, I think maintaining a hybrid/ blended approach to teaching and research would be ideal!

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