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# Dyadic health behaviour change: A Tandem project on couples' co-regulation of physical activity

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Regular physical activity has many health benefits. Nevertheless, many individuals fail to consistently adhere to the current physical activity recommendations of engaging in at least 150 minutes of moderate activity per week (World Health Organization [WHO], 2016). Volitional strategies such as action planning or action control have shown to be effective in translating good intentions into physical activity (Sniehotta, Scholz, & Schwarzer, 2005). Additionally, married and co-habiting individuals often try to and succeed in co-regulating their partners' health behaviour, including partners' levels of physical activity (Lewis & Butterfield, 2007; Martire, Schulz, Helgeson, Small, & Saghafi, 2010). Thus, considering the social context for people's self-regulation is highly relevant. Recent studies provided evidence that dyadic interventions (i.e., involving a close other) are effective for behaviour change (e.g., Prestwich et al., 2014). Randomized controlled trials with a dyadic intervention group allow the investigation of the dyadic nature of co-regulation in health behaviour change, and provide great opportunities to examine a variety of new research questions.

## EHPS Tandem Project

Meeting for the first time in 2013 at the CREATE workshop, we quickly discovered our shared research interests in the dyadic nature of health behaviour change and longitudinal data analysis. At this time, we were both working on similar

research projects, that is, collecting longitudinal data on couples' co-regulation to increase their physical activity measured by accelerometers. Corina was involved in a randomized controlled trial examining the effects of dyadic action control under the supervision of Urte Scholz at the University of Bern (A Dyadic Action Control Trial in overweight and obese Couples; DYACTIC; Scholz & Berli, 2014). Jan was involved in a randomized controlled trial on dyadic action planning under the supervision of Nina Knoll and Silke Burkert at the Freie Universität Berlin (Days in motion; DiM). We realized that our research projects had parallels in many ways and that collaborating on this topic would provide great synergies for maximizing our theoretical and methodological expertise. With large data sets from dyads to be analyzed in 2016, we thus applied for the EHPS Tandem Grant. The receipt of the Tandem Grant allowed us to work jointly on two research questions regarding couples' physical activity co-regulation.

## Jan's visit to New York

From April 7th to 18th, a first meeting took place at Columbia University in New York City where Jan brought data from the DiM project which investigates the effectiveness of a dyadic action planning intervention for physical activity in 346 adult couples.

Dyadic action planning refers to a target person and a planning partner jointly planning the target person's health behavior change (e.g. Burkert, Scholz, Gralla, Roigas, & Knoll, 2011). Although the planning partner is not necessarily involved in the

planned behaviour, we aimed to examine whether dyadic planning was nonetheless related to being more active together (i.e. co-activity). In pre- and post-intervention assessments, couples' dyadic planning and co-activity were assessed by questionnaires. We explored the data by looking into the target persons' and partners' time courses of dyadic planning and co-activity. Furthermore, Actor-Partner-Interdependence Models (APIM; Cook & Kenny, 2005) with dyadic planning as IV, co-activity as DV, and relevant covariates were analyzed. The process of building up our research question(s) and applying appropriate dyadic models was supported by personal meetings with Niall Bolger and Patrick Shrout (Corina's supervisors), as well as a presentation in the lab meeting with faculty and students. Following the lab meeting, we set ourselves action plans for data analyses to be done until our next meeting in Berlin.



Visiting the Hudson River promenade with the Statue of Liberty in the background

## Corina's visit to Berlin

Approximately one month later, from May 11th to 19th, the second meeting was at Freie University Berlin where Corina brought along dyadic diary data from the DYACTIC project. This longitudinal project investigated the effectiveness of a dyadic



After the Health Psychology colloquium with Nina Knoll and Diana Hilda Hohl

and individual action control intervention in 121 overweight and obese adult couples to promote physical activity (Berli, Stadler, Inauen, & Scholz, 2016).

Previous research has shown that partners' health behaviour change is positively linked (Jackson, Steptoe, & Wardle, 2015). Our goal was to examine how intimate partners covary in their daily physical activity, and whether a target person's activity would affect his or her partner's activity (i.e., spill-over effect), drawing on daily assessments from triaxial accelerometers during 28 consecutive days. Our joint data analyses included that we graphically inspected couples' activity trajectories over time and computed multilevel models testing the effect of the target person's activity on the partner's activity. We iteratively extended this model to explore the temporal process, systematic differences across couples, and possible explanations for the spill-over effect. We had the opportunity to personally meet with Nina Knoll (Jan's supervisor) and to share and discuss our preliminary work with faculty and students at the weekly colloquium of the Health Psychology division at the Freie Universität Berlin. In a last follow-up meeting, we discussed how to proceed with our work and laid out the next steps of our collaboration.

## Lessons learned

Overall, the Tandem Grant was an excellent opportunity to strengthen our collaboration towards a greater understanding of co-regulatory processes in health behaviour change. We familiarized ourselves with different procedures to analyze dyadic longitudinal data, e.g. the APIM (Cook & Kenny, 2005). Also, we expanded on our toolbox, benefitting from each other's expertise in how to model multilevel data in Mplus and SPSS. Aside from refining our analytical skills, we had extensive discussions on the topic of dyadic interventions in general. We shared our experience on what might work and not work, and what we still don't know. It was inspiring to get to know each other's projects and data in detail, and share our experience with managing large, longitudinal projects. The Tandem Grant enabled us to benefit from each other's international network and getting to know each other's team culture. In both teams, we were able to discuss our ideas with the respective senior supervisors and to share our latest findings at the end of the visit with the whole team in the context of lab meetings and colloquia.

Of course the Tandem Grant also provided us with unique opportunities for shared time beyond work. Joint meetings in cafés allowed us to explore the cities from a local's perspective, we undertook co-activity by riding along the Hudson (yes, we indeed dyadically planned this event) and enjoyed Berlin by night from the top of the Fernsehturm. We really appreciate the extremely valuable opportunity the EHPS gave us by awarding the Tandem Grant.

## Plans for the future

Our collaboration definitely does not end with the end of this short report. We will continue our

joint work, refining our analyses and preparing a joint publication for each of the topics. Results and implications of our data analyses will be brought into meetings and discussions of 2016's SYNERGY Expert Meeting (Topic: Social relationships and health: Collaborative and dyadic approaches) and EHPS Conference in Aberdeen. Receiving the Tandem Grant strengthened the link between our research projects, increasing their visibility in the couple research domain, and leading into future collaborations with other health psychology researchers.

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# CREATE Workshop 2016

## Mixed Methodology in Health Psychology; mixing, matching and integrating different methodological approaches in the study of health and illness.

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For decades, the field of psychology has been the stage of a passionate debate between supporters of quantitative and qualitative research

paradigms. This "qualitative-quantitative debate" is one of those highly charged subjects that can trigger a heated discussion at any research convention. Traditionally, qualitative and quantitative approaches were considered to be incompatible, underpinned by fundamentally different assumptions, (Dures, Rumsey, Morris, & Gleeson, 2011) and unable to communicate with each other. However in recent years, the two approaches have been brought closer together through the use of Mixed Methods Research (MMR). MMR is like a language that allows quantitative and qualitative research not only to co-exist but also complement one another. MMR states that no single method, be it quantitative or qualitative, is fundamentally superior to the other when it comes to understanding behaviour and social phenomena. Using mixed methods designs can help you overcome the weaknesses of both quantitative and qualitative research. These mixed methodologies can provide a more comprehensive and holistic understanding of human behaviour.

The 2016 CREATE workshop brought together thirty-three early career researchers from fourteen different countries, all hoping to gain a greater understanding of what constitutes a good mixed-methods study and to gain expertise on how to

combine quantitative and qualitative data. The three-day workshop was held in Aberdeen, UK, prior to the general EHPS/DHP conference and was facilitated by Dr. Irina Todorova (Health Psychology Research Centre, Bulgaria) and Dr. Rachel Shaw (Aston University, UK).

Although, in recent years, MMR has become the 'hot' method, the facilitators of the workshop stressed that 'doing it right' is not easy. MMR takes more resources and time than traditional paradigms. When dealing with limited time and funding to complete a project, this can be particularly daunting. To help streamline the process of a mixed methods study, a lot of the workshop was dedicated to formulating a clear MMR rationale, research questions and choosing the right design for MMR studies. While working in small groups, we discussed how our own work could be enhanced through the use of mixed methods designs. Dr. Todorova and Dr. Shaw showed us the various mixed methods

design options, which varied from basic to more advanced designs, and they provided examples from their own research. The possibilities with MMR are numerous, from convergent parallel designs, where the quantitative and qualitative data collection and analyses are simultaneous, and the results are merged at the end, to sequential designs, where one approach informs the subsequent approach. The complexity of the design depends completely on your research questions (Creswell, 2014).

To get familiar with the different designs, we incorporated the designs into our own work in small groups. After working through the different





stages of designing the MMR study, one person from each group had an opportunity to present their ideas to the larger group. This not only provided us with the opportunity to discuss and reflect on the different designs, it also gave us a chance to provide each other with useful feedback and research ideas.

To make the workshop particularly relevant to health psychology, the facilitators highlighted the role of MMR in health science research. It seems that our field has started prioritising methodological diversity. In fact, qualitative research is rapidly becoming a key component in developing effective health promotion strategies and interventions. In many stages of intervention development, using a mix of methodological approaches is thought to improve effectiveness and uptake of the intervention. After examining the MRC framework for designing and evaluating complex interventions, we concluded that mixed methodology could be beneficial to the process in multiple stages (Craig et al., 2008). For example, in a feasibility and piloting stage of intervention development, using a mixture of

qualitative and quantitative methods makes understanding barriers to participation and estimating response rates more likely (Anderson, 2008).

A clear strength of the workshop was that the facilitators relied on real world examples from their own research. As they guided us through various stages of their research, from designing the study and applying for grants, to the data analysis and write up, they also highlighted the different challenges along the way. For example, Dr. Todorova spoke about a large study that followed 400 newly arrived children from the Caribbean, China, Central America, and Mexico to the United States for five years, using a mixed-methods approach. The data were so rich and cohesive that the findings were written up as case studies (Suárez-Orozco, Suárez-Orozco, & Todorova, 2009). This opened a lively discussion on considerations of anonymity and confidentiality, which can be quite challenging features of MMR.

Dr. Todorova and Dr. Shaw went at a perfect pace, making sure that we were all on track, especially when it came to the discussion of ontology and epistemology, also providing us with useful handouts for future references. An important lesson learned is that using mixed-methods approaches means that you will need sufficient knowledge of two different research philosophies. Therefore MMR often relies on collaboration. There is still a strong separation present between qualitative and quantitative methods. This is reflected in the expertise of researchers. In fact, we observed in the workshop, that some of us were primarily quantitative and some primarily qualitative researchers.

On the last day of the workshop, we finally reached the most daunting feature of MMR, the data interface, where the actual mixing of results occurs. We were all hoping to be guided through a step by step approach in data integration.



Unfortunately, what seems to be the hardest part of MMR, also seems to be the part that lacks some guidance. The integration of data is a challenge, as it is led by the nature of the data. No golden rules seem to apply here and no manuals are available. It is important to carefully review your data and see where it leads you. This can be particularly challenging when the qualitative and quantitative findings are contradicting each other. While this can be a frustrating result, the CREATE facilitators encouraged us to look at this with a positive attitude. Contradicting results make for great research questions and they open doors for more exploration.

When integrating results, reading examples from previous articles can help immensely. To give us a taste of the range of quality within MMR, the facilitators provided us with articles that we had to read and discuss in groups, before reconvening as a larger group and identifying their strengths and weaknesses. Although there is no manual to follow when integrating findings, when it is done well, the article flows and by the end of it the results are a homogenous picture, instead of separate quantitative and qualitative entities. With regards to appraisal of MMR, especially in the context of systematic reviews, quality assessments tools for such research are limited. However, Dr. Shaw introduced us to the Mixed Methods Appraisal Tool (MMAT; Pluye et al., 2011) and shared with us her experience of using it.

Although MMR is being widely adopted, it is still a relatively new and evolving field; therefore, practical issues exist in relation to publication and appraisal. It is difficult enough to adhere to strict word limits of journals when using one approach, however with MMR this challenge is only further amplified. Luckily, the facilitators shared some tips with us on how to overcome this challenge, in particular, publishing separate papers for the quantitative and qualitative findings, and a third

publication revolving solely around the mixed-methods integration. Submitting to MMR-specific journals that acknowledge the word length necessary for such work, such as the Journal of Mixed Methods Research would be another option.

In the current academic climate, acquiring funding always has to be part of the agenda. The facilitators were able to motivate us with this subject by highlighting that many health research funders are now expecting some form of mixed methodology when calling for proposals. This is great for the uptake of mixed methodologies. However we were warned not to just add a bit of 'tokenistic' qualitative research into larger quantitative projects. The use of mixed methods should add meaning and value to the research, and it should help answer questions that otherwise would remain unanswered (Dures et al., 2011).

The workshop gave us some great insights into a complicated process. The take home message of this workshop was that, even though, many of us, or our supervisors, might be comfortable in one approach, multiple approaches might be necessary to answer certain research questions. However the process should not be underestimated and it should be given the amount of thought and time that it requires.

MMR is all about pushing yourself outside of your comfort zone and this is exactly what we did in this workshop (particularly in the ceilidh dancing





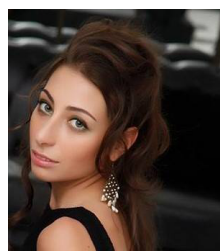
class). We would like to thank Dr. Irina Todorova and Dr. Rachel Shaw, as well as the CREATE organizers for this inspiring and worthwhile experience on behalf of all the participants!



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# tweeting #EHPSDHP

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The beginning of the end of a European summer heralds the annual European Health Psychology Society conference. This year as you might know it was held in Aberdeen, Scotland. While Aberdeen might not be readily associated with beaches and fine weather like Cyprus of last year, there were actually tweets showing such scenes! The tweets including photos and videos created a fantastic impression! The cold, wet, distilled city of the winter months in my imagination was banished – well at least corrected to align with (virtual) reality.

Social media such as Twitter and Facebook is of course a great way to support colleagues and follow events and this year I was pleased to see that I was not alone in following the conference from afar. It can be used in as many different ways, for as many different purposes as there are people with accounts. While millions use social media every day, there are others who actively choose not to have an online presence, use or engage with social media at all. Others are criticised for making life look better than it really is (there is even a Wikihow page on how to do this), and yet others who seek help for problematic internet use (Kuss, 2013; Kuss & Griffiths, 2012).

Following #EHPSDHP closely, did not reveal any reasons to think that people were only tweeting about the spectacular or popular newsworthy events or research at EHPS 2016. In fact, the two most frequently retweeted tweets were by @sdrombrowskiand @FSniehotta and both were

about a major challenge for health psychology. Their respective tweets were highlighting important points made by Marie Johnston about the efforts required to advance behavioural science as well as the need and importance of being seen as a coherent discipline. Interestingly Stephan's tweet was also the third most "favourited" of the conference. Clearly (and hopefully) health psychologists attending the conference (and those out there who didn't) are up for the challenge of promoting our expertise. As researchers of health behaviours and clinicians devoted to helping people change behaviours, we should not be shy about claiming the territory in what is a crowded and competitive marketplace!

With regard to claiming the (tweeting) territory, it appears that the most active tweeters this year were far more prolific than those from last year. For example, a couple of twitter accounts - @UCLHealthPsy and @AstridCoxon - made over 90 tweets each. #prolific! (2015's top tweeter for the record made 62 tweets.) Regardless of the numbers, such activity not only demonstrates a great energy and curiosity to learn about what others are doing but a willingness to share key information with followers and those interested in the topics marked by the hashtag(s). From the tweeter's perspective it is also a great way to raise one's profile and the issues involved. In that sense it can be considered a gentle marketing or attention getting exercise. Perhaps it is something for you, your team, or department to consider in the future?

On the topic of marketing and getting messages



out to a large number of people, a few Twitter accounts tweeting from EHPS 2016 really stood out as having a particularly large reach. Of the businesses/organisations represented, Routledge Psychology (over 76,000) and BPS Official (over 41,000) had the largest number of followers, while Martin Kurth (over 63,000) was the individual with the most followers. By way of comparison though, when last checked, the EHPS account had 438, Katy Perry (singer) had over 92 million, Barack Obama had over 77 million, and NASA had over 18 million followers. While no one would reasonably expect the EHPS to reach those astronomical heights, the numbers following such Twitter accounts suggest that there is at least some room to develop the @EHPS audience further. This in turn could help convey key messages to European health psychologists as well as policy makers and the public.

I wonder though what the survey results will show about members' desire for EHPS' use of social media for communication purposes. Will there be a preference for a particular platform?

Recent reports show that overall Facebook still dominates the social media platforms with over 1.5 billion active monthly users compared to, for example, 400 million Instagram and 320 million active Twitter users respectively. The EHPS Facebook page actually already has over 1,500 "likes" which is impressive given there has not been active or ongoing efforts to promote it. Should the survey reveal that members want increased use of social media, it would seem that the potential for growth is there.

So what of the future? Now, as the summer and conference recede, hopefully the potential for implementation of ideas, research findings, and methods (such as Bayesian analysis) presented at the conference will take hold and flourish in the immediate or near future.

What can you do to make the most of the new

relationships made at the conference or, how can you actively use some of what you learned at the conference?

Why not tweet me an update of what you do as a result of the conference?

Thomas Fuller @fuller\_notes

p.s. For those wondering about what were the most "favourited" tweets of the conference was... The second most "favourited" one was a tweet congratulating the organisers on a great conference. And number one had something about a group of health psychology professors taking selfies... I will leave it up to you remember the details or look up the record on the twitter feed.

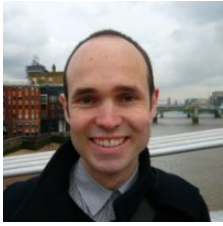
## Acknowledgement

Details of social media use came from a report by Smart Insights, twDocs enabled me to retrieve details of tweets from #EHSPDHP, and Twitter Counter provided the details of numbers of followers

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# Enhancing the Impact of Health Psychology on Policy and Practice

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Much of health psychology research aims to improve health on a large scale; however intervention studies often fail to be adopted into health care policy and/or

services. The EHPS/DHP conference roundtable discussion in Aberdeen focused on this challenge by addressing the question “What can be done to enhance the impact of health psychology on policy, practice, and people’s health and well-being?”. The roundtable panel consisted of seven experts representing health psychology, service users, policy and practice, including Professor Julie Barnett (University of Bath), Dr Ann Gold (NHS Grampian), Professor Mike Kelly (University of Cambridge), Professor Gerjo Kok (Maastricht University), Professor Brian Oldenburg (University of Melbourne), Mr Eric Sinclair (Stroke Association; NHS Grampian) and Dr Vivien Swanson (NHS Education for Scotland (NES); University of Stirling).

During the first half of the discussion the panel identified two key challenges that health researchers face when generating research that has an impact on policy and practice. The first challenge is to ensure researchers work collaboratively with policy makers to successfully disseminate behavioural interventions. Once the evidence of effective interventions has been incorporated into policies and guidelines, the next challenge is to ensure that frontline practitioners implement the interventions appropriately. This

report summarises the key points emerging from the expert roundtable discussion in response to these challenges and provides practical tips on how to improve the impact of health psychology research on policy and practice.

## Science and policymaking, two different worlds

Health researchers are driven to publish in high impact journals and they often feel first and foremost accountable to editors, funders and the rest of the scientific community. The scientific language used in academic publications is often inaccessible to the non-specialist reader. High quality research is often time consuming and some projects take years to complete. Policy makers on the other hand may demand rapid responses to health issues and find simple, concise overviews more valuable for their needs. Researchers and policy makers also differ in regards to their hierarchy of evidence. For researchers there is a clear hierarchy with RCTs considered the ‘golden standard’, and single case studies viewed as weak. During the roundtable it became evident that policy makers are often looking for fundamentally different types of evidence. Some policy makers find illustrative case studies most useful, they are often not concerned about theory, and they like highly summarised information, which they can read at a convenient time and place. They often report the internet, social media and newspapers to be their



main sources of information that they use to make decisions informing policy and practice. The good news was that policy makers do trust researchers and that provides an excellent opportunity for researchers to get their message across, if they do it in the right way.

## Bridging the gap

Unfortunately researchers and policy makers often work in parallel and many studies fail to consider policy maker perspectives from the outset. One way that health researchers can overcome this problem is by involving policy makers from right at the beginning of the research process. For example, given that governments are becoming increasingly responsible for allocating research funds it would be advantageous to involve policy makers in preparing grant applications, e.g., by seeking their advice on the most prominent areas of research, and keeping them involved as the results of the research emerge. Policy makers communicate with different stakeholder groups and health researchers are only one of them which means they sometimes have limited capacities for reading full text articles. This does not mean health researchers should be 'dumbing down' research findings but rather providing clear and actionable 1-2 page summaries of their key findings. Health researchers should also be more proactive about identifying and inviting key policymakers to their universities, and presenting them with research that is relevant to current policy and practice.

## Implementing research into practice

Once research has been published in a

prestigious high impact journal and policy makers support the roll out of the intervention, the next challenge that health researchers face is how to make sure that their intervention is implemented into clinical practice appropriately. Although interventions are often well thought through and are ticking all the boxes for being solidly based in theory they might not be fit for purpose. The intervention might work well in 'an ideal world' of a RCT where healthcare professionals are given all the necessary resources and time to deliver it; however, in reality most clinicians might not have the skills to deliver for instance a lengthy motivational interview or set detailed behavioural goals. One of the main points discussed during the roundtable was the need for interventions to be feasible. Even if an intervention might lose some of its effect size by taking out some components, if it becomes more feasible and attractive to those frontline providers and they start using it, then it will still make a larger impact at the population level. At the same time health researchers need to be more involved in training healthcare professionals in behaviour change by introducing them to behaviour change models and providing them with the knowledge and skills to deliver a behaviour change intervention.

## Conclusion

In summary, in the light of increasing governmental pressures and accountability for researchers it is becoming important for health researchers to better understand the policy decision making process. If researchers want to ensure their work has a real impact on public health they need to acquire the necessary skills in dissemination and networking so that they can bring their message across effectively. Health researchers need to engage with policy makers more actively and



involve them in health research. They also need to make sure that health interventions are feasible for delivery in real life clinical practice and that the necessary training is provided for frontline clinicians to deliver health interventions appropriately.



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# Mentoring early career professionals

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In order to maximize success of early career professionals, these professionals need support and mentoring from senior colleagues on at least four fronts: getting funds for their research,

improving teaching, prioritizing the focus of their time and efforts during the critical early years of their career, and maintaining work-life balance. It is important to recognize that the provision of this type of support is not only mandated if we are to subscribe to generative values, it is also a prime vehicle through which a university can foster the success of new hires, thereby becoming more competitive as an institution.

As senior colleagues we have all undoubtedly gleaned a tremendous amount of information about our particular universities and departments, as well as the larger fields in which we work. There is an accumulation of knowledge over decades that we often take for granted about the way things are done. For junior colleagues much of this may not be obvious, and there are many things about a role as faculty to which graduate students tend not to be privy. The book "The Compleat Academic" (Darley, Zanna & Roediger, 2004) conveys some of this insider information, and has become something of a bible for communicating this information to graduate students. However, there is much that is specific to our subfields, our universities, or our departments that of course cannot be learned from reading the

one book. For this, we need mentors – or we're left learning from observation and the hard way – by making mistakes.

## Research funding

Mentoring junior faculty around research funding is perhaps the most important area of need. New faculty need to hit the ground running to get their labs up and running, and of course that requires funding. Graduate students and postdocs may gain some experience in working on grant proposals with their advisors, but it tends to

be fairly limited. As a new professor a junior faculty member is faced with building an independent line of work and quickly getting funding. There may be particular government or scientific agencies that junior faculty need to be able to show evidence of success in receiving funding, and junior faculty may not realize initially

that there are differences in how funding is viewed when one comes up for tenure. It's not just a matter of showing you can get funding to your work; typically junior faculty have to show that they are able to get funds from the most respected agencies. Senior colleagues can read and comment on proposals for junior colleagues, as well as recommend appropriate sources of support.

## Teaching

Faculty members at most major universities are





hired based on their promise as an emerging scholar. They may not have been as focused on building their teaching skills. Many faculty members enter their first job with some teaching experience, albeit often only as teaching assistants. If they haven't taught a full lecture course on their own, the amount of time, preparation and energy expended can come as a bit of a shock. Most universities today offer teaching workshops for new faculty, and this may include the opportunity to have senior colleagues sit in on lectures and provide feedback. It can be very helpful to provide junior colleagues with course syllabi, power point slides, and lecture notes for a class they are assigned to teach. Over time junior colleagues will no doubt change the course to make it more of their own, but this can initially be a tremendous time saver compared to starting with a blank slate. Junior colleagues will need tips as well on how to handle both common and perhaps delicate situations with students. What is standard and acceptable at one university may not be at another, and while policy handbooks are important, they often do not provide a roadmap to the nuanced situations that come up in dealing with thousands of students over the course of the first few years of teaching. For this, having a senior mentor to turn to can be most effective in quickly resolving the situation.

## Prioritizing

Perhaps the most difficult decision assistant professors deal with is what to prioritize in their everyday work life. Should you agree to review yet another article for that journal in which you never publish? When is it ok to say no to committee requests? Should you put in three grant proposals this year on the chance that the other two will get shot down? How do you find a balance between

teaching and research? These are all issues that benefit from having a senior colleague with whom to discuss.

## Work-life balance

Junior colleagues may find it laughable to even suggest there be work-life balance at this early stage of their careers. As we progress in our careers we tend to get more efficient at the various aspects of our job of course, so work-life balance is no longer so difficult to obtain. The question "how did you do it?" is a common one from junior colleagues, and a frank and honest answer about how we prioritized is important. Mentoring here comes in all forms: where to find good childcare, how to negotiate a longer maternity/paternity leave, and how to say "no" to meetings scheduled by well-meaning colleagues for times that occur outside of regular childcare hours.

Given that tenure is all or none, the tendency of junior colleagues can be to give work their all, figuring life can wait until after tenure. A few decades ago the standard advice given was that early career demands were so high that women should not 'risk' having a child pre-tenure. And we have known several young female colleagues who quit their once coveted jobs over this issue when trying to parent young children during the pre-tenure phase of their careers. This is the wrong message to send to highly educated women, and not just because of the profound effect it can have on their own lives. It also means missing out on a unique opportunity to establish new role models that teach the next generation that having a career and having a family are not mutually exclusive.



## Supporting the mentor

There may be resistance to putting mentoring programmes in place for junior colleagues from senior colleagues who complain that these kinds of supports and policies were not in place in “their day”, and that it is a further burden on senior colleagues to provide this sort of support. If the type of extensive support recommended here is to be offered, then universities need to provide senior colleagues with resources and recognition for their service. At our university we have put in place a system in which new faculty are assigned a senior mentor who meets with the new faculty member on a regular basis. This counts as committee work for the senior mentor. There is a “mentoring committee” that meets to discuss issues in mentoring that come up, and that provides workshops for junior faculty on topics like graduate student mentoring, with senior colleagues who are known for expertise in this area providing presentations on their style and methods.

One faculty member shared a rating system she uses with her graduate students to help evaluate students and to identify their strengths and weaknesses. The committee chair organized a workshop on grant proposal writing, inviting senior faculty who had served on selection committees for the major granting institutions to provide tips for writing successful research proposals. At the university level too, we have workshops offered on grant proposal writing and teaching. Again, it's important that the university value these services provided by senior colleagues, compensating or recognizing senior colleagues' mentoring of junior colleagues so that senior faculty feel appreciated and valued around this. For example, our university provides a gift certificate to the university bookstore in return for reading and commenting on

a colleague's grant proposal. Although we have never said “no” to a colleague who asked for this type of support, this system means that even colleagues who have never met us feel comfortable listing us as a potential reader, and the university then formally asks us to read the proposal and provide comments to our colleagues.

## The times they are a'changin'

Research funding rates have been decreasing for decades in many countries, while class sizes are often increasing. Further, we no longer live in the world that was described by sociologist Arlie Hochschild (2012) in which faculty members have wives who work as unpaid assistants for their professor husbands, while also doing the childcare and housework. Junior faculty are faced with a myriad of demands that come with two career families that were not faced by earlier generations (Ward & Wolf-Wendel, 2012). And academia needs to change along with this and provide role models and mentoring for the world in which we now live.

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# Some highlights of the Synergy Expert Meeting 2016

## Social relationships and health: Collaborative and dyadic approaches

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Understanding social  
relationships within the  
contexts of health and  
illness has a far-reaching

impact in terms of improving overall outcomes for individuals, communities as well as for government initiatives and social enterprises. At this year's Synergy Expert Meeting (EM) topics surrounding social relationships such as its scope, necessity, challenges and methods to integrate this approach into mainstream health-related research and practice were discussed. Facilitated by Dr. Gertraud Stadler and Prof. Urte Scholz and attended by nearly 25 experts from 10 countries, the meeting was an insightful and invigorating effort to further the field of social relationships and health both individually and through a consensus paper.

The two day meeting included several steps each of which helped us arrive at the crux of the upcoming consensus paper. The steps included (i) identifying key issues related to social relationships and health through the unique technique of speed dating, (ii) breaking into small group discussions with the aim of further unpacking each of the finalized key issues, (iii) listing the main questions that required additional investigation within these key issues, and (iv) taking consensus votes on these questions. The key issues that were discussed as well the main questions will be briefly described below.

## Theories of and evidence for social relationships and health

Experts agreed that there was a need to discuss and understand the status of theories within the field of social relationships and health. Research in social relationships, particularly dyads, are often considered to be the participant and their partner or primary caregiver, thus limiting the scope of the meaning of dyads and, consequently, the related theory and research. Upon unpacking and extending the definition of dyads, the group agreed that it was imperative to challenge and think about the choice of a dyad. That is, to delve upon which

dyad could be used for the development of a particular theory. Indeed, the selection of the dyad, having a rationale for the same, examining the individual and dyadic factors linked to health can contribute vastly to the development of dyadic concepts and theory. Additionally, it was argued in the

small group discussion that it was vital to move beyond the idea of dyads to include the wider social network of the participant (e.g., extended family, the community, an activity group).

An essential and overarching issue identified by the experts was that the theories needed to consider their numerous micro and macro levels of outcomes for health psychology. In a more applied sense of the field, theories need to be focus on the inter-relatedness of these outcomes, thereby giving researchers a tool to measure the effectiveness of the theory and associated intervention. Similarly, research needed to take into account and be



inclusive of mechanisms theories. So far, these mechanisms theories have been support-focussed. Although crucial, the experts concluded that this was not the complete picture and emphasized the need to broaden the understanding of mechanism theories.

While discussing the evidence for social relationships and health, experts probed into the issues of reporting standards both for large social networks as well as dyads, accepting that future research should receive more support from the field. The evidence should comprise various details such as structural information (e.g. the type of dyad, the duration of the relationship), contextual information (e.g. levels of data assessed), and an adequate description of the materials used in the study. Experts posited that a key issue within reporting standards is that of the dearth for presentation of the results such that it elucidates the interrelation of the dyads (e.g. it may help to provide the effect size where it may be considered as meaningful information).

## Research methods and interventions within social relationships and health

The mixed method approach is an increasingly popular research design in psychology as it offers both a large-scale quantitative and an in-depth qualitative understanding of behaviour and cognition (Creswell, 2013; Todd, 2004). Reflecting this, the experts unanimously supported the need to use mixed and multi methods to investigate the role of social relationships within health contexts. In terms of statistical methods, the discussions centred on the need to improve the dialogue on the fit of questions and models, to carefully consider which statistical methods and models to use (multilevel models, structural equation models,

dynamic systems modelling and so on), and to find a solution for issues surrounding power analysis within dyads. In terms of the qualitative methods, experts brainstormed on the types of methodologies to use (interpretative phenomenological analysis, grounded theory, content analysis and so on) and, importantly, whether the study should precede or follow the quantitative research arm as this impacted the types of research questions and methodologies that will be used.

A major issue that was discussed among the experts was how culture influences social processes and relationships and health. It was agreed that the role, significance, and impact of culture in health psychology are unavoidable and demand the attention of researchers (Yali & Revenson, 2004). Indeed, globalization affords us the opportunities to understand culture from multitudinal perspectives (e.g., Salant & Lauderdale, 2003). Consequently, a large part of the discussion was directed towards topics of immigration, cross-cultural aspects, and acculturation and the need to look at culture not in a unidimensional manner but to develop the nuances of culture within several contexts. Therefore, the experts suggested that, although

there is some contribution of cultural influences to health-related work, research and practice must take into account the many facets of culture within social relationships and health in future work (e.g., the role of collective medical decision-making on health outcomes for the patient, families' understanding of a diabetic diet in adherence behaviours).

Interventions are the gold standard research design to examine the impact of social relationships on health. Key questions that were discussed were the need for pre-trials, having reporting standards, and being ready for future challenges within the field. An interesting and



lively discussion centred on the existing research and scope of work on behaviour change techniques in improving health outcomes which harness participants' social relationships. Special attention, the experts concluded, needed to be given to providing a strong rationale and a careful selection of which relationship future research and practice should focus on.

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## Experiences of participating in the Synergy EM 2016

This was my first Synergy EM. As an academician looking to expand my current research to include the role of large family networks in health outcomes, I was curious to learn and talk about new methodologies and approaches to understanding the field of social relationships and health. I was especially invigorated during the discussions on culture as this is an area close to my heart and is my expertise. As the only South Asian in the group, I was both heartened and privileged to share my knowledge and experience of working with an underrepresented culture in health psychology research. All in all, it was inspiring to interact with many colleagues in this field and to be able to contribute to a vital topic such as social relationships and health.



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