

**Motivations to complete an Internet-based Intervention for Grief during
the COVID-19 pandemic: A Qualitative Study**

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Abstract

Background. The COVID-19 pandemic impacted the grieving process, increasing the risk of prolonged grief disorder (PGD) due to sudden deaths, physical restrictions, and a lack of traditional support systems. An internet-based intervention (IBI) was developed to address these grief-related challenges, but high dropout rates were observed. This study investigates the motivations for completing such an intervention and explores whether the goal-setting theory, which explains motivation through setting and attaining specific goals, can account for adherence.

Methods. This study is part of the Grief Covid project and uses a qualitative approach to explore participants' experiences. Fourteen participants from the intervention were virtually interviewed, and different scripts were used depending on whether they completed or dropped out. Thematic analysis, including deductive and inductive coding, was used to analyze the interview transcripts.

Results. The analysis revealed two main themes: motivations to complete the intervention and the role of goal setting. Six specific codes were identified within these themes. For the motivation theme, the codes highlighted the importance of the *intervention structure*, experiencing *emotional relief*, *feeling understood*, and *curiosity*. For the goal-setting theme, the codes revealed that participants' goals for engaging in the intervention were to receive *psychological care* and *emotional support*.

Conclusion. The study found that the structure of the IBI, opportunities for emotional relief, feeling understood, and curiosity were factors in motivating adherence to the intervention. The findings also support the role of goal-setting behavior in adherence, providing a foundation for future research to optimize the effectiveness of internet-based interventions for grief by tailoring them to specific groups and incorporating achievable goals.

Keywords: Motivation, Grief, Prolonged Grief disorder, Internet-based Intervention, Goal-setting theory, COVID-19, adherence, qualitative study, thematic analysis.

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Introduction

Global impact of COVID-19

In 2020, the World Health Organization (WHO) declared COVID-19 a highly contagious infectious disease, making it a global pandemic. As of December 6, 2023, there were 772,138,818 confirmed cases of COVID-19 worldwide, with 6,985,964 resulting in death (WHO, 2023). Particularly noteworthy is the situation in Mexico, where 7,702,387 confirmed cases have been reported, leading to 334,917 deaths (WHO, 2023). Measures were implemented to mitigate the spread of COVID-19, including reducing human contact and ultimately enforcing a worldwide lockdown (Verma et al., 2020).

The announcement of a global lockdown profoundly impacted people's lives (Xiong et al., 2020). COVID-19 threatened physical health and affected global public health and social systems. The combination of isolation, economic recession, and uncertainty led to a rise in mental health disorders and suicide rates (Talevi et al., 2020). Given the unprecedented global circumstances, there was a noticeable lack of preparedness for impending fatalities (Costeira et al., 2024). As a result, the number of people experiencing grief increased sharply due to the sudden loss of loved ones (Costeira et al., 2024; Pawar, 2020).

Grief in the COVID-19 Pandemic

Grief is generally understood as a natural and intrinsic human response to the loss of a loved one (Archer, 2003). It serves as a mechanism for adapting to a new reality yet remains a painful and profound encounter involving cognitive, behavioral, affective, and spiritual dimensions. Individuals experiencing grief commonly feel sadness, anxiety, physical distress, fear of the future, rumination about past experiences, and a profound longing for those who have been lost (Adiukwu et al., 2022). Cultural and religious factors also influence how individuals experience and cope with grief (Adiukwu et al., 2022).

The COVID-19 pandemic complicated the grieving process due to widespread physical restrictions, changes in care planning, and a lack of social support (Eisma et al.,

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2020; Wallace et al., 2020). The limitations on physical contact and assistance for individuals approaching the end of life resulted in constrained choices regarding their care and missed opportunities to provide direct support to a loved one. This can lead to feelings of regret and guilt, intensifying the burden of loss and increasing the risk of developing prolonged grief disorder (PGD), which involves intense and prolonged feelings of grief (Breen, 2020; Lobb et al., 2010; Wallace et al., 2020).

Prolonged Grief Disorder

A disabling and severe yearning for the deceased characterizes PGD. According to the DSM-5-TR, symptoms include disbelief in death, disruptions in identity, intense emotional pain such as anger and fear, difficulties in reintegration, emotional numbness, feelings of meaninglessness, avoidance, and loneliness (Moran, 2020; Prigerson et al., 2021). These symptoms persist for at least 12 months after the experience of a loss.

Because of the COVID-19 pandemic, PGD was anticipated to emerge as a global health concern (Eisma et al., 2020). The circumstances, marked by a high and sudden death toll, societal disruptions, numerous changes and stressors, isolation measures, concerns about healthcare, and the absence of farewell ceremonies, were identified as triggers for the development of PGD (Dominguez-Rodriguez et al., 2023).

While effective treatment options were needed, in-person support was unfeasible due to restrictions to reduce the virus's spread (Lutz et al., 2021). As a result, there was a pressing need to implement evidence-based preventive measures for PGD, with internet-based interventions (IBIs) emerging as a valuable alternative because they offer care remotely.

Internet-based Interventions

Research has established that the effectiveness of IBIs can be comparable to face-to-face treatment among the most prevalent mental health disorders (Andersson et al., 2009; Andersson et al., 2014). Furthermore, noteworthy advantages of IBIs include high levels of privacy and anonymity, independence regarding location and time, and low-threshold access

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(Gerhards et al., 2011; Linardon et al., 2021; Wagner et al., 2006). This could provide a more practical approach to reaching underserved populations facing challenges in accessing mental health care, especially during the COVID-19 pandemic (Zülke et al., 2021). Moreover, research indicates that IBIs are effective in reducing the severity of symptoms associated with grief-related challenges, such as avoidance, intrusion, and failure to adapt (Wagner et al., 2006). According to Lichtenthal (2013), individuals struggling with traumatic experiences and grief often seek treatment. In terms of participants' perceptions of IBIs, the study highlights the benefits of asynchronous communication, which allows for more reflective interactions and facilitates the expression of sensitive emotions, thereby reducing barriers that may arise in face-to-face therapy (Lichtenthal et al., 2013; Wagner et al., 2006). Since traditional face-to-face treatment with a psychologist was not feasible during the pandemic (Lutz et al., 2021; Wang et al., 2020), IBIs were utilized to adapt to these circumstances and provide treatment.

Challenges of Internet-based Interventions for Grief

IBIs have been shown to produce lasting positive effects, with participants consistently finding them helpful and easy to understand in addressing PGD (Zülke, 2021). Furthermore, Wagner and Maercker (2007) provide a longitudinal perspective, demonstrating that the positive treatment effects persist over a 1.5-year follow-up period. These findings collectively contribute to the growing body of evidence supporting the efficacy, safety, and impact of IBIs for PGD. There are various benefits to using IBIs for elevated levels of grief-related challenges; however, the continuing problem is that dropout rates were high during COVID-19; more research is needed to explore what factors aid the completion of an IBI (Fernández-Álvarez et al., 2017; Lenferink et al., 2023). Poor adherence restricts an individual's exposure to the complete program or the necessary treatment "dosage," potentially influencing physical and psychological health outcomes (Donkin et al., 2011). It is essential to research the factors influencing adherence. An indicator that could increase adherence to IBIs addressing grief-

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related issues is the exploration of motivators that enhance an individual's persistence in these interventions (Beatty & Binnion, 2016; Farrer et al., 2013; Hebert et al., 2010).

Role of motivation

Research suggests that intrinsic behaviors and traits are linked to adherence to internet-based interventions (Møller, 2010). Hereby, it is interesting to look at what motivates rather than measuring how motivated people are (Møller, 2010). While changing, individuals undergo different stages of motivation; therefore, tailoring the intervention and the IBI can facilitate the adherence outcome (Prochaska & Norcross, 2001). IBIs are more effective when their content is personalized to specific challenges and designed to be engaging and stimulating (Mohr et al., 2013; Short et al., 2015).

The qualitative study by Gerhards et al. (2011) identified several motivators for adherence to an IBI, such as positive experiences with the intervention, the perception of change, and the ability to participate at their own pace in their preferred location and schedule. Additionally, adding emotionally supportive elements to the intervention was found to be beneficial (Stroebe et al., 2007). Another study by Donkin and Glozier (2012) highlighted motivators such as noticing improvement, feeling a sense of control, having a sense of personal duty, and satisfaction with task completion. The flexibility to access interventions at any time also plays a significant role in facilitating completion rates (Andersson & Titov, 2014; Hassenzuhl, 2008; Moshe et al., 2020).

While dealing with grief-related challenges, motivation is also driven by the freedom to express emotions and the validation of feelings and experiences (Lichtenthal et al., 2013). Although some studies have explored motivations for adherence to IBIs, there is a lack of research specifically focused on motivation in the context of preventing PGD with IBIs during the COVID-19 pandemic. The goal-setting theory (Locke & Latham, 2002) can be applied as a theoretical framework to address this gap. Utilizing such a framework ensures clarity and

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credibility, facilitates the interpretation of complex data, and ultimately enhances the quality of research outcomes (Grant & Osanloo, 2014).

Goal-setting theory

The Goal-setting theory offers a distinctive perspective on motivation. It drives individuals' pursuit of specific goals (Locke & Latham, 2002, 2013; Lunenberg, 2011; Tosi et al., 1991). According to this theory, motivation stems from an individual's values and intentions, which are then translated into concrete goals. These goals represent what individuals consciously strive to achieve. Within the framework of goal-setting theory, motivation is intricately linked to pursuing and attaining goals (Lunenberg, 2011). Individuals are emotionally driven by their values to pursue actions aligned with them. Hence, setting challenging goals mobilizes energy, stimulates effort, and promotes sustained persistence in facing obstacles. Furthermore, achieving those goals leads to satisfaction and reinforces motivation, while failing to reach them may result in frustration and less motivation (Lunenberg, 2011).

Overall, the goal-setting theory is frequently used to understand why individuals adhere to psychological interventions, particularly in the context of perceived challenges, group, and public goals (Epton et al., 2017; Strecher et al., 1995). Furthermore, an experimental longitudinal study by Wilson and Brookfield (2009) found that participants with specific, challenging goals exhibited greater adherence to the exercise program than those without such goals. Therefore, applying this theory in an IBI for grief provides an opportunity to gain insights into adherence and the role of goal setting, thus optimizing future IBIs.

Current study

This study explores the motivations driving individuals' adherence to an IBI for grief during the COVID-19 pandemic. Additionally, it examines whether the goal-setting theory can explain how goal setting impacts adherence. While existing research underscores the effectiveness of IBIs in addressing grief-related challenges, a significant gap remains in

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understanding the high dropout rates. This study utilizes qualitative data from participants in the Grief Covid research project by Dominguez-Rodriguez et al. (2021, 2023) to explore the subjective experiences and emotions of individuals engaged in the intervention.

Research questions

The resulting research questions are:

RQ1: *What motivates individuals to complete an internet-based intervention for grief during the COVID-19 pandemic?*

RQ2: *To what extent does the goal-setting theory explain motivations to complete an IBI for Grief during the COVID-19 pandemic?*

Methods

The method section is written according to *the Consolidated Criteria for Reporting Qualitative Research* (COREQ) checklist (Tong et al., 2007), facilitating qualitative method sections' structuring. The list can be found in Appendix A. Further, the research ethics committee of the Autonomous University of Ciudad Juarez approved the intervention (ref. CEI-2021-2-456) and registered it in Clinical Trials with the registration number NCT04638842.

Study design

Intervention Grief Covid

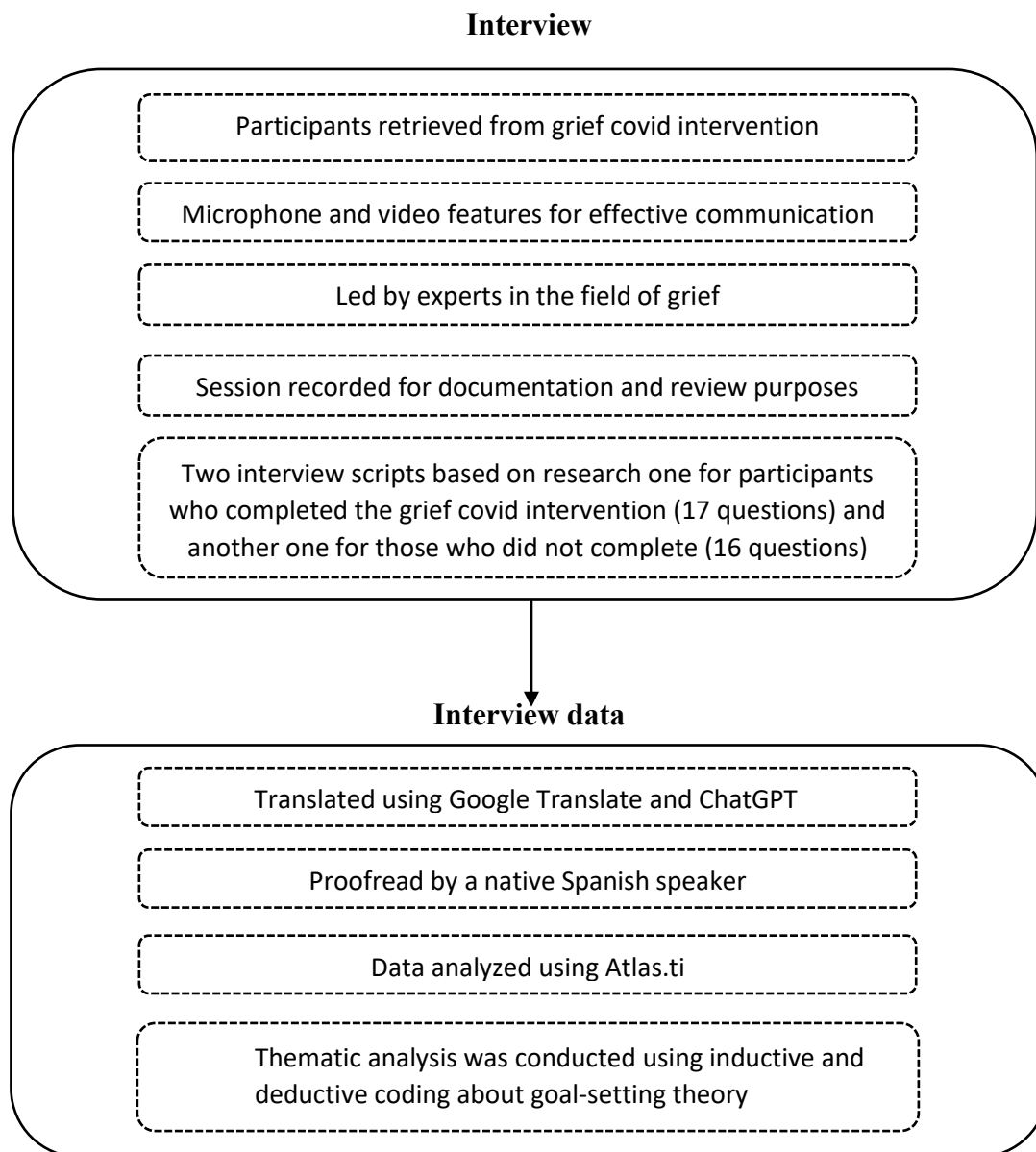
The current study is based on the Grief Covid (Duelo COVID-19 in Spanish) project conducted by the ITLAS (Internet Treatments for Latin America and Spain) group. The platform, designed for use on smartphones, tablets, and computers, consists of 12 sessions integrating Cognitive-Behavioral Therapy (CBT), Mindfulness, Behavioral Activation Theory (BAT), and Positive Psychology (PP). The intervention aims to lower the risk of developing PGD in the context of COVID-19, enhance overall quality of life, reduce symptoms of anxiety and depression, and improve sleep quality (<https://www.duelocovid.com/>).

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A group of psychologists conducted a randomized controlled clinical superiority trial with two independent groups (Dominguez-Rodriguez et al., 2023). Participants needed to register and create an account. Inclusion criteria included being over 18, having internet access, basic digital skills, an email address, language proficiency, a recent loss within the past 6 months and reported symptoms of depression, stress, and anxiety based on relevant scales. Exclusion criteria included current treatment, a diagnosis of a psychotic disorder, and a moderate to high score on the suicide risk scale. Informed consent was obtained from all participants. Eligible participants were randomly assigned to either the Intervention Group (IG) or the Control Group (CG). CG participants were placed on a waitlist for 36 days before accessing the intervention. After the waiting period, CG participants received an email granting access.

The Grief Covid program consists of a 36-day, 12-session format, with content presented through video or text, allowing participants to choose their preferred mode. After completing each module, participants take a 5-question quiz. Progression requires correctly answering at least 60% (3/5) of the questions. Once a passing score is achieved, the next module becomes accessible with a 3-day waiting period (Dominguez-Rodriguez et al., 2021). Participants are recommended to complete two modules per week or one every three days.

The sessions are structured as follows: The initial session involves psychoeducation, covering the manifestations of normal grief and its phases to aid in emotional processing and adaptation. Sessions 2-4 focus on emotional relief, addressing the management of loss-related pain, acceptance, recognition of pain, emotional regulation, and facing the grief process. Sessions 5-6 address the characteristics of pandemic-related losses, facilitating closure and normalizing pain. Sessions 7-9 aim to promote self-care and the recovery of daily activities, emphasizing acceptance and adaptation. The final sessions, 10-12, center on readjustment and recovery, supporting establishing a prevention plan and resuming life goals (Dominguez-Rodriguez et al., 2021). Figure 1 provides an overview of the study design.

Figure 1*Overview study design***Participants**

For the interview part of the study, participants were recruited from those who participated in the Grief Covid intervention, regardless of whether they completed it. The saturation criterion was applied during the interviews, meaning no new relevant information emerged with each new interview (Martínez-Salgado, 2012). This resulted in a participant pool of 14 individuals aged 25 to 62 years ($M = 39.64$). The sample included 13 women and one non-binary individual, with 13 participants holding Mexican nationality and one holding

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Spanish nationality. Among these participants, four had a master's degree, eight had a bachelor's degree, and two had a school diploma. Participants were categorized into three groups: the control group (n = 2), who waited for 36 days after gaining access to the intervention, with one participant never starting the intervention after the waiting period (n = 1); participants who entered directly and completed the intervention (n = 10); and participants who started the intervention but did not finish (n = 3). The characteristics of the participants are summarized in Table 1.

Table 1

Characteristics of participants (N = 14)

Participant identifier	Gender	Nationality	Age Group (years)	Occupation	Modules completed (%)	Time since the passing (months)	Group
P1	Female	Mexican	45-54	Unemployed	12 (100)	5	IG
P2	Female	Mexican	35-44	Employed	12 (100)	5	IG
P3	Female	Mexican	55-64	Retired	12 (100)	2	IG
P4	Female	Spanish	35-44	Unemployed	12 (100)	1	CG
P5	Female	Mexican	45-54	Employed	12 (100)	<1	IG
P6	Female	Mexican	35-44	Employed	12 (100)	<1	IG
P7	Non-binary	Mexican	25-34	Unemployed	12 (100)	1	IG
P8	Female	Mexican	45-54	Student	12 (100)	4	IG
P9	Female	Mexican	25-34	Employed	12 (100)	2	IG
P10	Female	Mexican	35-44	Employed	12 (100)	<1	IG
P11	Female	Mexican	45-54	Unemployed	8 (68)	3	IG
P12	Female	Mexican	45-54	Employed	6 (50)	2	IG

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P13	Female	Mexican	45-54	Unemployed	2 (19)	3	IG
P14	Female	Mexican	35-44	No Info	0 (0)	3	CG

Materials and procedure

Interviews

Post-intervention interviews were conducted by six researchers from the Grief project between February 18 and April 11, 2021. Four researchers held PhD degrees, and two held master's degrees. The one-on-one virtual interviews were conducted via the online platform Zoom. The duration was about 30 minutes, and the microphone and video features were used. Additionally, the 14 interviews were held in Spanish and recorded for later analysis and translation. Two interview scripts were composed based on the study by Freund et al. (2022) and Lawler et al. (2021), one for individuals who completed the intervention (17 questions) and another for those who did not (16 questions). The scripts mainly consisted of open-ended questions and inquiries about potential improvements, such as technical experiences, motivation to participate, emotional experiences, logistics, recommendations, and the structure of the intervention. An important question for this study was, *"What factors motivated you to complete the program?"* This question, directed only at participants who completed the intervention, provides insights for answering the research question. Additional questions were, *"After finishing the intervention, what techniques or content learned have you continued to use?"* *"What were your reasons for using the Grief Covid platform?"* and *"What emotional challenges (fear, sadness, anger, frustration, anxiety, etc.) did you face throughout the intervention?"* The complete interview scripts are available in Appendix B.

Data Analysis

The interviews were transcribed and translated from Spanish into English using Google Translate and ChatGPT by a research team of three Psychology master's students and

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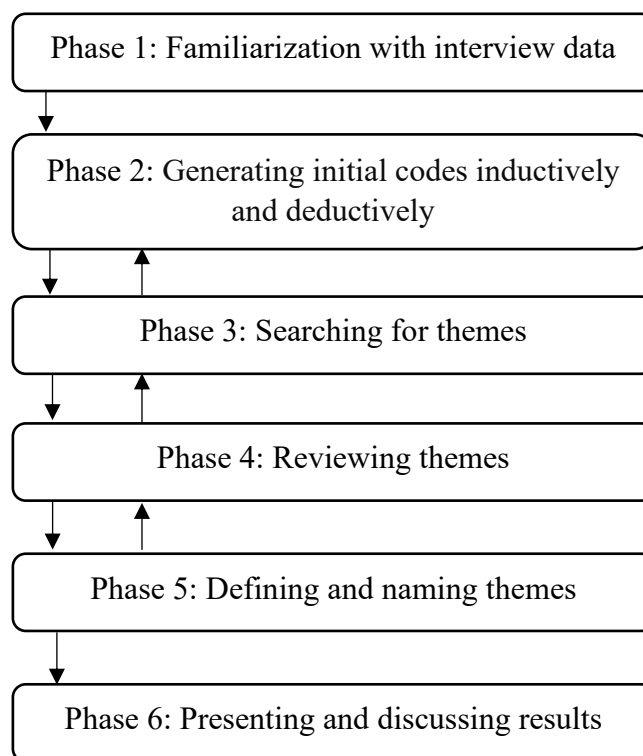
subsequently reviewed by a native Spanish speaker. The collected data underwent analysis using the qualitative research tool Atlas.ti (version 24), which is utilized to organize coding for thematic identification by one coder. Here, the transcripts were uploaded and organized between IG and CG. Thematic analysis, a flexible method for reporting, analyzing, and identifying recurring patterns and themes, was selected as the data analysis approach. The process followed Braun and Clarke's six-phase guide (2006) for implementing thematic analysis (Figure 2). The analysis was conducted first inductively to answer the first RQ, and then a deductive approach with a data-driven strategy was utilized to answer the second RQ; thus, some codes were derived from the transcripts, and some codes were based on the goal-setting theory (Azungah, 2018). More in detail, inductive coding is a bottom-up approach that allows an open exploration of the data so that patterns emerge naturally (Chandra & Shang, 2019). On the other hand, deductive coding allows the use of an existing theoretical framework to examine processes, meaning, and narratives of the data (Fife & Gossner, 2024). A code serves as a label assigned to a text passage to accentuate crucial ideas within a dataset, such as interview transcripts. A piece of text was only coded once; additionally, latent coding was used as participants' data was interpreted beyond what was explicitly presented (Byrne, 2021). In total, 45 codes were identified across the 14 participants, resulting in an average of 3.2 codes per participant.

During the data familiarization phase (1), the transcripts were carefully read and differentiated between completion, dropping out, and waitlisted participants' transcripts. Then, initial codes (2) were created for text passages where responses indicated reasons for motivation to complete, what kept them motivated, and what helped them stay consistent with the treatment. This process was completed multiple times to ensure that no information was missed. Subsequently, these initial codes were interconnected with broader patterns of significance, referred to as themes (3). After carefully reviewing those themes (4) and structuring the initial codes, two themes developed with six codes. These themes were then

named, and fitting definitions were assigned (5). Lastly, the report was written, and the definition of the themes and codes was explained (6). The detailed process of developing and defining specific codes and themes in this study is elaborated upon in the following paragraphs. Following Nowell et al. (2017) guidelines, these steps were repeated with feedback from the supervisor and two other research team members to enhance credibility. Furthermore, inter-rater reliability was ensured to improve reliability and transparency (Cole, 2023).

Figure 2

Thematic analysis process from Braun and Clarke (2012)



Results

Table 2 presents an overview of the two themes identified through the thematic analysis, along with illustrative codes. The left column lists the finalized themes, developed using inductive and deductive approaches in line with the goal-setting theory, to explore motivation to complete an IBI for grief during COVID-19. The middle-left column provides the frequency of each theme. The middle-right column offers concise definitions of each

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theme for clarity. Lastly, the right column displays each theme's established codes and

frequencies. The following sections will provide a detailed exploration of each theme,

including descriptions of associated codes and their frequency.

Table 2

Themes of motivations to complete an IBI for grief during COVID-19 (n = 2)

Theme	Frequency of theme	Description of theme	Codes (frequency)
Motivational factors for completion	n= 34	Motivations that drive individuals to engage with and complete an intervention program actively.	(1) Intervention content (n= 19) (2) Emotional relief (n= 7) (3) Feeling understood (n= 5) (4) Curiosity (n= 3)
Goal setting theory	n= 15	Within the framework of Goal-Setting Theory, motivation is intricately linked to the pursuit and attainment of goals	(1) Psychological care (n= 11) (2) Emotional support (n= 4)

Theme 1: Motivational factors for completion

The theme of motivational factors for completion explores the underlying and intrinsic reasons, desires, and perceived benefits that could have influenced the participants' commitment to completing the intervention despite potential challenges or barriers. The theme was derived because the codes displayed a pattern of motivations to participate and complete the intervention. See Table 3 for more details.

Table 3

Description of codes for theme 1 (n=34)

Codes	Definition of code	Frequency (participant)	Illustrative quote
Intervention content	The intervention content itself facilitates motivation to continue	19 (P14, P2, P4, P6, P9, P12)	<i>"The first one was the sense of calm. The course had a very soothing voice that relaxed me, so it calmed me down. At the same time, it almost always started with breathing activities(...). Another experience was expressing, expressing a lot." (P6)</i>
Emotional relief	Noticing emotional relief facilitates motivation to continue	7 (P2, P3, P4, P8, P12)	<i>"I felt more and more comfortable. After the sessions, I experienced relief, a sense of relief. I felt that I could face the situation better, that I could cope with it better(...)" (P5)</i>

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Feeling understood	Understanding emotions, feelings, and circumstances facilitates motivation to complete	5 (P1, P7, P10, P12)	<i>"It felt like it was guiding you. And like... if it were talking to you, I mean, they seemed to understand what you were going through, you know? I mean, they understood the pain, they understood what it meant(...)" (P12)</i>
Curiosity	Curiosity facilitates motivation to complete	3 (P6, P9)	<i>"(...) it was exciting to see that the next session was about 'how to do it,' right? Now it's self-care, or measures to take. So, I think the motivation was that, wanting to know how to do it (...)" (P6)</i>

1.1 Intervention content

The first code, “intervention content,” underscores the importance of the program's format, accessibility, and content in motivating participants to engage and persist. This code emerged as the most frequently cited reason for participants' engagement and completion of the intervention, with 19 quotes from six participants emphasizing how various components of the intervention facilitated their motivation. The intervention's flexibility was mentioned several times, which underlines its importance.

"In my case, I was giving virtual classes, and sometimes, I had limited time. So, the advantage of this course was that you could schedule it yourself because I came here every eight days, and I would say, 'Let's start now' because we didn't finish it quickly."

(P6, Female, age 35-44, completed 12 modules)

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This flexibility appealed to Participant 6, illustrating the value of a flexible intervention. Additionally, participant 8 highlighted the significant advantage of having an online intervention during the COVID-19 pandemic, as it provided accessible and safe support in a time of social distancing and lockdowns,

"I found this modality to be an alternative, precisely because of the conditions we were experiencing last year, being in isolation, and also personally, considering my schedule, this method worked well for me."

(P7, non-binary, age 25-34, completed 12 modules)

Other participants praised the comprehensiveness of the intervention's content, with participant 2 mentioning,

"The content is very easy to digest, the information is accessible, that is, it is understood quite well." (P2, Female, age 35-44, completed 12 modules)

participant 6 added,

"The first one was the sense of calm. The course had a very soothing voice that relaxed me, so it calmed me down. At the same time, it almost always started with breathing activities, so when you breathed and focused on the present, it felt like you were entering the activity, bringing a bit of calm. Another experience was expressing, expressing a lot." (P6, Female, age 35-44, completed 12 modules)

Furthermore, participant 4 shared positive experiences with the intervention's structure, stating,

"I really liked the activities and exercises that he sent us because I think they gave meaning to the theory (...) the theory that gave relief because it made you think about where you had to go, and then the exercises supported that theory and were completely necessary for quite some time." (P4, Female, age 45-44, completed 12 modules)

1.2 Emotional relief

The code emotional relief describes the witnessing of change, particularly in the form of emotional relief, which emerged as a positive aspect of the intervention and motivated participants to continue their engagement. Participants highlighted their experiences of emotional relief on seven occasions, as reported by five users. For instance, participant 2 reflected on their journey, stating,

"As I progressed, I noticed that there were certain stages, and finally, there were exercises that I believe helped me close a circle with my father. That's what motivated me to continue until the end because it's a bit lengthy, but it's like a whole process(...)"

(P2, Female, age 35-44, completed 12 modules)

Similarly, participant 4 expressed,

"It relieved me a lot to have that tool, and that's why I did it"

(P4, Female, age 35-44, completed 12 modules)

This underscores the significant impact of emotional relief on their motivation to participate. Moreover, participant 5 shared their experience, saying,

"I felt more and more comfortable. After the sessions, I experienced relief, a sense of relief. I felt that I could face the situation better, that I could cope with it better, and I am very grateful for that." (P5, Female, age 45-54, completed 12 modules)

Moreover, participant 12 highlighted the different ways for emotional expression facilitated by the intervention platform, stating,

"Each person has a different way of expressing their emotions, and I think the platform provides that.(...) like the first time I allowed myself to cry and acknowledge certain things I had, you know? That they talked about there on the platform. So, I think I liked that a lot, those possibilities that the platform gave to express yourself in different ways." (P12, Female, age 45-54, completed 6 modules)

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1.3 Feeling understood

Another experience that significantly influenced participants' motivation to complete the intervention was the feeling of understanding emotions, feelings, and circumstances.

Several users highlighted this aspect (n=5), expressing how it contributed to their engagement with the intervention. For example, one participant described the intervention as if it were guiding them through their emotional journey, providing a sense of understanding and empathy. They expressed,

"It felt like it was guiding you. And like... if it were talking to you, I mean, they seemed to understand what you were going through, you know? I mean, they understood the pain, they understood what it meant, you know? So, I liked that a lot."

(P12, Female, age 45-54, completed 6 modules)

Further, participant 10 appreciated the interactive nature of the exercises, which helped with their self-expression and helped in recognizing feelings during the grieving process.

They remarked,

"I really liked the exercises because they were interactive. I could express myself and learn to recognize my feelings during the grieving process. The exercises made it easier for me to identify my feelings."

(P10, Female, age 35-44, completed 12 modules)

Additionally, participant 8 emphasized the importance of understanding the grieving process and normalizing emotions. Reflecting on the intervention, they stated,

"reflecting on many of the topics that maybe you hadn't thought about, that are explained, that you feel that obviously, you're not alone, that there is a process that most people go through." (P8, Female, age 45-54, completed 12 modules)

This insight underscores the significance of comprehension and acknowledgment of emotions in facilitating participant engagement and motivation throughout the intervention.

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1.4 Curiosity

The code of curiosity comprises feelings of curiosity to take the next step, which in turn facilitates the motivation to complete the intervention. Two participants mentioned it three times. They expressed curiosity about what lay ahead in the intervention and were eager for new learning experiences.

"So, yes, it was exciting to see that the next session was about 'how to do it,' right? (...) I think the motivation was that, wanting to know how to do it because, well, I think, definitely sometimes you can't do it alone, and when you see that there are other alternatives, well, you don't feel alone."

(P6, Female, age 35-44, completed 12 modules)

Participant 9 similarly reflected on their curiosity, stating,

"Well, like that curiosity, right? About what was happening in the other session, what more I could get from those resources, from those dynamics, exercises."

(P9, Female, age 25-34, completed 12 modules)

Another participant mentioned the usability of the notification,

"I get the email notifying me, 'Your next session is ready.' So, I liked that part, 'Oh, it's ready,' right? 'Can I access it now?' So, I liked that part, and it was accessible to me."

(P6, Female, age 35-44, completed 12 modules)

Theme 2: Goal-setting Theory

The theme of the goal-setting theory underscores the connection between the motivation to complete the intervention and the process of setting, pursuing, and achieving goals. In the translated transcripts, participants discussed some goal-setting examples, mainly when they started the intervention and as a reason to participate. These instances of goal setting may be closely related to participants' motivation to complete the intervention. The analysis identified two principal codes within this theme, encompassing 15 quotes. For an overview, please see Table 4.

Table 4*Description of codes for theme 2 (n=15)*

Codes	Definition of code	Frequency (participant)	Illustrative quote
Psychological care	Setting specific goals to seek psychological care	11 (P1, P2, P3, P4, P5, P6, P7, P10, P13, P11)	<i>"The reasons were that I had lost someone(...) the truth is that I needed, I felt that I needed this help for the grieving process" (P11)</i>
Emotional support	Setting specific goals to seek emotional support	4 (P3, P12, P13)	<i>"Because I needed to cover the emotional part in some way to take care of myself, it was the main reason that motivated me to take it this way (...)" (P3)</i>

2.1 Psychological care

This code refers to instances where participants expressed specific goals related to seeking and receiving psychological support or therapy. A choice or intention to engage with the intervention to address mental health needs is demonstrated, which aligns with the goal-setting theory. In eleven quotes, participants describe their reasons for initiating the intervention and their intentions to complete it. For example, one participant expressed their need for help and their goal to change, which led them to start the intervention,

"The reasons were that I had lost someone, they died from COVID, a close family member, and well, the truth is that I needed, I felt that I needed this help for the grieving process" (P11, Female, age 45-54, completed 8 modules).

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Another participant mentioned their willingness to seek therapy, thus making it clear that the goal is to receive psychological care,

"I was willing to pay for a therapist because I knew I needed one and I found you"

(P4, Female, age 35-44, completed 12 modules).

Additionally, some participants cited the challenges of accessing in-person therapy during the pandemic, thus leading to the start of Grief covid,

"We were still in the midst of the pandemic, and it was really difficult to go to in person psychologists. So, I somehow saw the COVID grief course. When I opened it, I saw all the sessions it had, and all of them seemed very, very fitting"

(P5, Female, age 45-54, completed 12 modules).

Others shared their experience of searching for psychological assistance online and finding Grief Covid,

"I searched and investigated on the internet for psychological attention. However, due to the demands of my job and time constraints, I checked the platform when I found it on the internet" (P7, non-binary, age 25-34, completed 12 modules).

Another participant described their losses and their emotional struggles, leading them to seek support,

"First my dad, then a nephew, then my sister, and a month after my sister passed away, a brother-in-law passed away, so I feel very bad sometimes, I still have relapses, so I decided to look for the website and see how it could help me"

(P13, Female, age 45-54, completed 2 modules).

All these quotes indicate that users actively sought psychological help, participated in receiving psychological care, and tried to find support during the challenging period.

2.2 Emotional support

This code describes quotes where participants consciously choose to engage in the intervention to receive their emotional support. They emphasize the importance of addressing

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the emotional aspects of their experiences and take proactive measures to prioritize their mental health. These actions align with the goal-setting theory, as they demonstrate a decision to start the intervention in response to emotional challenges and a clear intention to address these needs through the intervention. Four quotes exemplify the participants' longing for emotional support. For example, one participant expressed,

“I needed to address the emotional aspect in some way to take care of myself. This was the primary reason that motivated me to seek help in this manner. I was completely unaware and unfamiliar with how therapy worked (...)”

(P3, Female, age 55-64, completed 12 modules).

Another participant mentioned their search for support after seeing it advertised on the news, stating,

“I saw it on the news that they were offering this support, and (voice breaking) I had experienced a loss, and it's still very difficult for me to talk about it”

(P13, Female, age 45-54, completed 2 modules).

Through these quotes, it becomes clear that participants actively sought emotional support to help them cope with their recent losses, which was the driving force behind their participation in and completion of the intervention.

Discussion

The current study aims to investigate participants' motivations to adhere to the IBI Grief Covid during the COVID-19 pandemic. In a second step, the goal-setting theory was used to determine whether goal setting is connected to the motivation to adhere to the IBI during COVID-19. A thematic analysis of participants' experiences revealed multifaceted insights into the motivational factors that drove the engagement and completion of the Grief Covid intervention. Two themes emerged from an inductive and deductive coding process: (1) Motivational factors for completion with four codes and (2) Goal-setting theory with two codes.

Interpretation of findings

Motivational factors for completion

The theme (1) Motivational factors for completion revealed four codes that indicate patterns that positively affected participants' motivation to adhere to the intervention. As highlighted in the introduction, the identified codes confirm that participants valued the intervention's flexibility, allowing them to schedule sessions according to availability. This flexibility helped overcome logistical barriers like time constraints and competing responsibilities, aligning with previous (Gerhards et al., 2011; Linardon et al., 2021; Wagner et al., 2006; Zülke et al., 2021). Additionally, the time between sessions had a positive effect, allowing participants to digest the information and process emotions, which users appreciated. These findings support existing research on the positive impact of flexible access to interventions (Andersson & Titov, 2014; Hassenzahl, 2008; Moshe et al., 2020). Other beneficial features that users mentioned included the ability to choose between audio and video formats, reminders, explanations of emotions, and animations tailored to the targeted population, which helped participants connect more with the intervention. This aligns with literature suggesting that tailoring IBIs to individual circumstances and characteristics positively affects adherence (Adlin et al., 2006; Short et al., 2015). These findings suggest that intervention features, structure, and how content is presented impact people's motivation to adhere to the intervention.

The following finding can be connected to the second code, "emotional relief." Half of the users reported experiencing relief and comfort through their engagement with the intervention, attributing it to the therapeutic activities and opportunities for emotional expression. This can be supported by existing literature highlighting the benefits of emotional expression and validation in the context of grief (Lichtenthal et al., 2013). Interestingly, the studies of Sigurðardóttir et al. (2022) and Geraghty et al. (2016) suggest that experiencing relief facilitates adherence to an IBI. The findings suggest that by providing a safe space for

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participants to explore and process their emotions, an intervention effectively addresses immediate emotional needs, fostering a sense of relief and empowerment that motivates them to progress.

Moreover, the emergence of "feeling understood" as a code and new insight underscores the program's emphasis on empathy and validation. Participants expressed that this sense of understanding made them feel supported in their grief journey. This support likely reduced feelings of isolation and the stigma commonly associated with bereavement (Stroebe et al., 2007). Current research by Donkin et al. (2011) shows that experiencing empathy in an IBI can increase user engagement. Thus, this sense of understanding and connection could have contributed to participants' motivation to engage with the intervention, as it validates their experiences and provides meaning to their feelings and experiences.

Finally, participants expressed curiosity and enthusiasm for learning new topics and engaging in personal growth, which emerged as a novel insight in this study. This interest in self-improvement and exploration indicates that the intervention met participants' emotional needs and stimulated personal growth and development. Such engagement suggests that incorporating elements of novelty and growth could sustain long-term motivation in digital interventions, a finding supported by research on the importance of engaging content in psychological treatments (Mohr et al., 2013).

Motivation and Goal-setting theory

The second theme, goal-setting theory, highlights the connection between participants' motivation to complete the intervention and their goal-setting process. The conscious choices to engage with the intervention align with the goal-setting theory, which emphasizes the importance of setting clear and attainable goals to enhance motivation and performance (Locke & Latham, 1991).

The first finding revealed that personal experiences of loss and emotional distress were motivators for initiating the intervention, as, from nearly all participants, the goal was to

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receive therapy. Previous research indicates that individuals often seek therapy as a means of coping with grief and traumatic experiences (Lichtenthal et al., 2013). Additionally, the challenges posed by the COVID-19 pandemic, such as limited access to in-person therapy, further underscored the importance of alternative forms of psychological support, such as online interventions (Wang et al., 2020).

Next, participants expressed a strong need and goal to minimize emotional stress and seek emotional relief through the IBI Grief Covid. This demonstrates a clear intention to prioritize mental health. Furthermore, this aligns with goal-setting principles, as participants desired to address their emotional needs and navigate their grief journey with support and guidance (Locke & Latham, 2002, 2013; Lunenberg, 2011; Tosi et al., 1991). Their motivations were driven by the desire to find relief from emotional distress and effectively cope with recent losses. This finding is also consistent with existing literature, highlighting the importance of emotional support in promoting engagement and adherence to therapeutic interventions (Donkin & Glozier, 2012).

Overall, the integration of these findings within the framework of goal-setting theory suggests that participants' motivation to complete the intervention may be linked to their goal-setting process. By setting specific goals related to seeking psychological care and emotional support, participants actively utilized the intervention to achieve these objectives and completed it. This highlights the motivational benefits of establishing clear and attainable goals in the context of IBIs. Considering these findings, there is a demand for tools that effectively address users' needs in the context of grief. Further research is needed to refine and tailor interventions to individuals.

Strengths and Limitations

This study provides a unique opportunity to analyze data collected during the COVID-19 pandemic. It offers valuable insights into how a global crisis influenced individuals' motivations and behaviors toward IBIs for grief—an area with little to no similar research.

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The study's findings capture real-world experiences during an unprecedented time, offering a starting point for future research and interventions to minimize the risk of developing PGD.

Furthermore, by understanding these motivational factors, the study contributes to developing more supportive and effective treatment options, helping to enhance adherence to IBIs. This makes the study relevant to the present context and in shaping future approaches to IBIs.

Moreover, this study also explores the application of goal-setting theory within IBIs for grief, offering a distinctive perspective on motivation. Goal-setting theory views motivation as the pursuit and attainment of goals rooted in an individual's intentions and values and has been widely used to explain adherence to various interventions. However, research on the role of goal setting in IBIs addressing grief remains limited. This real-life intervention provides, therefore, new insights and offers potential for further exploration. By addressing a gap in the existing literature, the findings serve as a foundation for future research, potentially leading to more effective and personalized psychological interventions. Furthermore, using inductive and deductive approaches allowed for a thorough examination of goal setting in the interviews while remaining open to other motivational factors contributing to adherence to the Grief COVID intervention.

Despite these strengths, this study also has limitations. One limitation is the one-sided focus on positive motivational factors without addressing negative feedback or engagement barriers. This may result in an incomplete picture of the intervention's effectiveness and overlook potential areas for improvement. However, the current study's focus was to identify general motivations that led to the completion of the IBI.

The sample characteristics also pose a limitation. The sample included an unequal distribution of men and women, with no men included, and consisted of more educated individuals who were already familiar with psychological interventions, as the transcripts displayed. This raises questions about the generalizability of the findings to populations for

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men and people with lower educational levels, who may have different motivational factors and face different barriers.

Another concern is that the translation of the transcripts may have missed cultural nuances and specific contexts, affecting the accuracy and depth of the analysis. The transcripts were translated from Spanish to English using Google Translate and Chatgpt.

Moreover, the study was constrained by the provided interviews and interview questions, limiting the exploration of other potentially relevant aspects of participants' experiences and motivations. Therefore, there was no opportunity to ask personalized questions that would have helped to get more detailed answers that fit this study and, in turn, get deeper insights into goal setting and motivation. Additionally, the qualitative nature of the study introduces subjectivity, as the researcher's perspective may influence interpretations of participants' responses. To work against this limitation, inter-coder reliability was ensured.

Future research

Future research should aim to include a more diverse sample and consider both motivations and dropout perspectives to provide a more comprehensive understanding of motivations in psychological interventions. By addressing the limitations, future studies can enhance the efficacy of interventions designed to promote emotional well-being and adherence, particularly in the context of grief and bereavement. The transcripts frequently display a clear motivation to participate in the intervention to receive psychological treatment. This underscores the demand for IBIs and the necessity for alternatives to in-person treatment, especially during times of self-isolation.

In the future, it would be interesting to ask more targeted questions in the virtual interviews to comprehensively understand all facets of the underlying motivations and goal-setting intentions.

Furthermore, more research is needed on the role of goal setting in IBIs, not only for grief but also for other psychological contexts. Future research should focus on refining and

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tailoring interventions to meet individual's unique needs, such as by adapting the content or delivery methods to different age groups or cultural backgrounds. Additionally, exploring the long-term benefits of such programs, like sustained emotional well-being or prevention of PGD, could provide valuable insights for improving psychological interventions.

Additionally, it is interesting to investigate further how goal-setting influences engagement and outcomes in IBIs. By doing so, researchers can develop more effective strategies to enhance motivation and adherence, ultimately improving participants' psychological well-being.

Conclusion

To the best of the researcher's knowledge, this study represents the first attempt to apply goal-setting theory to an IBI for grief during the COVID-19 pandemic. It also explores the overall motivations influencing participants' adherence to the Grief Covid IBI. The findings revealed motivational patterns, including the importance of intervention content, the experience of emotional relief, feeling understood, and, as a new insight, curiosity about upcoming tasks, all of which contributed to adherence. Two distinct goals were identified through goal-setting theory: the desire to receive psychological care and the need for emotional support. This insight underscores the potential of goal-setting theory to optimize IBIs, particularly for grief interventions. Although the study has some limitations, it provides a valuable foundation for future research to explore goal-setting processes and motivational factors within IBIs for grief in more depth. Future studies can build on these findings to further understand and enhance adherence to IBIs, ultimately improving the effectiveness of these interventions.

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Appendix A

Material of Qualitative Study

Table 1

COREQ Criteria and corresponding pages

Criterion	Guide Questions/Description	Page
Domain 1: Research team and reflexivity		
<i>Personal characteristics</i>		
Interview/facilitator	Which author/s conducted the interview or focus group?	14
Credentials	What were the researcher's credentials?	14
Occupation	What was their occupation at the time of the study?	14
Gender	Was the researcher male or female?	
Experience and training	What experience or training did the researcher have?	
<i>Relationship with participants</i>		
Relationship established	Was a relationship established prior to study commencement?	12
Participant knowledge of the interviewer	What did the participants know about the researcher? e.g., personal goals, reasons for doing the research	
Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g., Bias, assumptions, reasons, and interests in the research topic	14
Domain 2: Study design		
<i>Theoretical framework</i>		
Methodological orientation and theory	What methodological orientation was stated to underpin the study? e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis	15
<i>Participant selection</i>		
Sampling	How were participants selected?	12

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Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	12
Sample size	How many participants were in the study?	12
Non-participation	How many people refused to participate or dropped out? Reasons?	12
<i>Setting</i>		
Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	14
Presence of non-participants	Was anyone else present besides the participants and researchers?	14
Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	12
<i>Data collection</i>		
Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	15
Repeat interviews	Were repeat inter views carried out? If yes, how many?	
Audio/visual recording	Did the research use audio or visual recording to collect the data?	14
Field notes	Were field notes made during and/or after the inter view or focus group?	
Duration	What was the duration of the inter views or focus group?	14
Data saturation	Was data saturation discussed?	12
Transcripts returned	Were transcripts returned to participants for comment and/or correction?	

Domain 3: analysis and findings

Data analysis

Number of data coders	How many data coders coded the data?	15
Description of coding tree	Did authors provide a description of the coding tree?	15

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Derivation of themes	Were themes identified in advance or derived from the data?	15
Software	What software, if applicable, was used to manage the data?	15
Participant checking	Did participants provide feedback on the findings?	
<i>Reporting</i>		
Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	16
Data and findings consistent	Was there consistency between the data presented and the findings?	26
Clarity of major themes	Were major themes clearly presented in the findings?	16
Clarity of minor themes	Is there a description of diverse cases or a discussion of minor themes?	16

Appendix B

Interview questions

Questionnaire 1

Interview questionnaire for participants that dropped out

- Before entering this platform, have you received psychological therapy of any kind?
If so, what was that experience like for you?
- Before entering this platform, have you participated in any other online intervention (self-applied) -If so, could you describe: What platform was it? What was that experience like for you?
- What were the reasons for using the COVID grief platform?
- How was your experience in relation to using the platform?
- How was your experience in relation to the operation of the platform?
- In relation to the materials used on the platform, what was your experience?
- What is your opinion about the tasks and activities designed on the platform?

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- What were the main problems that arose throughout the intervention? How did you solve these problems? Or if they could not be solved, would you like to comment on it?
- What was the biggest challenge you faced when using the platform?
- What problems related to technology (internet access, computer equipment, knowledge of the platform, etc.) did you face throughout the intervention?
- What problems related to logistics issues (schedules, physical spaces) did you face throughout the intervention?
- What problems related to emotional issues (fear, sadness, anger, frustration, anxiety, etc.) did you face throughout the intervention?
- What problems related to your health status did you face throughout the intervention?
- Mention some proposals to improve the experience of the intervention. What were the reasons why you could not complete the process?

Questionnaire 2

Interview questionnaire for participants who completed the intervention

- Before entering this platform, have you received psychological therapy of any kind? If so, what was that experience like for you?
- Before entering this platform, have you participated in any other online intervention (self-applied) -If so, could you describe: What platform was it? What was that experience like for you?
- What were the reasons for using the COVID grief platform?
- How was your experience in relation to using the platform?
- How was your experience in relation to the operation of the platform?
- In relation to the materials used on the platform, what was your experience?
- What is your opinion about the tasks and activities designed on the platform?

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- What were the main problems that arose throughout the intervention? How did you solve these problems?
- What was the biggest challenge you faced when using the platform?
- What problems related to technology (internet access, computer equipment, knowledge of the platform, etc.) did you face throughout the intervention?
- What problems related to logistics issues (schedules, physical spaces) did you face throughout the intervention?
- What problems related to emotional issues (fear, sadness, anger, frustration, anxiety, etc.) did you face throughout the intervention?
- What problems related to your health status did you face throughout the intervention?
- Mention some proposals to improve the experience of the intervention.
- What motivated you to conclude the intervention?
- After finishing the intervention, what techniques or content that you learned in it have you continued to use?