

# Conversations about vaccination (COVID-19)

Learning and evidence base relating to conversations about vaccination uptake in COVID-19 pandemic amongst hesitant individuals.

## Introduction

The following outlines some findings and learnings from front-line conversations about vaccination, developing a focus on the COVID-19 vaccination programme, concluding in a guiding model for facilitating these conversations in a healthcare context.

Staff appear to be just as hesitant as the general public in this vaccination roll-out. Therefore, despite the current drive towards conspiracy theories and “anti-vax” movements, the hesitancy with this vaccination roll-out features strongly also in informed professionals, emphasising further the need to adopt non-judgemental approaches to these conversations. Hesitancy in this context is not necessarily related to misinformation.

## Principles

In terms of facilitating conversations that are designed to guide an individual towards safer and more healthy behaviours, the conversations relating to vaccination hesitancy are very consistent with evidence base in relation to what is more likely to produce a positive outcome, and what is more likely to engender greater resistance. Often there is little opportunity for front-line workers to have these conversations in a vaccination context, as if they are in a vaccination appointment they have most likely made up their mind already. So, this guidance is more for non-vaccination contexts.

Some principles associated with this evidence may be summarised as follows (which draws from evidence base and experience of professionals working on the frontline in this regard with demonstrated outcome data).

- Help the individual to raise the topic
- Allow them to express their concerns
- Show empathy and understanding for their expressed concerns
- **Emphasise autonomy**
  - ensure that you emphasise that this is their autonomous decision, whatever they choose to do
- Elicit provide-elicite
  - Having elicited what they think/know, ask for permission to share information about it. Then do so neutrally. Then ask, having heard that what they think now.
- Ask “*Where do you want to go from here?*”
- Do not expect that they must change their mind in this conversation
  - The change often occurs afterwards, or in subsequent conversations

The above principles have been clearly demonstrated to enhance positive behavioural change. Each aspect mentioned above is repeated consistently in data around conversational dynamics in healthcare settings. Outcomes have demonstrated these findings very significantly in vaccination conversations in particular. Clinicians making these few adjustments increase vaccination uptake significantly.

Many people in healthcare feel the need to convince individuals of the importance to change their position. This does not work. In fact, it is more likely to produce the exact opposite outcome. Rather, invite them to explore this with you. Listen to them. Then change is more likely to occur, in contrast to being treated like a child, in which case people are simply unlikely to return. Acknowledge that they have a perspective which, whilst you may not share it, you respect.

Therefore, ensure you listen. Allocate 2-3 minutes to this alone. Be interested and do not intervene at this point. Ask if they have any questions.

A bonus to this approach where individuals are more likely to feel heard, understood and have their perspectives respected, is a general confidence in the wider health services.

Address misinformation in partnership rather than correcting. Allow, with the information that you provide, the individual to correct their own misinformation.

**When you respect autonomy of a hesitant patient, they are more likely to change their position and this has been proven to increase vaccination uptake.**

**Listening is the only way to discover the real underlying concern, the deeper more underlying truths. Only then can you help somebody resolve the hesitancy that is preventing change.**

**Any intervention before that point will rarely succeed (unless the individual changes for other reasons).**

## Model to guide conversation:

### Ask Permission to discuss COVID-19 vaccination

1. May I talk with you about the COVID-19 vaccine(s)?
  - a. If yes, continue to Step 2.
  - b. If no, you can say, I am committed to helping patients stay well and avoid getting the coronavirus. I am here to support you and can help you get a COVID-19 vaccine when you are ready.
  
2. Explore readiness and experience (ask ANY of the following questions):
  - a. *What thoughts do you have about the COVID-19 Vaccine?*
  - b. *What do you know about the benefits of the COVID-19 vaccine?*
  - c. *What are you currently doing to protect yourself and your family against COVID-19? Flu?*
  - d. *What is your understanding about YOUR risks of getting COVID-19?*
  - e. *What have you been doing to help you (and your family, friends) avoid getting infected with the coronavirus?*
  - f. *How important is it to you to avoid getting infected with the coronavirus? What makes it important? What would it take to make it even more important?*
  
3. Support and Affirm responses to step 2, and ANY interest, benefits, current/past success. For example:
  - a. *I'm glad to hear that you have been taking steps to protect yourself and others from getting COVID-19.*
  - b. *It's good that you have chosen to be vaccinated for flu in the past.*
  - c. *It's great that you have taken other steps to stay healthy during this pandemic.*

NOTE – If the patient spontaneously expresses readiness to receive a COVID-19 vaccine, move directly to Step 6.

4. Share Information (with permission)
  - a. Ask permission to share information about COVID-19 vaccines
    - i. May I share some information about the COVID-19 vaccines?
  - b. If yes, share information about the potential benefits of receiving a COVID-19 vaccine (supplement with handout, if available):
    - i. *The risk of having a severe case of COVID-19 is greater for individuals with chronic conditions and those who are 65 or older.*
    - ii. *COVID-19 vaccines work. (Cite data from trials)*
    - iii. *Reduced risk of getting infected with the coronavirus*
    - iv. *Reduced risk of having complications, hospitalization, long-term effects*
  - c. Reduced likelihood you will spread infection to others
    - i. *It is critically important for everyone to do their part to prevent spreading COVID-19 to others*

- ii. When applicable - *I appreciate all you are already doing to both stay safe and protect others from getting infected with the coronavirus.*

Bottom Line: Vaccination with a COVID-19 vaccine, along with other methods (like wearing masks, physical distancing, washing hands) provides protection against getting or transmitting the virus.

5. Elicit current perspective

- a. *What do you make of all this information?*

Or

- b. *What do you think having heard this?*

Then

- c. *What do you think you might do?*

6. Confirm Next Steps

- a. Would you like to get the vaccine today (or when it can be arranged)?

- i. If yes, share information about options and arrange vaccination

- b. If the individual declines vaccination, do ANY of the following:

- i. Ask if there is any other information they would like to receive.

- ii. Assure them we will provide vaccination later if now is not the right time. Let the patient know, "We are ready to help you when you are ready."

- iii. Let the patient know you will ask about their interest in vaccination at a subsequent visit, and the team will be happy to help them get it at any point.