Vaccination Conversations: Influencing Critical Health Behaviors in COVID-19

Talking at the patient or community level about the importance of being vaccinated for COVID-19 takes preparation and sensitive communication. BY JOSHUA C. MORGANSTEIN, M.D.

Bringing an end to the COVID-19 pandemic requires development of an effective vaccine that is deployed and administered to a sizable portion of our population. For that to happen, citizens must be willing to accept a vaccine. Unfortunately, the willingness of our society to receive a COVID-19 vaccine has generally declined, despite reassurances about safety and efficacy by public health experts as well as national leaders. Because an unequivocal recommendation from a health care professional is an important factor in patient acceptance of a vaccine, COVID-19 vaccination efforts may be further complicated by a rise in health care workers expressing hesitancy or unwillingness to be vaccinated themselves. The speed at which vaccines have been developed, growing mistrust of institutions, questioning of science, and the politicization of pandemic response efforts have enhanced confusion, furthered uncertainty, and diminished trust in the COVID-19 vaccine. A failure to effectively vaccinate our society will prolong the pandemic and uncertainties related to health, economics, and global security, unnecessarily furthering human suffering and costing untold human lives.

Health care professionals play a critical role in educating their patients and the broader public about immunizations, as well as shaping health behaviors. By promoting vaccination, health care professionals can help to overcome vaccine hesitancy and ensure a successful end to the COVID-19 pandemic.
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Behavioral health professionals provide essential support to these efforts by ensuring that the unique needs of people with mental illness are considered in vaccine implementation planning. Though behavioral health professionals may not be directly involved in vaccine delivery, they can play a critical role in public mental health by educating other health care personnel and community leaders about the importance of effective communication in shaping perceptions of risk and subsequent behaviors, such as the willingness to receive COVID-19 vaccination. Incorporating principles of behavior change and effective communication serve as the foundation for an optimal approach. The following actions can help prepare us for these important conversations, focus our efforts most efficiently, and deliver messages that optimize vaccine behavior change.

Check Your Pulse

Many health care professionals are increasingly fatigued and frustrated by a seemingly endless pandemic; ongoing social and occupational uncertainties; and attacks on the legitimacy of science, medicine, and even health care personnel themselves. Our ability to communicate effectively and negotiate challenges are essential to addressing vaccine-related concerns with patients. Being tired, hungry, frustrated, or otherwise under extremes of stress will diminish our effectiveness in managing these difficult discussions. Addressing basic physiologic needs (sleep, stress, nutrition, hydration) improves our ability to engage with patients on vaccinations and other challenging topics.

Assessing our own perceptions of COVID-19 and ensuring we are fully educated on the vaccines being used at our facility will help us make informed recommendations to our patients. A brief check-in with a trusted family member, friend, or colleague can provide helpful feedback on the extent to which we are prepared to effectively navigate vaccination conversations with patients.

Know Your Audience

Patient perspectives on vaccines typically fall into three categories, which correspond to various stages of change: ready (preparation), hesitant (contemplation), and refusal (pre-contemplation) approaches are needed to facilitate behavior change at different stages and knowing our patients’ perspectives allows us to direct energy and resources to those most likely to benefit.

Patients who are ready (preparation) for a vaccine should be encouraged for their positive health behavior choices, have any questions answered, and given information about when and where to get a vaccination. Individuals who express hesitancy (contemplation) may transition to being “ready” following effective motivational interviewing, where the health care professional explores the patient’s concerns and discusses potential benefits and drawbacks of each course of action. This mutually respectful exchange builds trust and enhances therapeutic rapport, a positive predictor of behavior changes in patients. More than one conversation may be necessary, and providing patients with information and an opportunity to talk again are appropriate when consensus cannot be reached.

Those who express refusal (pre-contemplation) should have their perspective respected. Health care professionals can respectfully inform the patient that they recommend the vaccine and offer to speak further if the patient would like to talk at a later time. Efforts to change the behavior of those who are pre-contemplation are rarely successful. Paradoxically, they may have the unintended consequence of furthering mistrust, deepening divides, injuring rapport, and ultimately reducing the chance that common ground will be attainable in the future.

In addition to stage of change, patients are part of communities with unique cultures who live and work in settings experiencing a variety of contextual factors around this event and previous disasters. For instance, people of color and those who have migrant or refugee status may have significant mistrust toward institutions resulting from personal and family experience in the United States or their country of origin. Various faith communities have concerns about receiving vaccinations, believing vaccinations to be against their religious beliefs and practices. Many in our society are also having their perceptions of COVID-19 vaccines shaped by ongoing political discourse and the government administration that initiated and oversaw vaccine development through Operation Warp Speed. An understanding of these cultural and contextual factors engenders trust and enhances collaboration.

Find the Words

Knowing our audience and understanding principles of health behavior change communication lay an important foundation for finding the right words to talk with patients. In addition, communication and messaging have served as critical tools for shaping health behaviors in previous infectious disease outbreaks. On a community level, developing partnerships with trusted community leaders can aid in connecting with patients who might otherwise be difficult to reach. This partnership allows a better understanding of values, beliefs, and practices to aid with tailoring educational messaging for various communities. Community leaders also serve as trusted messengers who will exert significant influence on perceptions of risk and engagement in health behaviors by community members.

Communication with individual patients should similarly be tailored to increase patient understanding and receptivity. For instance, the use of medical jargon is increasingly associated with confusion, mistrust, and lack of behavior change. Health care professionals are trained to use complex medical terminology, though more understandable and down-to-earth language often serves to enhance trust and build rapport. In addition, using language that normalizes feelings, such as talking about concerns rather than using clinical words like anxiety, avoids overmedicalizing and more accurately characterizes the experiences of most patients.

Behavior change is often motivated by feelings rather than facts. Appealing to areas of strong emotional importance to a patient are often more effective than numbers and statistics. Strategic self-disclosure from health care professionals, such as sharing their personal concerns about vaccines or a challenge experienced by their child with a prior vaccination, can humanize health care professionals, strengthen the therapeutic bond, and lower barriers to patients’ behavior change. Discussions that stay away from controversial topics (such as politics or religion) to focus on more universal values, such as family safety, aid in reaching common ground, even when patients and providers differ on other beliefs and practices related to managing the pandemic. The use of guilt, shame, or criticism rarely motivate behavior change, may further entrench patients in or move them toward vaccine refusal, and should be avoided.

Health care professionals and patients may not come to an agreement. Ultimately, it is an individual’s choice whether or not to receive a vaccine, and it is essential that health care professionals respect patient autonomy. Verbalizing a respect for each patient’s right to choose and, perhaps, setting a time to follow up and discuss further or simply leaving the door open to future conversations will enhance the potential for patients to become open to vaccinations.

Health care professionals are critical health education messengers, for patients and their broader communities, in the effective dissemination of vaccinations that are essential to ending the COVID-19 pandemic. Being physically and mentally prepared, understanding the cultural and contextual factors influencing individuals and communities, and shaping messages using communication best practices will help “move the needle” to encourage patients to get vaccinated during this crucial inflection point in the global pandemic. PN

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from there, it’s easier to understand why someone might want to believe the virus is a hoax.

“Psychologically, the denial of the seriousness of this serves to ward off the absolutely terrifying nature of the reality, which is that this is a potentially lethal, highly contagious pathogen.”

Friedman said finding a place of mutual understanding, the clinician can hopefully encourage patients to adopt the healthy behaviors necessary to keep them safe. PN

Why Humans are Vulnerable to Conspiracy Theories” is posted at https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000348.