

How better conversations can reduce vaccine hesitancy for COVID-19 and other shots

May 11 2021, by Myles Leslie



Credit: AI-generated image ([disclaimer](#))

New parents have many decisions to make soon after their baby is born. One of them is about vaccination.

Between the cooing and crying, cards and bouquets, and yet another change of clothes, parents will be asked about inoculating their infant

against childhood illnesses. Where once the answer would have been "yes" by default, the past few decades [have seen more Canadian parents hesitate](#).

Vaccine hesitancy

While vaccination remains the norm, for a range of reasons exhausted mothers and nervous fathers are saying "We'll wait" or even "No" to vaccinations in maternity wards across the country.

In an era of patient-centrism and individual autonomy, the parents' right to hesitate is accepted. But health-care professionals are often worried by both the individual risks and societal consequences of the choices that are being made. Life threatening and altering diseases [like polio or measles](#)—once eradicated or marginalized by vaccines—are creeping back.

Canadians' attitudes towards COVID-19 vaccines suggest hesitancy and its societal consequences are not limited to the choices of newly minted parents. Recent surveys [in Canada, and globally](#), show many of us are hesitant about vaccines that have been produced with such herculean effort and enormous cost. So many, in fact, that the immunization thresholds required to tame COVID-19 are under threat.

This hesitancy has been described [in detail](#), and linked to [people's politics](#), past [community traumas](#) and attitudes towards [science and industry](#).

However, just what to do about it has been less clear. While most Canadians will say yes to COVID-19 vaccines, many of us also know a friend or a family member who is, at least for the moment, saying no.

Most of us know someone who mistrusts some element of the [vaccine](#)

—from the speed of its production, to the intentions of its manufacturers or deliverers. Indeed, COVID-19 vaccine hesitancy is said to be on the rise, nudged upwards by the various [pauses, or stops, introduced by governments](#). How, under these conditions, might we turn a "no" into a "maybe," or even a "yes?"

Motivational interviewing

My research team at the University of Calgary's School of Public Policy started our most recent work with just this question in mind. It turns out the answer was just a few provinces away in Québec, and took us back to newborns and their parents.

We have been working with Canadian federal and World Health Organization funding to support [family doctors](#) as they respond to the pandemic. To support better conversations about vaccine hesitancy, we met with Dr. Arnaud Gagneur, a hospital-based neo-natologist in Sherbrooke. He and his colleagues are world leaders in improving dialogue around vaccination with new parents.

The technique they've been working with for more than a decade is called [motivational interviewing](#) and it has shown great success.

Described in [academic journals](#) and [media coverage](#), a motivational interview is based on a seemingly simple idea: find a vaccine-hesitant person's positive motivation. The art of accomplishing this lies in long and empathetic engagement with the person to get to the roots of their hesitancy.

Those roots will often be negatively expressed: "I don't like the way it was made," or "It's a conspiracy, you know." Under the principles of motivational interviewing, these roots are to be respected and acknowledged, regardless of how gnarled they might appear. Attempting

to chop them off with arguments and facts will only encourage the person to [sink deeper into their hesitancy](#). Unless the person's concerns are acknowledged as valid, facts are more likely to hinder than help.

The aim isn't to chop off the negative, but rather to have the positive reveal itself. This takes conversation, close listening, empathy and above all, trust. Shifting out of the negative reason and into an expression of a positive aspiration is something that takes time, not argument. This, in motivational interviewing, is the key to moving from "I'm religiously opposed to the vaccine," to helping someone understand that vaccination may allow them to attend worship again soon.

Progress in primary care

Our team was originally dismayed by this. Of course it worked for Dr. Gagneur and his team, but they have huge blocks of time to talk to new parents about their hesitancy. Neither all that time, nor the intensity of a recent birth, are common features of family medicine as practised in Canada. Could the principles of motivational interviewing be distilled into the short encounters of most primary care visits?

We were encouraged to seek an answer because family doctors have [the expertise](#) and [the relationships](#) to deal with COVID-19 and its [long-tailed consequences](#). They have also been identified as [key players](#) in countering vaccine hesitancy. This is because they have the long-term relationships with patients who trust them, and the space to understand and validate the concerns those patients raise.

Where many people might struggle to find the positive motivation in a friend or family member's hesitancy, a family doctor is better positioned to do so. With this in mind, our team has been working with doctors from across Canada to develop a pragmatic tool to help them navigate tricky conversations with people considering COVID-19 vaccines, or

with [parents](#) making decisions about their children.

The tool will be web-based and stocked with helpful examples. Along with the family doctors who have been so generous with their time in developing the tool, we are hoping it will contribute to better conversations about [vaccine hesitancy](#)

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