Communication and basic health counselling skills to tackle vaccine hesitancy

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INTRODUCTION

The law 119/2017, as conversion of the decree 73/2017, made ten childhood vaccinations (tetanus, poliomyelitis, hepatitis B, diphtheria, pertussis, haemophilus B, measles, mumps, rubella, chicken pox) mandatory in Italy where coverage rates for various vaccine-preventable diseases have been decreasing since 2013 [1-3]. Vaccine hesitancy is defined as the reluctance or refusal to vaccinate despite the availability of vaccines [4], and enlisted among the ten major issues that demand attention from the World Health Organization (WHO) and health partners in 2019 [5]. Namely, it is a complex and context specific behaviour because it varies across time, place and vaccines and is influenced by a number of factors including issues of confidence, complacency, and convenience. Vaccine-hesitant individuals constitute a heterogeneous group of people who hold wide-ranged indecision on some vaccines as well as on vaccination overall: they may accept vaccines but remain concerned, may refuse or delay some vaccines but accept others, or may refuse all vaccines. Basing on this complexity, to date immunization coverage are the proxy data mostly used even if it is known that they are proven to be reliable for small samples and vaccine decrease does not fully coincide with vaccine hesitancy [6]. This relevant issue in public health broadly encompasses communication approaches that public health professionals can adopt to address vaccine hesitancy effectively. An Italian study shows that, even if paediatricians are favourable to vaccines and vaccinations, gaps are retrieved between their overall positive attitudes on one hand and knowledge, beliefs and practices on the other hand, consequently affecting their response capacity to address parents’ questions [7]. In general, public health institutions should communicate using strategically established methods and avoiding rushed communication which leads to implementing wrong interventions and losing credibility. In 2010, the WHO suggested that to improve communication effectiveness within the healthcare system some elements are needed, such as development of networks and empowerment of communication competences [8-14]. Moreover, within vaccine communication, public health professionals deal with an even more highly complex process that involves several different stakeholders who are featured by own worldviews, perceptions and needs. In this framework, vaccine communication does not correspond to performing one-way informative interventions or teaching, but initiates mutual dialogue and reciprocal exchange among all people involved, despite their different roles and diverse responsibilities. It entails that communication methods and tools have to be adequately aligned with the specific setting and intended target groups. Both individuals and the com-
munity as a whole shall be effectively involved so that homogenous, consistent and strategically coordinated interventions can be implemented [15].

In particular, to effectively address vaccine hesitancy in the general population, basic health counselling skills represent relevant resources to professionals because they are key elements to make healthcare workers create effective relationships with people who can activate their own resources and choose solutions that are consistent with their needs. Basic counselling skills actually stand for in fact the components of a well-structured intervention aimed at helping people to actively face health-related challenges.

Basing on the categorisation by the European Centre for Disease Prevention and Control (ECDC) [16] that identifies four population groups with vaccine deficit, meaning not at all or partially reached by vaccinations (hesitant, unconcerned, active resisters, poorly reached), the authors have associated communication and basic health counselling skills which healthcare professionals need to apply accordingly (Table 1).

As reported in Table 1, it emerges that the use of basic health counselling skills mainly applies to three out of four population categories which are hesitant, unconcerned and poorly reached. Above all in the two cases of hesitant and unconcerned people, who are characterised by a strong misinformation, public health professionals should implement the basic techniques for active listening, such as reformulation or investigative skill, as well as be prepared engaging in information discussions. In the case of poorly reached individuals (people not accessing vaccinations because of social exclusion or work/time pressure), vaccine promotion is required to be developed mostly at community level, concerning the wider institutional and professional network that involves integrated collaboration overall. On the contrary, regarding the two subcategories of active resisters, i.e., “convinced and content” and “committed and missionary”, extensive discussions and debate are supposed to be avoided because they shall reveal to be seldom productive, non-productive or even counter-productive. However, the other’s point of view does not have to be underestimated and healthcare professionals should show openness and a non-judging attitude to allow antivaccination activists further contacts or a re-examination position in future.

**COMMUNICATION AND BASIC HEALTH COUNSELLING SKILLS**

Basic health counselling skills consist of:

- knowledge of the counselling scope that does not correspond with giving advice and quick solutions or general information, but relates to facilitation process in order to activate personal resources in the individual who shall be able to deal with difficulties or perplexities responsibily and manage the own worries in an aware and informed manner;
- self-awareness both of qualities that can favour or hinder the relationship and of personal communication style;
- knowledge of and capacity to use the relational skills (empathy, self-awareness, active listening) which are fundamental to the relation creation and maintenance;
- knowledge of the counselling process to structure an intervention in phases that in turn envisage some fundamental steps (initial greeting, relationship building by active listening, main problem assessment, feasible goal setting, alternative solution proposal, summarising, evaluation, termination or referral, closure and final greeting);
- strengthening the capacity of team working and networking.

The relational skills (empathy, self-awareness, active listening) are integral parts of counselling and can be learned and perfected with specific training [17, 18].

**Empathy** is the ability to know how to enter into another person’s scheme of reference, the capacity to see the world through the other person’s eyes and, grasping information from his/her rational and emotional point of view (thoughts, experiences, emotions, and mean-

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**Table 1**

<table>
<thead>
<tr>
<th>Target population with vaccine deficit</th>
<th>Communication and basic health counselling skills to be applied by public health professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hesitant</td>
<td>Need to be prepared for discussion, Reformulating objection, Recognising emotional status, Issue(s)/concern(s) expressed not to be minimised, Delivering scientifically-grounded and personalised information</td>
</tr>
<tr>
<td>Unconcerned</td>
<td>Need to be prepared for discussion, Informing appropriately (few information), Stimulating questions according to investigative skill, Summing-up, Verifying levels of effective understanding</td>
</tr>
<tr>
<td>Active resisters</td>
<td>Favouring exchange of views to allow a position re-examination, Extensive discussions and debate to be avoided (seldom productive, non-productive or counter-productive), Other’s point of view not to be underestimated</td>
</tr>
<tr>
<td>Poorly reached</td>
<td>Networking and integrated collaboration among health professionals and institutions which promote vaccination, even to facilitate services’ access</td>
</tr>
</tbody>
</table>
Vaccine hesitancy and communication

Brief notes

The use of communication and basic health counselling skills to address vaccine hesitancy

As indicated, public health professionals need to know, acquire and implement basic vaccine counselling skills when dealing above all with seven out of nine challenging population groups, even if such these competences can be also helpful somehow with people totally refusing vaccinations. Knowledge and correct use of basic health counselling skills allow in fact healthcare workers achieve an effective vaccine communication because relying on a structured and personalised intervention. Vaccine communication need to acknowledge individual risk perception that does not depend only on the effective hazard but to a greater extent also on the outrage linked to it, basically related to emotional factors prevailing on the hazard itself [25-27]. Within vaccine communication, by “actively listening” to people fears and being aware of the wide-ranged determinants for the perceived risk, public health authorities have better opportunities to understand and to deal with the origin of perception [28-30]. Especially as far as particular groups are concerned, in the case of childhood vaccinations the main parents’ fears and worries refer to adverse reaction effects or vaccine safety [31, 2]. If people perceive empathy and consideration to their doubts and opinions, they will be in turn more willing to listen and trust. On the contrary, when people perceive sense of distance, the trust level would be reduced and emotional components of perception prevail on the rational part, not activating listening triggers even if adequate scientific communication was developed. Vaccine communication bases on the participatory communication model featured by an interactive exchange assessment overall, where the understanding of social and personal issues is decisive to make scientific information a useful knowledge to citizens [32, 33].

People should not perceive to be passively advised as “just getting reassurance by experts”: in the current communication approach the public sphere is put at the centre of the whole process [25, 27].

If vaccine communication can be considered an interactive process of information and opinion sharing among individuals, groups and institutions, healthcare workers provide people with constructive, up-to-date and meaningful messages and direct-access information services, using a varied range of tools in order to allow them make the best possible decisions about their own health. This make that an important step within intervention. Vaccine communication need to acknowledge outcomes prevailing on the hazard itself [25-27]. Within vaccine communication, by “actively listening” to people fears and being aware of the wide-ranged determinants for the perceived risk, public health authorities have better opportunities to understand and to deal with the origin of perception [28-30]. Especially as far as particular groups are concerned, in the case of childhood vaccinations the main parents’ fears and worries refer to adverse reaction effects or vaccine safety [31, 2]. If people perceive empathy and consideration to their doubts and opinions, they will be in turn more willing to listen and trust. On the contrary, when people perceive sense of distance, the trust level would be reduced and emotional components of perception prevail on the rational part, not activating listening triggers even if adequate scientific communication was developed. Vaccine communication bases on the participatory communication model featured by an interactive exchange assessment overall, where the understanding of social and personal issues is decisive to make scientific information a useful knowledge to citizens [32, 33].

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The professional practice of healthcare workers is framed in a specific organisational system and, more broadly, in a complex context where they refer to other stakeholders, institutions and media. Thus, health professionals need to be aware of web-based and new media for two reasons: on the one hand, knowing the kind of information that flows through the net could be useful to forestall some possible criticism; on the other hand, groups on social networks may constitute extremely valuable tools to keep individuals up to date with advances and to promptly hinder false or ambiguous knowledge they could have found on the web. Health information-seeking behaviour on the web shows, in fact, how often people turn first to the Internet both using information to formulate their thoughts and making their own judgements on preferred treatments [39]. Web 2.0, forums and social networks, which enable two-way and multi-way communication flows, have spread out anti-vaccination voices to broader reach than ever before, while, years ago, they would have been restricted to certain nation voices to broader reach than ever before while, way communication flows, have spread out anti-vaccination voices to broader reach than ever before, while, years ago, they would have been restricted to certain countries [40]. Health professionals are getting used to situations where the “health blogger” or the “concerned mother” are as important as – or even more influential than – a general practitioner or paediatrician, strongly influencing individual decision-making process [41-45]. Aware and skilled communication processes can facilitate relationships because even in presence of a world wide web 2.0, they do represent significant tools for collaboration building and achieving shared solutions. The public health goal is actually to stimulate professionals to reflect upon the need to recognize, develop and adapt basic health counselling skills in order to provide adequate information and emotional support to people who show hesitant attitudes towards vaccinations and can be allowed to activate informed and responsible decisions.

**Conflict of interest statement**

There are no potential conflicts of interest or any financial or personal relationships with other people or organizations that could inappropriately bias conduct and findings of this study.

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