

Module 3. Cultural sensitivity - Topic 1. Culturally sensitive compassion and respect

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1. INTRODUCTION

In times of vaccine hesitancy, which is defined as “delay in acceptance or refusal of vaccination despite availability of vaccination services” (MacDonald, 2015; Maurici et al., 2018), public authorities attempt to address this problem by searching effective strategies (Dubé 2015; Maurici et al., 2018), being the vaccination hesitancy considered centre of attention and concern worldwide (Marti, 2017). According to Marti et al. (2017), there are three main reasons for the non-acceptance of vaccines: (1) the risk-benefit of vaccines, (2) knowledge and awareness issues and (3) cultural, gender, religious or socio-economic factors. Fear of secondary effects, distrust of vaccination, and lack of information about immunization or immunization services were the main problems (Marti, 2017). People may be hesitant to receive a specific vaccine but willing to accept others, setting them apart from anti-vaccine people. Not wanting to get a vaccine could be because they don't feel the vaccine is safe or effective. These feelings can develop from a combination of factors such as concerns, misinformation, miscommunication and past or historical medical experiences. Health professionals should provide information about vaccines in a more empathetic way to avoid stigmatizing people who hesitate to get vaccinated, which leads to creating messages that recognize and address the variety of reasons why they may reject the vaccine without bias or prejudice (Larson, 2021; MedicalNewsToday, 2021).

2. AIMS

The aim of this module is to enhance the establishment of a therapeutic intercultural communication and trusting relationship among health and social professionals and general population, particularly vulnerable population.

3. LEARNING OUTCOMES

When you have worked through this tool, you will be able to:

- Gain knowledge about compassion and respect concerns associated with immunization issues.
- Develop and improve empathy and communication skills.
- Understand the importance of dialogue and listening, especially regarding vulnerable population.
- Achieve a more effective relationship through compassion and respect, overcoming barriers (e.g., ethnocentrism, language, lack of organizational support).

4. THEORETICAL FRAMEWORK

4.1. Concepts and definitions

The most important concepts related to the topic are described below:

Cultural Sensitivity. Cultural sensitivity entails the crucial development of appropriate interpersonal relationships with our clients. An important element in achieving cultural sensitivity is how professionals view people in their care. Unless clients are considered as true partners, culturally sensitive care is not being achieved. Not considering patients/clients as partners in their care means that professionals are using their power in an oppressive way. Equal partnerships involve compassion, trust, acceptance, and respect as well as facilitation and negotiation (Papadopoulos, 2006).

Culturally competent compassion. The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing interventions. This takes into consideration both the patients' and the carers' cultural backgrounds as well as the context in which care is given (Papadopoulos, 2011).

Respect. Respect implies taking into consideration patient's rights. A set of rights, responsibilities and duties under which individuals seek and receive health care services. Main patients' rights are: 1) Right to be respected. Every person is a unique individual who is responsible for their own health (except if they have diminished capacity and are unable to act on their own behalf). Each person's care should be tailored to their particular needs. 2) Right to be informed, and to participate, or not to participate. Patients have the right to privacy and to make decisions based on adequate information regarding their health status, care and treatment. 3) Right to equal access to health care. Every citizen has the right to equal access to comprehensive health care (Briggs et al., 1994).

The *principles and values* that guide this tool include:

- **Empathy**
- **Open mindedness**
- **Tolerance**
- **Acceptance**
- **Respect**

4.2. What the research says on the topic

Health communication is evolving, focusing on behaviours and social change. There is more evidence that good communication can help people to embrace positive health behaviours and to create demand for preventive and curative services (Goldstein, 2015). Patients are continually rating empathy and the human aspects of medical care as a top priority, finding a relationship between empathic care and a higher level of satisfaction, empowerment and better health outcomes (Bikker, 2015).

To stop the spread of an infectious disease, it is necessary that a percentage of population been immune to it (through vaccination, for example), to interrupt the chains of infection, a phenomenon called "community or herd immunity" (Fine, 2011; Pfattheicher, 2022). In COVID-19 case, it is estimated that this percentage should reach between 60-70% of population after the latest estimates made (Clemente-Suárez, 2020; Pfattheicher, 2022). Some people have proposed as a way to reach community immunity against COVID-19 the intentional exposition of low-risk individuals, being however rejected by the World Health Organization (WHO) and various scientist due to potential problematic and unethical consequences (Pfattheicher, 2022).

Vaccination becomes a prosocial act, especially by those people who are not at risk of suffering from a serious disease, or when there is already great acceptance of the vaccine in population, vaccination being a directly personal benefit to reduce the infection probability of a specific disease and an indirect benefit to other unvaccinated people by contributing to community immunity. Understanding prosocial nature of vaccination is one thing; being motivated to engage in such prosocial act is another. Currently, empirical and theoretical work is increasingly oriented towards the concept of empathy, with affective empathy (concern for and understanding of the most vulnerable) being related to altruism and care (Pfattheicher, 2022).

To report more empathetically and thus reduce stigma, healthcare professionals need to take advantage of well-established relationship to address vaccine-specific concerns (Larson, 2021). In November 2020, only 42% of African Americans were willing to receive COVID-19 vaccine. According to some studies, black adults are three times more likely than white adults to have the disease, so vaccine hesitancy in this part of population is worrying. (MedicalNewsToday, 2021; Nadeem, 2020). This vaccine hesitancy is closely related to centuries of oppression and white supremacist beliefs that led to exploitative and abusive medical practices on the black population. This causes distrust of many

African Americans towards medical establishment. To fix this, black healthcare professionals need to inform black community about the efficacy and safety of vaccination (MedicalNewsToday, 2021).

In minority and immigrant communities that make up a significant portion of long-term care workers, misinformation is arriving in rampantly, fuelling scepticism, which may be related to more recent or deeper historical origins (such as the example of black people) (Dainton & Wong, 2022; Eissa, 2021; Lasco & Yu, 2021). In fact, the WHO has stated that we are facing an “infodemic” due to the amount of easily accessible information available, which makes it difficult for people to reach reliable resources when it is necessary, and information is often false and spreads quickly among individuals and through the media (Aleixandre-Benavent, 2020; *Coronavirus disease (Covid-19) outbreak*, 2020; Pfattheicher, 2022).

With the existing limitation in medical literature, many healthcare professionals have scarce ability to defend themselves against the great amount of poor-quality information. In order to solve this problem, dialogue must be carried out, since questioning the quality of the individual’s information source or classifying them as lazy or stupid will only make them show more resistance and division. Vaccine-hesitant individuals who are sceptical pride themselves on a complex belief system determined in turn by also complex environmental factors, all of which must be compassionately understood and acknowledged before any progress can be made (Dainton & Wong, 2022).

In addition, personal experience is an important driver of attitudes toward medicine. The secondary effect that a family member may have suffered generates a high emotional impact on opinions, fears and attitudes that ends up being considered more objective than the scientific data with the best evidence. These pragmatic concerns must be treated with deep empathy (Dainton & Wong, 2022).

The responsibility of healthcare professionals lies in responding to vaccine-hesitant individuals with great compassion, patience and respect. Understanding and discussing reasonable and not-so-reasonable arguments is essential to build trust between the public and healthcare professionals (Dainton & Wong, 2022).

4.3. Strategies to approach vaccine hesitancy or refusal

4.3.1. Empathy

Vaccine hesitant individuals are a highly diverse group. There are different modalities of hesitancy, such as delaying vaccination due to anxiety because of safety concerns, fears due to individual or community historical experiences, or doubts/questions about vaccines. People with vaccination hesitancy can be manipulated by anti-vaccine activists, as well as risk being judged or labelled as “anti-vaccine” by the healthcare professionals themselves. To address vaccine hesitancy, communication about vaccines must be carried out empathetically to avoid stigmatizing those who are vaccine hesitant, by listening to them. This requires taking advantage of the established relationships to address concerns of vaccine hesitants (Larson, 2021; *How to talk to your Friends and family about the COVID-19 vaccines*, n.d.).

4.3.2. Compassion

To cultivate compassion for unvaccinated individuals, we must, at first, acknowledge our own feelings on this issue, letting them out, without judging them. Then we must show kindness to ourselves by being gentle to ourselves. After this, we must think about the concept of common humanity, we are all persons and therefore we must eliminate any tendency we have to label or make assumptions about unvaccinated people, since not being vaccinated is just one aspect of personality and we must separate the person from the action, so we can end up not agreeing with the action, but respecting the person

(Cultivating compassion for people who are unvaccinated | This Changed My Practice, n.d.; How to talk to your Friends and family about the COVID-19 vaccines, n.d.).

When we start a conversation with an unvaccinated person, we must try to understand them at first, without interrupting or correcting them, since they are upholding something they believe to be true. We must try to understand it from their perspective. Once the person is understood, we can try to answer questions, share information and give our opinion, always avoiding offending or hurting, although sometimes the most we can do is make them feel understood and maintain the connection with that person. You should not focus on refuting myths, because focus our attention on false information can be counterproductive, although, if there is no choice, the most important thing is to replace the false information with the real one. What many people feel is fear, we must empower them by transmitting them that with vaccination they can do something against the disease, let them know that vaccines are working *(Cultivating compassion for people who are unvaccinated | This Changed My Practice, n.d.; How to talk to your Friends and family about the COVID-19 vaccines, n.d.).*

4.3.3. Communication

For a good communication, the first thing that is needed is to be proactive, being communication part of the planning of any immunization program from the beginning. The lack of communication from the beginning can cause problems with the implementation of the program and clear the way for those people and/or organizations with anti-vaccination interests or religious convictions to communicate instead (Goldstein, 2015).

Second, it must be a two-way process, being listening just as important to understand the perspectives of the people the immunization service is planned for, as the communication itself (Goldstein, 2015).

As a third point, it must be taken into account that knowledge is important, but not enough to create changes in health behaviours or to ensure their adoption. Therefore, the best option is the combination of several validated change modes, always being the communication more effective when it is based on theory (Goldstein, 2015).

Fourth and finally, there are a lot of communication tools at our disposal, from digital to printed resources, and we can choose and combine them creatively, so that the target groups are involved in the process. The impact of use of the most modern tools, such as social networks, should be monitored to find out what hesitancy or attitudes are being taken towards or against vaccines. For a successful communication, it is essential that it is not only based on theory, but also on social data (Goldstein, 2015).

5. LEARNING ACTIVITIES

Activity 1 (duration: 10 minutes): Watch the compulsory video (https://www.youtube.com/watch?v=WfMfeV_0cSQ) and share your thoughts/opinions/experiences about the issues on this topic on the dedicated forum and give feedback to other participants.

| No. | Title and description of the resource | Type | Language of resource | Learning, training, assessment and evaluation activities | Access URL / download |
|-----|---|--------------------------------|---------------------------------|--|---|
| 1. | A Dose of Empathy: Vaccine Hesitancy in Barriered Communities | Video (from 7'34'' to 10'33'') | English* (Compulsory) | Individual learning Self-reflection | https://www.youtube.com/watch?v=WfMfeV_0cSQ |

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|----|---|-----------------|------------------------|--|---|
| 2. | COVID-19: Helping the vaccine hesitant get the shot | Video 5'07'' | English* (optional) | Individual learning Self-reflection | https://www.youtube.com/watch?v=rdvUI_o0Sc |
| 3. | Talking with Compassion About Vaccination | Video 1'16'' | English* (optional) | Individual learning Self-reflection | https://www.youtube.com/watch?v=K1MG-EY5um4 |
| 4. | Vaccines against COVID-19 explained from 4 perspectives | Video 8'17'' | English* (optional) | Individual learning Self-reflection | https://www.youtube.com/watch?v=1HOHZ3UBKsM&t=2s |

*-Subtitles auto-generated in all languages

6. ASSESSMENT ACTIVITIES

Activity 1 (duration: 10 minutes): Complete the sentences with the right word from the list below. There are two extra words that you will not need to use.

- understand
 - anti-vaccines
 - listen
 - stigma
 - respect
 - health professionals
 - teach
- 1) To report more empathetically and thus reduce _____, healthcare professionals must take advantage of well-established relationships to address specific vaccine concerns.
 - 2) The responsibility of _____ lies in responding to vaccine-hesitant individuals with great compassion, patience and respect.
 - 3) We should not mistake vaccine-hesitant persons with _____ individuals.
 - 4) When we start a conversation with a vaccine-hesitant person, one of the first things we should do is try to _____ them.
 - 5) We may not agree with a person's opinion, decision or action, but we have to _____ the person to humanize them.

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