

Module 4. Cultural Competence - Topic 2. Empowerment

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1. INTRODUCTION

Efforts to increase vaccination coverage and build trust in immunizations require close collaboration and communication among health workers and individuals (patients, parents, caregivers, or children) as well as all key actors in the areas of immunization.

Involving people to participate in decisions related to their immunization is a way which may conduct to reduce the vaccine hesitance.

2. AIMS

The aim of this tool is to empower health care workers in promoting vaccination, increasing people trust in immunization and help vulnerable population to take right decisions for their immunization.

3. LEARNING OUTCOMES

At the end of this training, the participants will be able to:

- To enhance knowledge, the practical skills of promoting vaccination on evidence-based principles.
- To develop knowledge and skills needed for empowering vulnerable population in relevant issues about immunization.

4. THEORETICAL FRAMEWORK

4.1. Concepts and definitions

Patient involvement

The involvement in healthcare is both a right and a duty: “The people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare.” (*Declaration of Alma-Ata, 1978*).

“Patients take an active role in activities or decisions that will have consequences for the patient community, because of their specific knowledge and relevant experience as patients” (*Value+ Handbook, 2013*).

Patient empowerment

Patient involvement and empowerment are closely related. Patient empowerment is defined as 'a process through which people gain greater control over decisions and actions affecting their health' (*Report of the SAGE Working Group on Vaccine Hesitancy, 2014*).

"Empowerment interventions aim to equip patients with the capacity to participate in decisions related to their condition to the extent that they wish to do so; to become “co-managers” of their condition in partnership with health professionals and to develop self-confidence, self-esteem and coping skills to manage the physical, emotional and social impacts of illness in everyday life” (*EMPATHIE, 2014*).

Empowerment patients on immunization is an educational process to help people develop the knowledge, skills, attitudes, and degree of self-awareness necessary to effectively assume responsibility for their immunization-related decisions.

Patient empowerment includes health literacy, shared decision-making and self-management.

Health literacy

Health literacy is a key aspect of empowerment. Health literacy is more than information. It is “linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in every-day life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course” (*Health Literacy – part 2: evidence and case studies, 2010*).

Targeted health literacy interventions can be particularly useful to reach out to specific vulnerable groups, such as the young and the old, persons with mental illness and their families, and minority/migrant or socio-economically marginalized groups.

Motivational interview (MI)

MI is an interviewing technique that aims to reinforce the motivation and commitment of the person being interviewed. It is less about the health care professional talking to the patient/caregiver and more about working with them. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion (Rollnick et al., 2008).

MI is based on three main components: the spirit to cultivate a culture of partnership and compassion; the processes to foster engagement in the relationship and focus the discussion on the target of change; and the skills that allow health care providers to understand and address individual patient/caregiver’s real concerns (*Gagneur, 2020*).

4.2. What the research says on the topic

What is Patient-Centred Healthcare? A review of Definitions and Principles. (2005). International Alliance of Patients’ Organizations. Available at <https://www.iapo.org.uk/sites/default/files/files/IAPO%20Patient-Centred%20Healthcare%20Review%202nd%20edition.pdf>

Patient empowerment is one of the key elements of patient-centred healthcare. It can be seen as both a pre-requisite for and an outcome of patient-centred healthcare, a goal as well as a process.

The five principles patient-centred healthcare are:

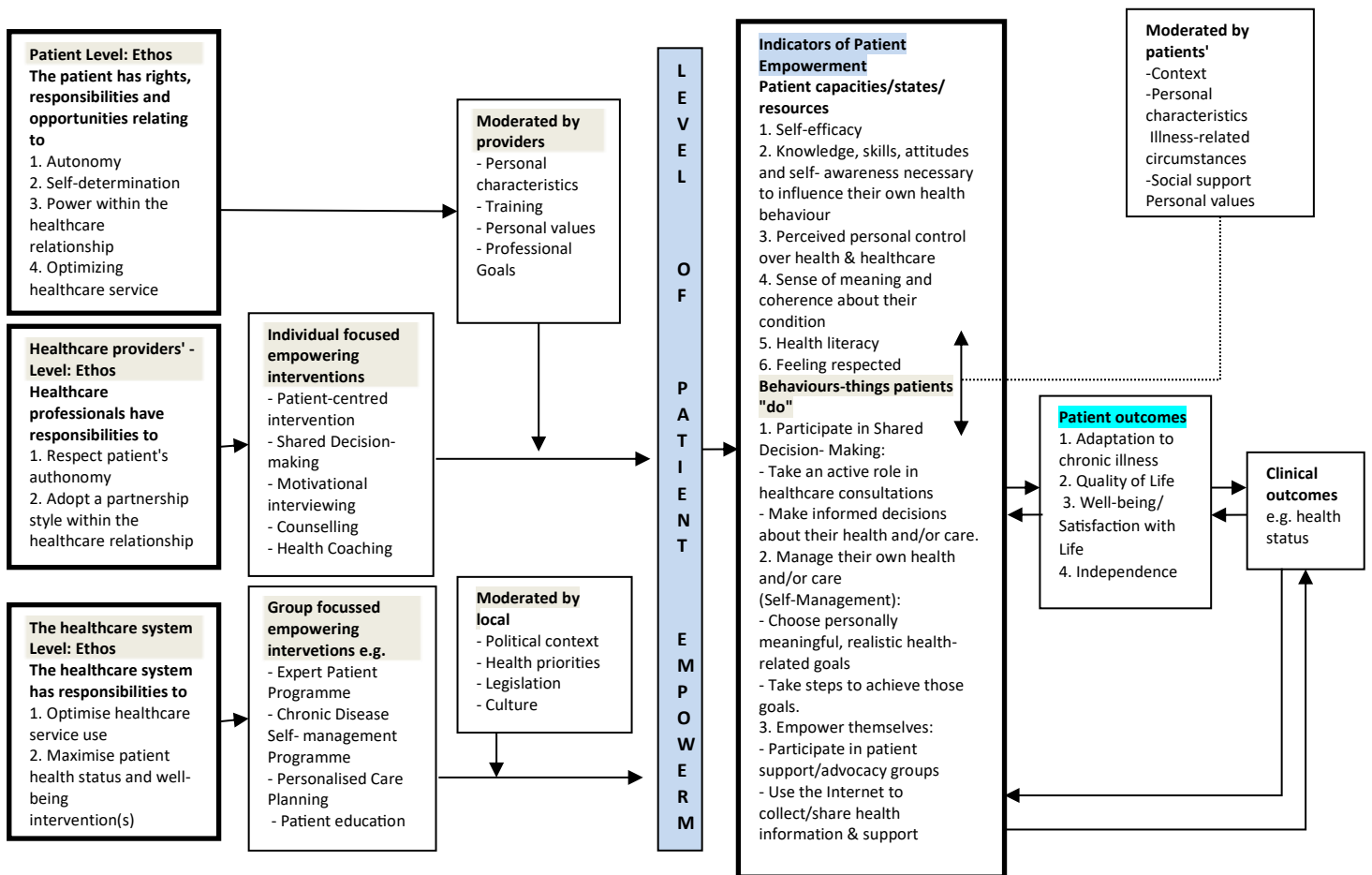
1. Respect for patients’ unique needs, preferences, autonomy.
2. Choice of appropriate treatment option that best fits patients’ needs.
3. Patient empowerment and involvement in decisions that concern their health.
4. Access to safe, high-quality, appropriate services and support.
5. Information that is reliable, relevant and understandable.

Bravo, P., Edwards, A., Barr, P. J., Scholl, I., Elwyn, G., & McAllister, M. (2015). Conceptualising patient empowerment: A mixed methods study. BMC Health Services Research, 15(1), Article 1. <https://doi.org/10.1186/s12913-015-0907-z>

Empowerment is likely to lead to improved clinical outcomes e.g., health status but also to better patient outcomes such as better adaptation to illness, better quality of life and well-being, and more independence from healthcare providers and carers.

The study develops a conceptual map of patient empowerment, including components of patient empowerment and relationships with other constructs such as health literacy, self-management and shared decision-making (Figure 1).

Figure 1: A conceptual model of patient empowerment



Aspects of patient empowerment include health literacy, shared decision-making and self-management.

Health Literacy – part 2: evidence and case studies. (2010) World Health Communication Associates. pp. 20-22. Available at www.whcaonline.org/uploads/publications/WHCAhealthLiteracy-28.3.2010.pdf

Healthcare providers help people to develop their knowledge, skills, attitudes, and self-awareness and apply information to make judgements and take right decisions for their immunization.

They can empower people by providing them high quality, valuable and trustful information:

- Provide clear information about vaccine benefits, safety, side effects and effectiveness and regular communicate updates.
- Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, allocating, and administering vaccines, including data handling.
- Proactively address and help stop the spread and harm of misinformation.

See the IENE 11 Info sheets containing the essential, reliable and evidence-based information on various vaccine and vaccination issues with the aim of combating misinformation and fake news, debunking myths and the vaccine hesitancy at <https://iene11.eu/informative-resources/>

***Vaccination and trust: How concerns arise and the role of communication in mitigating crises.* (2017). Available at: https://www.euro.who.int/_data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF**

The document examines how people make decisions about vaccination; why some people are hesitant about vaccination; and the factors that drive a crisis, covering how building trust, listening to and understanding people, building relations, communicating risk and shaping messages to the audiences may mitigate crises. The spectrum of behaviour and decisions with regard to vaccination is very broad and varies from total acceptance to rejection of all vaccines.

Many factors influence vaccine decision-making, including cultural, social, and political factors, individual and group factors, and vaccine-specific factors (*SAGE Group on Vaccine Hesitancy, 2014*).

***Communicating about Vaccine Safety: Guidelines to help health workers communicate with parents, caregivers, and patients* (2020). Pan American Health Organization. Retrieved 12 February 2023, from**

https://iris.paho.org/bitstream/handle/10665.2/53167/9789275122822_eng.pdf?sequence=1&isAllowed=

There are differences in risk perception between health workers and the public. While health authorities and health workers assess risks and make decisions based on the latest evidence, the assessments and responses of individuals are based more on emotions, cognitive biases or heuristics, and information available to the public (WHO, Vaccination and trust).

It is essential that the people understand the risks associated with vaccine-preventable diseases; understands the benefits and risks associated with vaccines; knows where to find accurate, trustworthy and clear information about these.

It is also important to provide sufficient information about the possible consequences of vaccine in order to enable people to weigh positive and negative outcomes.

Some examples of interventions aiming to increase the awareness of a certain risks:

- Provide guidance on what to do to reduce the diseases risk (e.g., vaccinate);
- Provide information about the possible side effects of vaccine recommend behaviours (e.g., vaccination);
- Present precautionary measures to allow people to adopt preventive behaviours.
- Provide guidance on how to do that (e.g., consult the family doctor).

Examples of the tools to inform the patients about vaccines, risks and benefits of the vaccine, **Vaccine Information Statements (VISs)** produced by Centres for Disease Control and Prevention (CDC) at <https://www.immunize.org/vis>

King, A., & Hoppe, R. B. (2013). "Best Practice" for Patient-Centered Communication: A Narrative Review. *Journal of Graduate Medical Education*, 5(3), 385–393. <https://doi.org/10.4300/JGME-D-13-00072.1>

The review of the literature concluding that "best practice" principles for physician communication in medical encounters care. Communicating with patients and their families during medical encounters is important for: (1) fostering the relationship, (2) gathering information, (3) providing information, (4) making decisions, (5) responding to emotions, and (6) enabling disease- and treatment-related behaviour (Table 1).

TABLE 1: Best Practice for Communication in Medical Encounters

FUNCTIONS OF THE MEDICAL INTERVIEW	ROLES AND RESPONSIBILITIES OF THE PHYSICIAN	SKILLS
Fostering the relationship	<ul style="list-style-type: none"> ■ Build rapport and connection ■ Appear open and honest ■ Discuss mutual roles and responsibilities ■ Respect patient statements, privacy, autonomy ■ Engage in partnership building ■ Express caring and commitment ■ Acknowledge and express sorrow for mistakes 	<ul style="list-style-type: none"> ■ Greet patient appropriately ■ Maintain eye contact Listen actively ■ Use appropriate language ■ Encourage patient participation ■ Show interest in the patient as a person
Gathering information	<ul style="list-style-type: none"> ■ Attempt to understand the patient's needs for the encounter ■ Elicit full description of major reason for visit from biologic and psychosocial perspectives 	<ul style="list-style-type: none"> ■ Ask open-ended questions ■ Allow patient to complete responses ■ Listen actively ■ Elicit patient's full set of concerns ■ Elicit patient's perspective on the problem/illness Explore full effect of the illness ■ Clarify and summarize information ■ Inquire about additional concerns
Providing information	<ul style="list-style-type: none"> ■ Seek to understand patient's informational needs ■ Share information ■ Overcome barriers to patient understanding (language, health literacy, hearing, numeracy) ■ Facilitate understanding ■ Provide information resources and help patient evaluate and use them 	<ul style="list-style-type: none"> ■ Explain nature of problem and approach to diagnosis, treatment ■ Give uncomplicated explanations and instructions ■ Avoid jargon and complexity ■ Encourage questions and check understanding ■ Emphasize key messages
Decision making	<ul style="list-style-type: none"> ■ Prepare patient for deliberation and enable decision making ■ Outline collaborative action plan 	<ul style="list-style-type: none"> ■ Encourage patient to participate in decision making ■ Outline choices ■ Explore patient's preferences and understanding Reach agreement ■ Identify and enlist resources and support ■ Discuss follow-up and plan for unexpected outcomes
Enabling disease- and treatment related behavior	<ul style="list-style-type: none"> ■ Assess patient's interest in and capacity for self-management. ■ Provide advice (information needs, coping skills, strategies for success) ■ Agree on next steps ■ Assist patient to optimize autonomy and self-management of his or her problem ■ Arrange for needed support ■ Advocate for, and assist patient with, health system 	<ul style="list-style-type: none"> ■ Assess patient's readiness to change health behaviors ■ Elicit patient's goals, ideas, and decisions
Responding to emotions	<ul style="list-style-type: none"> ■ Facilitate patient expression of emotional consequences of illness 	<ul style="list-style-type: none"> ■ Acknowledge and explore emotions ■ Express empathy, sympathy, and reassurance ■ Provide help in dealing with emotions ■ Assess psychological distress

**Modified using Makoul, Levinson et al, Epstein and Street," McCormack et al," and Smith et al"*

Motivational interviewing (MI) is a powerful tool that help people manage mixed feelings and influence their willingness to consider vaccination.

Danchin, M., & Nolan, T. (2014). A positive approach to parents with concerns about vaccination for the family physician. *Australian Family Physician*, 43(10), 690–694. Available from <https://www.racgp.org.au/afp/2014/october/a-positive-approach-to-parents-with-concerns-about-vaccination-for-the-family-physician>

This article presents communication strategies for all types of vaccine-hesitant parents using the principles of motivational interviewing, thereby guiding patients rather than directing them and focusing on developing an empathic relationship. This respectful, non-judgemental approach which can be supported by factsheets, pictorial representation of risk aims to build trust between vaccine providers and their patients. The intervention has two different communication approaches for different types of vaccine-hesitant parents.

For vaccine-hesitant or delaying parents:

- Spend adequate time with child/parents.
- Ask permission to discuss concerns.
- Carefully elicit concerns and try to address each one specifically.
- Accept concerns and try not to minimise or dismiss them.
- Use a guiding style.
- Discuss disease and vaccine risks as well as vaccine benefits.
- Communicate risks with words and numbers or even simple graphics.
- Support discussions with downloadable resources.
- Avoid trying to overwhelm with detailed scientific information.
- Offer another appointment if needed or attendance at a specialist immunization clinic.

For refusing parents:

- Ask permission to discuss refusal.
- Aim to keep discussion brief but leaving the door open.
- Check importance of vaccines and confidence.
- Don't dismiss concerns, acknowledge them.
- Don't overstate vaccine safety.
- Challenging firmly held philosophical, religious or scientific beliefs is unhelpful.
- Avoid overt confrontation and scientific ping pong.
- Provide links to resources if wanted.
- Explore receptivity to a tailored schedule to get them started and explain the risks.
- Offer another appointment when ready or attendance at a specialist immunization clinic.

Gagneur, A. (2020). Motivational interviewing: A powerful tool to address vaccine hesitancy. *Canada Communicable Disease Report*, 46(4), 93–97. <https://doi.org/10.14745/ccdr.v46i04a06>

The article presents some best practices for motivational interviewing. Motivational interviewing skills includes asking open-ended questions, using reflective listening, and affirming and reiterating statements back to the interviewee.

Skills	Objectives	Examples
Open questions	To evoke responses and avoid doubts	Open-ended questions: (“What did you understand?”/ “What do you think?”) Closed questions: (“Did you understand?”/“Do you think it’s important?”)

Skills	Objectives	Examples
Affirmation	To encourage the individual and highlight their strengths	“The health and safety of your children are important to you.” “You already have a lot of knowledge.”
Reflective listening/summaries	To allow the individual to add nuance to and correct what they have just said Simple reflection: what the individual says Complex reflection: what the individual means	“You have read articles about the relationships between vaccines and disorders such as autism.” “What matters most to you is that your child is as healthy as possible.”
Elicit–Share–Elicit	How to give information/advice: ELICIT= ask what the parent/caregiver knows and ask permission to complete their knowledge SHARE= provide the information /advice on the subject ELICIT= verify what the parent/caregiver has understood and what they will do with this information	“What do you know about ...?” “If you agree, I could complete ...” “Does this new information make sense?”

5. LEARNING ACTIVITIES

Activity 1: Motivational interviewing (duration: 20 minutes):

1. Watch the video [Health Workers Can Build COVID-19 Vaccine Trust through Motivational Interviewing \(2'28''\)](#).
2. Imagine a conversation of 1–5 minutes with a patient who are hesitant about receiving vaccine and make a plan of an interview (3-5 questions) aiming to encouraging him/her to consider vaccination.
3. Share with your colleagues your plan and comment their plans.

* You may read more about the motivational interviewing at <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

Resources to be used for the module learning activities:

No.	Title and description of the resource	Type	Language of resource	Learning, training, assessment and evaluation activities	Access URL / download
1.	Health Workers Can Build COVID-19 Vaccine Trust through Motivational Interviewing - Part 1	Video 2'27''	English*	Individual learning Self-reflection	https://www.youtube.com/watch?v=4s-dCIC-eBA
2.	Motivational interviewing: A powerful tool to address vaccine hesitancy, pp	website	English	Individual learning	https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html

*Subtitles auto-generated in all languages

6. ASSESSMENT ACTIVITIES

Fill in blank - self assessment (duration: 5 minutes):

Put in blanks the appropriate words from the list. If you need, you may review the Learning Tool 4.2 **Empowerment** available at <https://iene11.eu/learning-tools/>.

1. Patient empowerment includes, shared decision-making and self-management.
2. Empowerment people on immunization helps them to effectively assume for their immunization-related decisions
3. To build trust in vaccines, health providers must give information about the associated with vaccines.
4. Communicating with patients and their families during medical encounters is important for fostering the relationship, gathering information, providing information and
5. The goal of motivational interviewing is to motivate people for vaccine

(health literacy, responsibility, benefits and risks, making decisions, acceptance)

7. REFERENCES

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