

## **ELNEC COVID-19 Communication Resource Guide**

### ***Role of the Palliative Nurse in Cultural Issues around COVID-19 Vaccination***

The global COVID-19 pandemic continues to rage despite efforts to contain it with social distancing, masks, and handwashing. Yet, in spite of the many months of trying to contain it, the virus is still not totally understood. There is no method to predict which individuals will contract the virus and whether they develop symptoms and how severe those symptoms will be. Moreover, contracting COVID-19 may be a terminal event for individuals with significant, chronic, health issues and little physical reserve. This includes individuals who are older and have frailty, individuals with diabetes, heart disease, and asthma and lung disease; and those individuals who are immunocompromised (e.g., those individuals undergoing cancer treatments, individuals on chronic steroids, and individuals with poorly controlled HIV/AIDS). All of these patients could benefit from palliative nursing care.

Over its course, the COVID-19 pandemic has underscored the overwhelming and longstanding inequities in health care (Artiga, Garfield, & Orgera, 2020). Specific to COVID-19, these disparities stem from inequitable access to primary health care as well as the lack of access to universal, affordable, testing. The National Academies of Science, Engineering, and Medicine describe how COVID-19 is having a disparate effect on individuals based on social determinants of health, particularly a disproportionate and negative impact on racial and ethnic minority groups (NASM, 2020; Green, 2020). Specifically, this includes communities of Black, Indigenous and people of color, immigrant populations, individuals in lower paid work positions, and incarcerated individuals (Green 2020). The Pew Research Center (2020) found that within various populations there was a wide variety in terms of the percent of people having family or friends who were hospitalized due to COVID-19. The range was Black 71%, White 49%, Hispanic 61%, and Asian 48% (Pew 2020).

However, evidence supports COVID-19 vaccination in its ability to decrease the symptom burden of COVID-19 if an individual who contracts the illness, diminish the spread of the virus, and eradicate the COVID-19 virus. Research, however, has revealed that one-third of individuals would decline a COVID-19 vaccine due to overall mistrust of the healthcare system and safety concerns of vaccine development (NASM, 2020, Pew 2020). There was a wide variation of acceptance: Black Americans – 40 %, Hispanic 63%, White 61%, Asian Americans 83% (Pew 2020). Therefore, the challenge for palliative nurses is to promote vaccination within marginalized and at-risk populations.

Particular to communities of color, discussions must include vaccine safety, vaccine effectiveness, and cultural representation in vaccine testing and safety. Moreover, vaccine messaging must be tailored to diverse communities and delivered by trusted members and leaders of the community (Langer Research Associates, 2020).

Palliative nurses have an ethical imperative to promote evidence-based care and promote scientific methods of promoting immunity. This is achieved through conversations that focus on an individual's understanding of COVID-19, reinforcing their values and garnering their trust (ANA, 2021). This also promotes a real conversation about the potential for contracting COVID-19 and the risks for a patient with a diagnosis of a serious illness. When offering counseling and information, nurses should follow principles of access, transparency, equity, efficacy, and safety (ANA 2021). Other methods to promote understanding of COVID-19, the role of vaccines, and their safety include public and educational forums.

## **PREPARING FOR COVID-19 VACCINE DISCUSSIONS WITH PALLIATIVE PATIENTS AND FAMILIES**

1. Prepare yourself by reading information from the Center for Disease Control and Prevention about COVID-19 vaccines, COVID-19 conversations, and building vaccine confidence, in the resources listed below.
2. Review how vaccines work. Specifically, vaccines contain weakened or inactive parts of a particular organism (in this case the COVID-19 virus) that triggers an immune response within the body.
3. Consider the importance of protecting patients who have serious illnesses.
4. Review your health organization's messaging about COVID-19.
5. Review your state's plan about vaccine distribution and sites for vaccine administration.
6. Review the meaningful conversations steps used for illness understanding within palliative care, which include:
  - a. Ask what the patient and family understand about COVID-19 and the vaccine.
  - b. Ask how much information they want to know about COVID-19 and the vaccine.
  - c. Provide information about COVID-19 and the vaccine.
  - d. Ask about goals of care, fears and worries, and the meaning of quality of life.
  - e. Share facts about how the COVID-19 vaccine can help achieve their goals of care and quality of life.
  - f. Share information about the logistics of vaccine programs in your community and health system.
7. If you have been vaccinated, share the reasons of why you got the vaccine.

## **COVID-19 VACCINE DISCUSSIONS**

1. As with all conversations in palliative care, begin conversations from a place of respect, empathy, and understanding (Green, 2020).
  - Be prepared to listen more than you speak.
2. Use open-ended questions and curiosity to learn about COVID-19 and vaccine understanding.

Examples:

  - What is your understanding of COVID-19?
  - What have you been hearing about vaccines?
  - Has anyone in your family or community received the vaccine?
  - Did they have any side effects or problems?
3. Provide compassionate listening about a range of themes:
  - Disbelief in COVID-19
  - Belief that COVID-19 is only political
  - Minimization of the health effects of COVID-19
  - Beliefs in unproven treatments to prevent COVID-19
  - Minimization of the need for a vaccine
  - Fear of the unknown with COVID-19
  - Lack of trust about COVID-19 vaccines
  - Fear of process of creating the COVID-19 vaccine
  - Mistrust about inclusivity of marginalized group in vaccine development
  - Fear about side effects of the COVID-19 vaccine
  - Disbelief in vaccines overall
4. Acknowledge the feelings individuals convey about COVID-19 which may include a range of emotions (fear, stress, anger, sorrow) within the following themes:
  - COVID-19 has impacted a higher percentage of people of color and at risk populations.

- These are uncertain and worrying times due to the unpredictable nature of COVID-19.
  - The information about COVID-19 is overwhelming and confusing.
  - More is being learned about the virus every day.
  - There are concerns about the changing nature of vaccine availability.
  - It is hard to understand the specific characteristics of different brands of vaccines.
5. Use your palliative nursing role; nursing is the most trusted health care profession and palliative care is known for empathetic communication - to provide accurate information about vaccine development. Address patient concerns and hesitancy with transparency, accuracy, and empathy (ANA, 2021).

Example of helpful messages (CDC, 2021):

- 37-42% of people who volunteered to test the vaccine were people of color.
  - Volunteers were of different ages.
  - The process was rigorous and faster than normal since many people were collaborating in the work.
  - Vaccines are never 100% perfect but they protect a person from disease..
  - Vaccines do not reduce the need for masks, social distancing, hand washing, and other measures.
  - The goal is to protect people similar to the flu vaccine.
  - Vaccination protocols vary by state and delineate often by age and risk.
  - Vaccines do not give someone COVID-19.
  - Vaccines have some mild side effects, but these are signs of the immune system working.
  - Even if someone had COVID-9, they need to get vaccinated as they can get COVID-19 again.
6. Elicit hopes and fears of the vaccine for their future (CDC 2020a, CDC 2020b). Then offer ways the vaccine can address them. While vaccine doesn't prevent COVID-19:
- It can protect you and their family, particularly if they have a serious illness.
  - It can reduce your risk of contracting the illness.
  - It can protect you from getting very serious case of COVID-19.
  - Even if you are careful, people can contract COVID-19 and so the vaccine can help prevent transmission.
7. Promote vaccine as a goal for getting life back to normal (VitalTalk, 2021).
- "In order for me to continue nursing, I received the COVID-19 vaccine to protect myself and my patients. "Given your health conditions, I strongly recommend you get a COVID-19 vaccine."
8. Facilitate any further concerns. Below are examples of questions.
- "Are there any other questions you have about COVID-19 and the vaccine?"
  - "May I offer you some additional information about COVID 19?"
  - "May I direct you to the state health department that has information COVID-19 vaccination in the state?"
  - "May I help you direct you to local health authority to schedule a vaccine in your area?"
  - "May I help you schedule an appointment for vaccine?"
9. Summarize the conversation.

- C Dahlin for ELNEC COVID-19 Communication Resources

## References

- Artiga S, Garfield R, Orgera K. Coronavirus (COVID-19). Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. April 7, 2020. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>
- ANA Enterprise. (2021). COVID-19 FAQs. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccines/vaccine-faqs/>
- Center for Disease Control and Prevention (CDC). (2020a). Engaging in Effective COVID-19 Vaccine Conversations. November 20, 2020. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
- Center for Disease Control and Prevention (CDC). (2020b). Vaccines and Immunizations. November 20, 2020. <https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html>
- Center for Disease Control and Prevention (CDC). (2021). Vaccinate with Confidence. January 21, 2021. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html>
- ELNEC. (2020). Communication Guide for Nurses and Others During COVID-19. <https://www.aacnnursing.org/Portals/42/ELNEC/PDF/ELNEC-Communication-Guide-During-COVID-19.pdf>
- Green A. Cultural Competency and COVID-19. Quality Interactions. April 13, 2020. <https://www.qualityinteractions.com/blog/cultural-competency-and-covid-19>
- Langer Research Associates, Unidos US, NAACP, COVIDCollaborative. Coronavirus Vaccine Hesitancy in Black and Latinx Communities. Research. (2020). <https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities>
- National Academies of Sciences, Engineering, and Medicine (NASM). (2020) Framework fo Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>
- Pew Research Center. (2020). Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases. December 3, 2020. <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>
- VitalTalk. Communication Skills for the COVID vaccine. (2021). <https://www.vitaltalk.org/guides/communication-skills-for-the-covid-vaccine/>

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