

What does Counselling mean?

Counselling is a method of assisting health care that aims to support decision-making, independence and self-reliance of a person. It is important that the issues related to the situation of the person to be vaccinated are discussed in a versatile manner and proceed on a person's terms. The focus is on two-way interaction, dialogue, reciprocity of interaction (open questions, divergent opinions) (Berry et al., 2017).

The starting point for everything is trust, creating a confident atmosphere right at the start of a relationship. Person confidence with the vaccinator is important (Chung et al., 2017). Counselling means empathy, individual support and encouragement in decision-making (Greenberg et al., 2017). A respectful, conversational and listening approach is important.

If trust in professionals is damaged, it can lead to decline in vaccine uptake, possibly resulting in disease outbreaks. Trust is hard to gain and easy to lose. The aim is to build and maintain trust continuously. People need to feel that a professional possess empathy, listens to them and understands them and sincerely wants the best for them. (WHO, 2017.)

Studies have shown that the vaccinator is the most important and reliable source of information when deciding on vaccination (e.g., Chung et al., 2017, Hofstetter et al., 2017, Fadda et al., 2015). Information is also sought and obtained from close friends, acquaintances, family members and others, media and internet vaccination sites and discussion boards. The opinions and experiences of others may influence the decision-making process, and these should become known to the vaccinator. The vaccinator is considered an advisor expected to support and balance information in support of the vaccination decision, i.e., to provide information on both the benefits and potential side effects. Insufficient information / guidance can lead to uncertainty about the vaccination decision and its role in making the decision (Austvoll-Dahlgren & Helseth, 2010).

There are different ways to start vaccination counselling. A Presumption means that the vaccinator assumes that the person is positive about vaccination (Opel et al., 2013, Opel et al., 2012, Hofsetter et al., 2017). Another way is to start asking for the opinion of the person to be vaccinated (or the parents of the child). This is called a participatory way. In this functional /participatory way of counselling, for example, parents are involved in the vaccination of a child by holding their children calmly (feeling of security) or breastfeeding (Kempe et al., 2015). It is also a way to decrease pain during vaccination.

References

Austvoll-Dahlgren, A. & Helseth, S. (2010). What informs parents' decision-making about childhood vaccinations? *Journal of Advance Nursing 66(11), 2421-2430.*

Berry, N., Henry, A., Danchin, M., Trevena, L., Willaby, H. & Leask, J. (2017). When parents won't vaccinate their children: a qualitative investigation of Australian primary care providers' experiences. *BMC Pediatrics*, *17(19)*, *5*-7.







Chung, Y., Schamel, J., Fisher, A. & Frew, P. (2017). Influences on immunization decision making among US parents of young children. *Matern Child Health Journal*, *21(12)*, *2178–2187*.

Fadda, M., Depping, M. K & Schulz, P. (2015). Addressing issues of vaccination literacy and psychological empowerment in the measles-mumps-rubella (MMR) vaccination decision-making: a qualitative study. *BMC Public Heath 15(836), 7–8.*

Greenberg, J., Dube, E. & Driedger, M. (2017). Vaccine Hesitancy: In search of the risk communication comfort zone. *PLoS Currents. 3(9), 6–7.*

Hofstetter, A., Robinson, J., Lepere, K., Cunningham, M., Etsekson, N. & Opel, D. (2017). Clinicianparent discussions about influenza vaccination of children and their association with vaccine acceptance. *Vaccine 35(20), 2709-2715.*

Kempe, A., O'Leary, S., Kennedy, A., Crane, L., Allison, M., Beaty, B., Hurley, L., P Brtnikova, M., Jimenez Z. & Stockley, S. (2015). Physician response to parental request to spread out the recommended vaccine schedule. *Pediatrics 135(4), 666-674.*

Opel, D., Robinson, J., Heritage, J., Korfiatis, C., Taylor, J. A. & Manione Smith, R. (2012). Characterizing providers' immunization communication practices during health supervision visits with vaccine hesitant parents: A pilot study. *Vaccine 30(7), 1271.*

Opel, D., Heritage, J., Taylor, J., Mangione Smith, R., Showalter Salas, H., DeVere, V., Zhou, C. & Robinson, J. (2013). The architecture of provider parent vaccine discussions at health supervision visits. *Pediatrics* 132(6), 1037-1041.

WHO (World Health Organization WHO) (2017). Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Retrieved 25.2.2020 from: http://www.euro.who.int/ data/assets/pdf file/0004/329647/Vaccines-and-trust.PDF



