

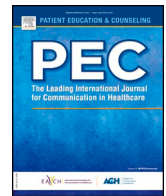


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Patient Education and Counseling

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Editorial

Two years with COVID-19: New - and old - challenges for health communication research



1. Introduction

In mid-2020 we ran an editorial in PEC, Effective health communication—a key factor in fighting the COVID-19 pandemic, that identified specific areas where more effective health communication could play a critical role in preventing and mitigating the deleterious effects of COVID-19 [1]. These ideas were based on how health communication had the potential to keep people safe and save lives by helping people navigate the massive flow of COVID-19 information, addressing uncertainty and fear, promoting behavior change, and identifying pandemic-related challenges for clinicians. Now, two years into the pandemic, we are watching all time high numbers of new cases, due to the Omicron variety of the virus. Much has changed in two years, but old as well as new challenges for health communication research and practice still exist.

In the current issue, we publish a Special Section of papers related to the COVID-19 pandemic¹. In this editorial, we overview some of the themes reflected in the papers and point to areas of research where, given what we now know (and do not know), effective health communication can help mitigate death and suffering associated with COVID-19.

2. Information and misinformation about precautionary behavior

Throughout the pandemic, the public has had massive information needs, both about risk to be infected, how to behave to avoid infection, and about vaccine effectiveness and side effects. Information about the pandemic on the internet and in the media has been overwhelming. In addition to scientifically grounded and useful information, social media have been overflowing with fake news, rumors and misinformation [2]. Several papers in the present issue discuss different aspects of information giving and misinformation.

For health personnel and health educators, it is important to know that some individuals are more likely to believe misinformation than others. For instance, Guidry et al. [3] report that cancer survivors currently undergoing treatment are more likely to believe misinformation related to COVID-19 than those without a cancer

history. The findings indicate that some individuals may be more vulnerable to misinformation than others, due to individual factors, in this case related to undergoing treatment for cancer. Future research is needed to identify such factors.

One health communication challenge during the pandemic has been how best to persuade people to keep a social distance and to adhere to other precautionary behaviors. Kemp et al. [4] tested different strategies to promote reduction in social interaction, and put advice to abstain from social interaction up against a more moderate harm avoidance strategy (e.g. when interacting with others, wear masks, stay 6 feet apart). The authors reported that abstinence messages were perceived as 'threats to freedom' and less effective than harm reduction messages. This study highlights how effective message framing can influence behavioral intentions, yet overcoming the resistance of message recipients with strongly held negative beliefs toward the behavior remains a challenge.

3. Information and misinformation about the vaccines

The area probably most vulnerable to misinformation is related to vaccines. Evidence to date clearly indicates that people who are vaccinated against COVID-19 are significantly less likely to get infected or have serious disease if infected. Thus, getting more 'shots in arms' is paramount to ending the risks of COVID-19 infections. Effective health communication plays a central role in this endeavor through persuasive campaigns that not only promote vaccinations, but also try to mitigate vaccine hesitancy or resistance.

A number of studies have examined reasons people have for their vaccine hesitancy. In a recent systematic review, Aw et al. [5] found several cognitive factors that consistently were associated with vaccine hesitancy, such as believing that COVID-19 is not severe, lower self-perceived risk of contracting COVID-19, lesser fear of COVID-19- as well as beliefs that vaccines are not safe. Such factors would be expected from theories on health related behavior, such as the Health Belief Model. An example of how individuals weigh different cognitive factors is the study reported in the present issue by Zheng et al., [6] who found that when deciding whether to take vaccination, American adults have more concern about the probability of contracting side effects of COVID-19 vaccines than the severity of these side effects.

A number of different approaches to provide information about vaccines has been tested [7]. For instance, in an online experiment

¹ See also papers in the Reflective Practice, Short Communication and Correspondence sections.

reported in this issue of PEC, Yuan et al. [8] tested different video messages (individual-centered, community-centered, country-centered) to determine whether intention to get vaccinated was related to type of appeal. The authors found that the individual-centered messages were most effective, which is not that surprising given the participants were from the United States. However, individuals who reported a more communitarian world view perceived the individual centered message less effective than did those with an individualism world view. This suggest individuals are motivated selectively to respond to claims about the vaccines that cohere with their world view.

4. Disruptions in care and the emergence of telehealth

Medical care for chronically-ill patients has been severely disrupted during the pandemic as appointments have been cancelled and treatment and other procedures have been postponed [9,10]. In an effort to reduce COVID-19 infection risks to patients, family, and clinicians, many in person health care services have been delivered by telehealth, either with telephone or video visits [11,12]. This includes family restrictions on visits with loved ones in hospitals or care facilities [13]. In this issue of PEC, two papers address the challenges family members faced when electronic communication (phone or video) with family members was substituted for face-to-face visits with clinicians and patients. From interviews with 62 surrogates of critically ill adults, Greenberg et al. [14] extracted several themes related to communication challenges—disruptions in communicating with the medical team and with family members, keeping adequately informed about their loved one's status, and distress related to visitor restrictions. To adjust to COVID-19 restrictions, these surrogates worked with clinicians to establish routines for receiving telephone updates from the medical team, finding some comfort in at least having video calls with the patient. In the Rahul et al. [15] paper, family members of hospitalized COVID-19 patients found electronic communication acceptable in the absence of face-to-face visits, but varied in their preferences type of media (voice call, video call, or SMS text).

5. Helping people cope with COVID-19 anxiety and uncertainty

COVID-19 has contributed to considerable anxiety and uncertainty related to risks of infection, serious disease, and social isolation [16]. For people being treated for serious disease, COVID-19 worry can lead to poorer treatment outcomes, poorer symptom management, and poorer health-related quality of life [17,18], along with delays and disruptions for needed procedures and treatment [19,20]. COVID-19 related stress and uncertainty have also complicated clinician-patient-family communication and decision-making. For example, in this issue of PEC, Spalding et al [21] report that a unique predictor of surrogates treatment preferences and accuracy (in relation to the patient) was COVID-19-related anxiety, such that surrogates with greater anxiety about COVID-19 selected more intensive treatments for patients. This was particularly true for patient-surrogate agreement on ventilation which was the lowest compared to other treatments (e.g., CPR, feeding tube). The authors speculate that this may be associated with the well-publicized concern about shortage of ventilators in hospitals treating COVID-19 patients.

Yet, helping people manage COVID-19 uncertainty goes well beyond fears of infection, treatment decision-making, and social isolation. The Thompson et al. [22] paper in this issue of PEC highlights the concerns of COVID-19 'long haulers,' those who are recovering slowly from COVID-19 infections. After analyzing over 30,000 online posts, the authors extracted 16 themes reflected including the experience of heightened anxiety related to COVID-19 symptoms, immunity, challenges of symptom management, uncertainty about

diagnosis, and personal identity (as a long hauler). Thompson et al. observe that one of the most important therapeutic functions of this online community was offering social support as well as validating symptoms reported by others, something which clinicians as well should do.

6. An agenda for health communication research two years into COVID-19

Two years into the pandemic, many of the communication challenges discussed in the early phase of COVID-19 [1] remain. However, as the pandemic has developed, new questions have arisen, in all of the areas mentioned above.

6.1. Precautionary measures and COVID fatigue

As we enter the third year of COVID-19, many individuals are experiencing COVID fatigue, which the World Health Organization (WHO) defines as a demotivation to follow recommended protective behaviors, as people are experiencing negative emotions and are tired of wearing face masks and keeping a distance. The challenge for health communication practice and research is how can we prevent attitudes of indifference and slack behaviors such as not wearing masks and social distancing? WHO provides several recommendations for communication policy and practice, which include being transparent (e.g., sharing reasons behind restrictions), being consistent in messaging (e.g., avoid contradictory messages such as how long should one isolate) across different experts and policymakers, and focus messaging on engagement and motivation, not judgment and blame [23]. The challenge for health communication specialists is how to best develop interventions and put these recommendations in practice.

6.2. Vaccine promoting messages and messengers

Early in the pandemic, some research indicated that intentions to get vaccinated once vaccines was available were predicted by perceived norms and instrumental beliefs that vaccines will work [24]. While vaccine hesitancy in the early months of the pandemic was associated with the types of cognitive and emotional factors mentioned above, in the course of 2021 vaccine hesitancy has morphed into vaccine resistance and refusal, often on more ideological grounds. This is due to several factors including the appearance of conspiracy theories [25], ideologically based responses to government efforts to encourage/require vaccinations, beliefs that vaccine messaging and policy restrict freedom of choice [26], and an evolving information environment increasingly complicated by the complexity of a vaccine information that includes new information on COVID mutations, misinformation (false information the sender believes to be true) and disinformation (false information the sender knows to be false) [27,28]. Hence, from a health communication perspective, the challenge for vaccine promotion has evolved from educating message recipients about vaccine effectiveness and modest side effects to overcoming hostile attitudes based on ideology and to rebuffing false information [29,30].

How can these cognitive and ideological barriers to accepting vaccines be overcome? First, one obvious measure is to insure that the information given is easy to understand. However, that is not always the case. In a study published in the present issue, Okuhara et al. [31] found that vaccine information supplied by health care providers is more difficult to read than recommended. Communication experts should test the readability of all information about vaccines and other aspects of the pandemic. In addition to readability of information, patient understanding can also be influenced by the quality of communication in clinical encounters. In this issue of PEC, Zheng et al. [6] reported that more patient-centered

communication by clinicians moderated the relationship between vaccine knowledge and perceived risk of COVID-19 vaccine side effects.

Second, to overcome ideologically based skepticism towards vaccines, a focus on the message content is probably not enough. It may be equally important to invest in the most trusted messengers. Clinicians, typically a trusted source of information to most people, can help overcome vaccine resistance and hesitation, by strongly recommending vaccinations and the reasons why. For example, parents hesitant to have their children receive the HPV vaccine were more likely to have their child vaccinated when pediatricians made a strong recommendation for getting vaccinated and a clear rationale for why compared to parents whose doctors offered a weak recommendation [32]. To obtain maximum adherence to precautionary measures and vaccines, politicians and government agencies should employ messengers who radiate trustworthiness and are good communicators.

6.3. Effective communication using telehealth

With respect to telehealth services, most surveys conducted during the pandemic indicate patients are relatively satisfied with telehealth alternatives [33,34]. However, many patients also miss the ‘in person’ connection with health care providers and are concerned that telehealth may limit clinician’s ability to show compassion, provide timely information, and address emotional distress [35,36]. Although telehealth options for certain health care services are likely ‘here to stay,’ more research is needed on how to best adapt telehealth to insure quality health care [37]. We propose two lines of health communication research in the future.

First, more attention should be given to exploring patient preferences for telehealth. For example, surveys indicate that patients vary in their preferences for telehealth for certain health care services with some hoping telehealth remains an option for the future [38]; others want to get back to normal pre-pandemic care [39]. A question to address is what health care services and for which patients should telehealth be an option? And if telehealth is a preferred option, through which medium? For example, of those patients that want telehealth as an option, some prefer the telephone whereas others think video visits are more satisfying [40].

Second, electronic communication (through phone or video-conferencing) can limit the spontaneity of interaction and nonverbal cues necessary when clinicians are trying to establish rapport, be compassionate, reassure, and show empathy. Thus, future research needs to help clinicians acquire communication skills that will enhance their ‘websites manner’ to learn communication techniques (e.g., more reliance on talk, using gestures, adjusting camera angle and closeness) for building rapport, signaling attentiveness, and showing care and concern through various media platforms (e.g., video, phone, SMS text) [41].

6.4. Helping people cope with the long-term uncertainty about the pandemic

COVID-related uncertainty and anxiety will remain an issue that policy-makers, political institutions, clinicians, and the general public must contend with for the foreseeable future. Effective health communication must play a central role in helping the world cope with and manage the lingering, evolving effects of COVID-19. Effective clinician-patient information-exchange and relationship-building, two domains of patient-centered communication that patients value most, can help patients and family deal with stress associated with uncertainty related to the unknown of the pandemic [42]. However, there will also be a need to have clinicians fine tune skills in two other domains of communication, such as responding to difficult feelings and managing uncertainty, which clinicians often

score less well on compared to information-giving and decision-making [43].

7. Conclusions

In many ways, the biomedical science associated with testing for infection, identifying virus mutations, and developing effective vaccines against COVID-19 has been remarkable. As of today, those vaccinated and boosted are significantly less likely to get infected or have serious disease relative to the unvaccinated. Yet, biomedical science cannot solve vaccine hesitancy, misinformation, ideological resistance to vaccination, disruptions in health care, and how best to cope with the lingering uncertainty and anxiety of living with the pandemic. These tasks fall on the shoulders of communication scientists and professional communicators. In this editorial, we offer ideas for where future research can address these challenges; in this issue of PEC, several papers are presented embracing this charge.

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