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**A plain language summary of
Narratives on Vaccination
at the Time of Covid-19**

A plain language summary of Narratives on Vaccination at the Time of Covid-19

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ABSTRACT

*This Research Project “**Narratives on vaccination at the time of COVID -19**” collected and analysed the testimonies of a representative part of the Italian population concerning vaccination against SARS-CoV2. This narrative research goes beyond opinion polls, to understand more deeply reasons for the different points of view and experiences behind the vaccination in Italy. It was conducted asking thoughts and feelings about SARS-CoV2 vaccination in the landscape of ongoing pandemic. The research provides insight into how people from different age groups, cultures, traditions, and professional categories experience vaccination against SARS-CoV2, as well as the perceived social, psychological, and physical impact.*

As of November 2021, out of a total Italian population of 54,009,901, 79.2% of the population was at least partially protected, including in this number both single-dose recipients and preinfected who received one dose.

In the present research 412 narratives clustered as Pro Vax (86.4%), No Vax (8.3%) and Hesitant (4.4%) were analysed.

Results showed significant differences in length and mode of narratives on vaccination.

Despite unwillingness to vaccinate many narratives were testifying hope for future either as restitution of lost normality or building new reality.

Who should read this summary?

This summary is for anyone in the public who wants to have deeper overview of different positions regarding vaccination. It may also be helpful for health care professionals to better evaluate reasons behind decision to get vaccinated or not, and to be more vocal in supporting the need for vaccination against SARS-Cov2.

Who sponsored this research?

This analysis was funded by Janssen-Cilag SpA.

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What is COVID-19?

COVID-19 is the illness caused by the coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2, or SARS-CoV2. It affects the lungs and can also affect other organs. COVID-19 generally causes more serious symptoms in people who are older or who have conditions such as obesity, diabetes, heart disease, cancer, or severe lung disease. Like all viruses, coronavirus has changed over time. These new types of coronavirus are called “variants.” Four main variant strains of the coronavirus have emerged since the start of the pandemic. These variants have changed in a part of the coronavirus called the spike protein.

What is a vaccine?

A vaccine trains the immune system to recognize an infection it has not seen before so that it can fight it off quickly if the person comes into contact with the same infection again.

The immune system is the body’s natural defense against infections caused by germs such as viruses, bacteria, parasites, or other types of microorganisms. When a person gets an infection for the first time, their immune system creates proteins and cells that fight off the infection. These include “antibodies,” “T cells,” and “B cells.”

The antibodies, T cells, and B cells recognise proteins on the surface of the germs causing the infection. If that person is infected again with the same or a similar infection, the immune system remembers the infection and makes the right antibodies, B cells, and T cells to fight it off quickly. This is called the immune response. A vaccine uses the body’s immune response to make antibodies, T cells, and B cells against an infection that the body has never been exposed to. This may stop the person from getting ill if they are exposed to the real infection.

What is Narrative Medicine?

NARRATIVE MEDICINE

“Narrative Medicine is what happens between the health professional and the patient: from gathering information about events before the illness to how the illness manifested itself, paying attention to psychological, social and ontological implications”

Greenhalgh & Hurwitz, BMJ, 1999

*“It’s all in the stories”. What does she mean with this assertion?
“Through my work with patients and families, I have discovered how stories and the «narrative thinking» that they embody often guide my efforts. I am not alone. Many of my colleagues in medical ethics have also explored and articulated the various ways that we think through stories. Narrative process and structure allow a unique and uniquely effective approach to the challenges and questions of bioethics. The concept of «narrative ethics» has been controversial and difficult to define. Even so, the peculiar sorts of truths that can be expressed only in stories have enduring resonance in discussions about the best ways to resolve difficult dilemmas in bioethics, clinical medicine, and even health policy”*

Martha Montello. Narrative Ethics: The Role of Stories in Bioethics.
Hast Cent Rep. 44(s1)



Narrative medicine can be defined as “the set of relationships between the health professional and the patient, starting with the collection of information on events preceding the illness and the way it manifested, with attention to the psychological, social, ontological and existential aspects of the patient” (1). Narrative Medicine is based on the approach that every person can leave both oral or written witnesses about the living with a specific illness or condition, being patients, caregivers, carers, and widely citizens. Therefore, Narrative Medicine is a deep listening activity embedding a behaviour, which may promote a better quality of care, choose more tailored solutions, and influence the decision-makers in health care policies. Since living in democracy, health is both an individual and common good, the policymakers are asked in their decision process to rely both on science and on subjects’ willingness (2).

This is the reason why everyone has the right to leave their voice about an illness, a treatment, a cure, although not fully competent on the specific subject but just based on opinion and personal experience. The action of giving everyone the possibility to declare their position about a specific health-related topic, might lead the policymakers to decide for specific routes to undertake having considered all the different positions (3).

Why was this research done?

The main objective was to know the views, social impact, emotional and physical experiences perceived by the population about undergoing vaccination against SARS-CoV2.

And then

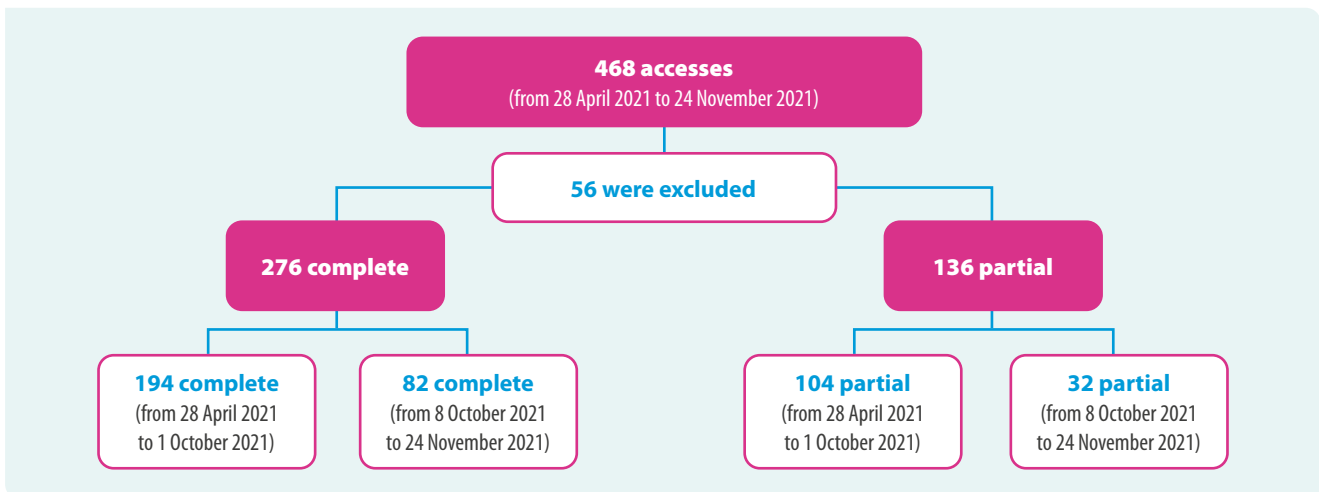
To understand how people from different categories experience vaccination against SARS-CoV2, e.g. young people (mostly students), self-employed, employees in private or public settings, including health care professionals as specific category.

To understand how people who have already been vaccinated or are waiting to be vaccinated experience this moment, how and whether their experiences differ from whom are not planning to be vaccinated.

To understand the impact of vaccination against COVID-19 on everyday life on the social, psychological, and physical aspects perceived by those: who have undergone, were planning to undergo, do not wish to undergo vaccination.

To understand whether and what differences exist regarding the impact of vaccination against SARS-CoV2 on everyday life at the first, second and third jobs.

Who took part in the research?



The sample consisted of 285 women (70.5%), 122 men (27.7%) and 7 persons (1.7%) who preferred not to specify.



The average age of the sample was 42.6 (± 14.9), with a minimum age of 20 and a maximum of 84.



The nationality was mainly Italian [398 participants (98.5%)], 5 participants (1.2%) were of European nationality and 1 (0.2%) was non-European.



Most of the respondents lived in metropolitan area or one highly populated. 102 respondents (25.2%) lived in a town of less than 25,000 inhabitants; 155 (38.4%) of more than 250,000 inhabitants; 57 (14.1%) between 25,000 and 50,000 inhabitants, 90 (22.3%) between 50,000 and 250,000 inhabitants. Among them, the majority resides Northern Italy.



Regarding the occupational category, 141 participants were employees (34.9%). 103 health professionals (25.5%); 39 self-employed (9.7%); 17 retired (4.2%); 21 other (5.2%); 66 students (16.3%); 17 (4.2%) seeking employment.

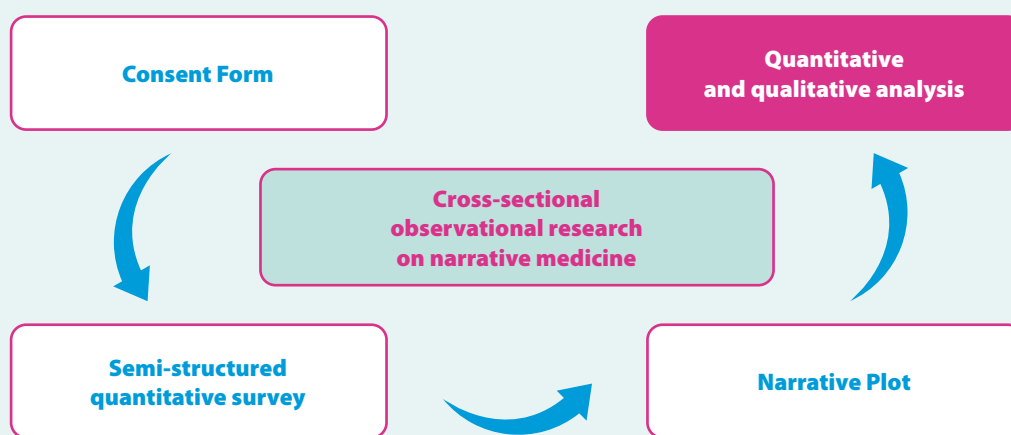
What happened in the research?

Collection of Narratives took place online, via the Alchemer platform (www.alchemer.com), ensuring the complete anonymity of the participants. The platform was accessible from the project page

<https://www.medicinanarrativa.eu/narrarsi-ai-tempi-della-vaccinazione-da-covid-19>

The project was part of an original investment in this filed research by ISTUD. Janssenn funded this analysis. The project was carried out following the principles of the Declaration of Helsinki. Within the narratives, no personal/sensitive data of patients were collected or processed, nor were any medicinal products or active ingredients indicated. Before leaving their narrative, participants, had to authorise the processing of data and give informed consent, following Law 196/2003 on privacy and protection of sensitive data, and GDPR 2016/679.

What was the research methodology?



The *quantitative questionnaires* focussed on collection of:

- Socio-personal data: age, gender, nationality, province of residence, population of living town, professional category, current job
- Personal opinion concerning SARS-CoV2 vaccination; type of vaccine received at each jab (mRNA or Ad vector).

In the *narrative plots* were recorded:

- Questions about occupation/study
- Perception on information and communication received/acquired through the media
- Thoughts about the SARS-CoV2 vaccination
- Places of vaccination
- Personal representation of COVID-19 between the present and the past
- The additional doses, in terms of physical and emotional perceptions

Qualitative dimension

Through the single narrative, way of living, job or activity, feelings, satisfactions, goals, criticalities, fears and other, are recorded

Quantitative dimension

The aggregated stories are analysed from a quantitative point of view, extrapolating semantic maps, the most recurrent words and expressions, profiles of the narrators and the care pathways.

Integration

Once the narratives have been transformed into quantitative data, these can be compared with data from other questionnaires or clinical data.

What were the overall results of the research?

RESULTS

An overview of the results of the first, second and third or further doses of vaccine against COVID-19 (from 28th April 2021 to 24th November 2021).



General overview of vaccination positions.

Based on the quantitative and qualitative results from the two data collection periods, it was possible to map the positions taken by the study participants about their vaccination thinking. The table below illustrates the distribution of the overall values' positions taken by the participants, together with extracts from the narrative plots that better denote their point of view.

General position on vaccination	Vaccine Status	Kind of position	Extracts from single narratives
PRO VAX [356 (86.40% of the total)]	I have already received my first dose of vaccine [41 (10%)]	Enthusiastic	<<I got vaccinated knowing that I would have done good for myself and for the people around me every day. In my opinion, getting vaccinated should be seen as an ethical and civic choice to be made for the good of the community. Unfortunately, without this conviction it will be more difficult to revive the whole community>>.
		Made in order to have the Green Pass or for work	<<I am torn between my desire for self-determination and the regret that I have succumbed to government coercion and media pressure. On the one hand, I want to be free from the drudgery of non-conformity, but I am also afraid of the consequences of this experimental treatment. I imagine the blood clotting in my arteries and veins.... It is a good thing I do not have young children, because I could not bear their decision to be vaccinated, even against my will. I don't trust politics and information>>.
		Vaccinated with reserves	<<Always in favour of vaccination, even though I have many fears... I have diabetes and I have several autoimmune diseases (rheumatoid arthritis, Hashimoto's thyroiditis). But from work experience I know how a person can be when they have respiratory failure and are on a ventilator. I went for my first dose with a lot of fear, alone. I'm a bit of a hypochondriac and in the waiting room I could feel inside myself if the dose was going to cause a reaction.... I listened to my insides.... A little tingling in the hand? Bad eyesight? A headache? It seemed to me that I had all the symptoms of an allergic reaction... But I didn't. I went back to the crates after 6 hours, after 10 hours, after 1 week everything was ok. I went back for the second dose, accompanied by a family member.... Maybe being with someone distracted me and I didn't think about anything. Everything was perfect... Never a symptom, no fever, no pain in the arm>>.
		I got vaccinated, but I think it's not the solution	<<They say anything and everything. I have stopped listening. I watch with curiosity, but also with concern, the drift of the no vax movement. When it is a calm expression of one's own thoughts it is perfectly fine, the rest is a manifestation of a harmful counter-addiction. In short, taking to the streets and shouting about the green pass is a way of shifting problems and expressing social unease. I try to read only informed and scientific sources. I have never seen the vaccine as a complete solution to the problem, but it is a necessary start>>.
I have also completed the vaccine booster [214 (52.5%)]		Enthusiastic	<<Today I feel reasonably calm and convinced of the choice I made, that of vaccinating myself and my children. Not because I feel immune from contagion or any particular reaction to vaccination, I just feel that I made the right choice, I made myself available to take that risk. I also feel relieved and encouraged by the fact that most of the people around me and with whom I deal on a daily basis (family members and colleagues) have made the same choice, even if I feel that their motivations are not always the same. Personally, I was motivated by the need to protect the health of my family and others, rather than the need to be able to access public and social events. I am sorry to see that the common good is often not a sufficient motivation in itself to motivate people to make certain choices and even certain sacrifices, but that they are often driven mainly by individual needs. I know, it's human. But I would like to live in a society that is more sensitive and willing also to give priority in certain situations such as this to the well-being of all and to allow one's 'personal freedoms' to take a back seat. At the same time, especially now that the green pass has been made compulsory for access to certain places or events, I also feel amazed to see the reactions of a good percentage of people and to perceive points of view that are very different from my own. Sometimes I am amazed by some positions, but I find myself on the whole more interested and curious to understand the reasons and arguments rather than judging>>.
		Made in order to have the Green Pass or for work	<<After having completed the vaccination cycle some time ago, I still feel complicit in a not entirely well-considered choice. I was obliged to do so because of my role. We health workers have been asked to have the utmost confidence in the health system we are part of and to be role models for all those who are undecided. I think this is a high price to pay in terms of giving up the principle of self-determination, talking about informed consent to treatment>>.

Continue →

General position on vaccination	Vaccine Status	Kind of position	Extracts from single narratives
PRO VAX [356 (86.40% of the total)]	I have also completed the vaccine booster [214 (52.5%)]	Happy, but I'm sick of getting vaccinated	<<I had hoped that the vaccine would cover more. More from the infection and more long term. of course it is an RNA virus. i prefer to wait more to see the pandemic numbers, but it seems to me that there is not much to be done. the common good outweighs my oxybial short term side effects. if more people had vaccinated together and been more cautious maybe we would be out of it. or maybe not. but history will tell us>>.
		Vaccinated with reserves	<<Which it would be better not to do!!!! Better to be treated with plasma (in severe cases) or home care>>.
	I am waiting to book the vaccine [81 (19.9%)]	Enthusiastic	<<I am happy to be able to vaccinate. Although I was aware that I had correctly applied all the indications to prevent contagion, these indications represented a psychological constraint, which I hope can be overcome by vaccination. I was also surprised that when the possibility of vaccinating opened up, there was also availability for the next day (I only chose a few days later because of commitments I had already made). I believe that vaccination is not only a duty, but those who refuse (without valid reasons - so refusing for ideological reasons) should be placed in conditions of objective difficulty (suspension of salary, inhibition to move, ...), because the ideological reasons do not justify the potential damage to other citizens and fragile ones in particular>>.
		Worries	<<That I fear for my parents more than for myself. I am absolutely pro-vaccine, but since there are conflicting voices about vaccination, no matter how hard one tries to rationalise that vaccinating is a good and right thing, one is afraid that this vaccination will not really protect us. My father fortunately has the right to the vaccination without side effects, my mother has been in bed for days for the one with side effects and the concern is great>>.
		I think it's not the solution	<<Vaccines are undoubtedly very good medical devices, but they are sometimes described as water from Lourdes>>.
	I have booked the vaccine, I am waiting for the day of vaccination to arrive [20 (4.9%)]	Enthusiastic	<<Definitely worth doing, no doubt about it>>.
		Made in order to have the Green Pass or for work	<<There has been a massacre in terms of communication about vaccines. Astrazeneca was initially banned for the over 55s, then became banned for the under 60s, then banned for young people especially women, then they are considering extending it to young people. An ordinary person, regardless of the level of education and his background, what idea can you get of the vaccine? last pearl: Figliuolo says that Astrazeneca will also be administered to young people (with all due respect, but from someone dressed in camouflage and a pen on his hat expert in logistics for heaven's sake, but on the basis of what announces this considerable change? next to him the head of civil protection who says that we must use all the stocks we have in the refrigerator....for the series in terms of communication passes the impression that it is more the interest in not wasting what we have than the real good of citizens. I understand that in the population there are doubts and that feeling of feeling a bit like an ongoing experiment>>.
		Vaccinated with reserves	<<I have fibromyalgia, until the arrival of Covid I was not ill, with some supplements my health was good. After the Covid I got much worse, I have widespread pains, in 2 days time I will be inoculated with the vaccine, I am worried, I will be given Astra Zeneca and I am afraid that the pains will increase.... Unfortunately I won't be able to choose, to feel better I try to follow an alkalizing diet because in the past it has helped me a lot>>.

General position on vaccination	Vaccine Status	Kind of position	Extracts from single narratives
UNDECIDED [18 (4.4% of the total)]	I am undecided whether to vaccinate or not	Side effects, fear of the body, of dying	<<That there is not enough true and reliable information to convince me to take any kind of vaccine. I have several diseases and syndromes that science ignores the origin of and a covid vaccine given the huge confusion around their side effects does not make me feel comfortable. If the vaccine would protect me from covid but it kills me and I sign up and take responsibility for the effects, why should I do it? Convince me otherwise and I'll vaccinate but with all I hear and read, I won't find anyone who does. I'm sorry, I'm confused by these virologists who say one thing one day and a year later say something different, I'm confused. I'm taking my precautions and waiting>>.
		Political and / or economic issues	<<First of all, there is a significant media relevance behind the way this phenomenon is talked about. Having said that, I would like to point out that the working situation in some sectors, such as my own, the restaurant industry, has been devastated by anti-freedom and anti-constitutional regulations that make the very sense of democracy creak. Leaving aside the fact that the Italian government is a joke and, above all, the driving force of the people, i.e. young people, are out of the picture and are denied a future. I was lucky enough to move to France, where the state is more considerate towards the fate of us poor, ordinary people. The situation in Milan, and in Italy in general, is almost completely in ruins, both ethically and in practice. I have not contracted the virus and none of my family members has been affected so far, and my view of the phenomenon is clearly a change in the way of understanding the model of the ethical state and liberal healthcare>>.
		Trust lost	<<I am very negative about the resolution of this whole situation... I have the feeling that we are very far from the resolution of the pandemic; I have become distrustful towards my closest friends and towards my own family, furthermore I find scandalous this contrast between the forced red zone (until a few weeks ago) and now "tana libera tutti" where you are in a yellow zone where, however, everyone does as he wants and is also free to break the rules, this makes me feel taken for a ride and also quite scared>>.

General position on vaccination	Vaccine Status	Kind of position	Extracts from single narratives
NO VAX [13 (3.2% of the total)]	I am not going to vaccinate	Side effects, fear of the body, of dying	<i><<I have not had the vaccination and I do not intend to vaccinate. The state does not consider it compulsory to do so, so it is perfectly legitimate to consider not proceeding. There is no reliable data, there are many complications and side effects that will only be discovered years later. I heard on the radio about a 14-year-old boy who was accompanied by his father to get the vaccine, and after a few weeks he developed myocarditis. Who's to say it's not linked to the vaccine?>></i>
		Organization, Information issue	<i><<...that it is compulsory but then they make you sign the consent so they are free of any responsibility... >>; <<The information was given in a confusing and - WILLINGLY - scary way. The leaflet of one of the vaccines (you know which one) was changed 6 (SIX!) times, making it at least 'suspect' and effectively removing it from use. Ça va sans dire it was the only orthodox vaccine (no RNA etc) and the cheapest.... and it was scuttled. Any idiot, reading the data, would understand that the vaccine - not being a walk in the park - should have been administered especially to fragile categories SIN FROM NOW. In Italy they insist on mass vaccinations and massive for too many years, not to arouse suspicion of a certain 'ease' in the administration: vaccines for the various avian, sars etc., the infamous 11 vaccines to children etc.. It is hard to understand - if we already vaccinate vulnerable groups - the reason for vaccinating young people, who are practically NOT at risk (and indeed, if they take the 'pure' virus, they become stronger). Wanting to vaccinate children is CRIMINAL. Vaccination is then presented as THE ONLY MEASURE. Instead, there are cures that are now quite clear (thanks to courageous doctors who carried out autopsies AGAINST GOVERNMENT DIRECTIVES). Dr De Donno's episode is a disgrace>></i>
		Political and / or economic issues	<i><<Today I feel good. it's summer. we're all out and about. we can go back to embracing the body of the world. Today I'm thinking that it's still scary, not so much the possibility that the covid will come back more virulent and devour us, I'm almost more scared of returning to the regime of hourly limits and social terrorism that we've experienced. It scares me to plan for autumn. Jobs, economic security grazed like flowers by goats>>. Plot, persecution and trust lost (8) <<It seems absurd to me to call something a vaccine when we don't know when it will be needed. Human experimentation? Boh... >></i>

General position on vaccination	Vaccine Status	Kind of position	Extracts from single narratives
OTHER [21 (5.1% of the total)] (mainly NO VAX)			<i><<I think we're in a very delicate moment, this fight has been created between those who want vaccination and the use of the green pass and those who feel their freedom has been who feel their freedom has been infringed. I think that covid has been a crazy social accelerator>>.</i>

As far as the participation in the Narrative project, it seems that despite the possibility to give a voice to all citizens, regardless of their literacy, their status, and their age, two-thirds are ready to accept and live the challenge of narrating each own opinion and one-third is stick to the numbers and the poll's philosophy.

The results showed significant differences about how much and how one narrates oneself about vaccination. Students, for example, tended to express themselves more concisely and directly, whereas health professionals or employees tended to be more specific in their point of view, using their professional language. This factor could, in part, be attributed to the different use of language that people are used to nowadays, taking advantage of the logic of social networks, but also to an emotional expression.

How the results of this research can be interpreted?

This research was able to explore and give voice to the views and perceptions of people from different socio-economic and cultural backgrounds regarding SARS-CoV2 vaccination. Summing up No Vax and Hesitant groups in this reserach (52/412) and comparing numbers with the entire Italian population, this results fit with the ~6.600.000 Italians that were not vaccinated in November 2021.

Stated that there is no universal rule for every individual's free will on vaccination (unless this will become mandatory as political decision), considering the quantitative and qualitative results, as well as the attitudes towards vaccination against SARS-CoV2 of the participants, results can be outlined as follows:

General position on vaccination	Vaccine Status	Kind of position	The evolution of the position	Interpretation
PRO VAX	I have already received my first dose of vaccine	Enthusiastic	Enthusiastic	<i>Communicating about vaccines using positive framing and informing about all we need to know about them could help to keep the enthusiasm high. Moreover, in waiting, public health authorities need to ensure that vaccines are readily available and convenient to access.</i>
		Made in order to have the Green Pass or for work	Submissive	<i>In this segment of the population, the curve of enthusiasm falls much more quickly, because they underwent the vaccination with a compliant, passive attitude. Most submissive people do not express needs, or do so in such an apologetic and diffident manner that they are often ignored and not taken seriously. For these reasons, even in the light of new doses, it is important not to take them for granted.</i>
		Vaccinated with reserve I got vaccinated, but I think it's not the solution	Waning enthusiasm or lack of conviction	<i>The primary challenge is helping them turn those intentions into action by reducing logistical barriers that could limit immunization, such as mobility restrictions, perceived cost, scheduling challenges, fears of going out, etc. These obstacles will be especially challenging for the initial COVID-19 vaccines because we must make sure that people get both doses that are recommended for protection.</i>
	I have also completed the vaccine booster	Enthusiastic	Enthusiastic	<i>Since the enthusiasm curve could go down even if it were very high, it is suggested to implement the quality of the information addressed to this segment of the population, in order to increase reflection and the critical sense. Energy could be contagious!</i>
		Made in order to have the Green Pass or for work	Submissive	<i>The payoff for submissive communication is that the person gets to avoid conflict. Submission is a way of avoiding, delaying, or at least hiding the kind of conflict that is very scary to some people. The thing to remember is that every submission is a repression of anger, which eventually seeps into the affection individuals may feel. Sadly, submissive people act this way in order to be loved—but that very way of being eventually creates conflict and estrangement. For these reasons, it is relevant to keep them informed and take care of them!</i>
		Happy, but I'm sick of getting vaccinated Vaccinated with reserves	Waning enthusiasm or lack of conviction	<i>Support and sensitize them to the importance of perseverance. Clarify concerns and support hopes.</i>
	I am waiting to book the vaccine	Enthusiastic	Enthusiastic	<i>Communicating about vaccines using positive framing and informing about all we need to know about them could help to keep the enthusiasm high. Moreover, in waiting, public health authorities need to ensure that vaccines are readily available and convenient to access.</i>
		Worries I think it's not the solution	Waning enthusiasm or lack of conviction	<i>Help them not to lose hope, reassure them and answer the questions that arise in the waiting time.</i>
	I have booked the vaccine, I am waiting for the day of vaccination to arrive	Enthusiastic	Enthusiastic	<i>It is important to keep them informed about the vaccination process, the virus, the side effects and listen to any doubts that arise in the meantime.</i>
		Made in order to have the Green Pass or for work	Submissive	<i>These are among those who have been convinced last, that the will is even weaker. It is important to pay even more attention, because they risk becoming hesitant. Inform them a lot, paying attention to the virus, its characteristics, its effects as well as the vaccine.</i>
		Vaccinated with reserves	Waning enthusiasm or lack of conviction	<i>When we get vaccinated based on public health recommendations, we trust these recommendations; we do not need to check up on them. When trust is absent, we ignore the recommendations and find our own information (or disinformation). For these reasons, it is relevant to improve trust, transparent, i.e. disclosing vaccine development protocols and allowing third-party reviewers. If we know more about vaccines, we trust them more.</i>

General position on vaccination	Vaccine Status	Kind of position	The evolution of the position	Interpretation
UNDECIDED	I am undecided whether to vaccinate or not	Side effects, fear of the body, of dying	Hesitant	<i>Consider the specific concerns of the person with whom you're engaging, and try to address them in a way that feels relevant to them. Think about what might reassure you if you shared these worries. Those concerned about safety or side effects value information from trusted sources that speak directly to specific concerns (for example, fertility). Others may consider the vaccine if it affects those they care about.</i>
		Political and / or economic issues	Hesitant	<i>It's about meeting the person where they are and then reassuring, educating and ultimately helping them get vaccinated. It could be general practitioners or vaccinators who, thanks to Narrative Medicine, can offer them answers based on concerns and fears, as well as anger towards organization and politics. Knowing the source of someone's fear can help you tailor your message and get them the information they need. Explore their fears: Are they scared of the long-term effects? Are they afraid of how quickly they were developed? Are they uncertain because they don't know what's in the vaccine? Maybe (or maybe not) their concerns are easing with the first full FDA approval of one of the COVID-19 vaccines?</i>
		Trust lost	Hesitant	<i>Personalized messaging and targeted engagement to address person-specific needs. Consider the possibility to a further attempt with the help of General Practitioners, who could reassure them and give them the attention they need, adopting Narrative Medicine. Some people are focused on the freedom to make their own choice.</i>

General position on vaccination	Vaccine Status	Kind of position	The evolution of the position	Interpretation
NO VAX	I am not going to vaccinate	Side effects, fear of the body, of dying	Against	<i>Aggressive people are very fearful: people are aggressive not because they feel strong, but because they feel weak. Reassuring them, with the support of general practitioners, we welcome fears by listening to Narrative Medicine. We need to answer to their questions and doubts. Ask the vaccine-against person open-ended questions about why they feel the way they do and where they got their information from.</i>
		Organization, Information issue		
		Political and / or economic issues	Conspiracists	<i>Better to ignore them, talk about them less. The more we talk about them, the more credit we give to them. Some people have their minds made up, so trying to change their stance could be a waste of your time.</i>

General position on vaccination	Vaccine Status	Kind of position	The evolution of the position	Interpretation
OTHER (mainly NO VAX)	I'm not going to vaccinate for health reasons	Health-conscious	Health-conscious	<i>The health-conscious should be given more attention, because they can become hesitant easily. They need to be informed about the virus, the vaccine's side effects and to be made aware of how much they are benefited precisely by the attention to their lifestyle, which should not be neglected, but strengthened thanks to vaccination. Trust and context are vital in boosting vaccine confidence.</i>

How the results of this research can be used?

To know the main challenges in understanding the need to undergo vaccination against SARS-CoV2, what are the beliefs and convictions that lead people to undergo vaccination or not.

To help to provide services and communication closer to the person.

The narratives and their analysis can also be used to raise awareness on the risks of not having the SARS-CoV2 vaccination and moreover can be used more generally to interpret the approach of population to vaccination.

The voice of citizens should be more listened in a narrative way, and not only by-poll: it requires a different practice, being able to accept as the first point an initial position that we might not share, and trying to bring this position, whenever is possible safely out of the comfort zone of each specific mindset. So many narratives were testifying, beyond the vaccinations, the beauty of life on the earth, at whatever conditions, looking full of hope at the future whether it could be of restitution of lost normality or a building of a better new reality.

***Warm thanks to all the participants
who exposed themselves with their narratives
and who make it possible.***

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