

When a health risk is close to home, health care professionals base their positions on vaccines on their own emotions, personal experiences

Date: August 24, 2014

Source: University of Haifa

When a health risk gets closer to home, health care professionals base their positions on vaccines more on emotions and personal experiences than on scientific and analytical knowledge, according to a new study by the School of Public Health at the University of Haifa. "When the risk is remote it is easier for health care professionals to maintain a professional point of view as representatives of the system. When their close environment is at risk, they behave similarly to the general public and base their decisions on normative emotional barriers," said Dr. Anat Gesser-Edelsburg from the School of Public Health who carried out this study with Prof. Manfred Green and Nathan Walter.

The World Health Organization declared the outbreak of the Ebola epidemic an international health emergency, and now local health officials have been made responsible for taking steps and informing the public of the risks and of ways to prevent them. There have been, as such, a number of cases during recent years of the public being asked to be vaccinated against the risks of an epidemic, such as last year, when there was fear of a poliovirus outbreak, or that of avian influenza A (H7N9) that emerged in China a year and a half ago. However, in these instances other, unofficial or certified voices were heard stating that there was no need to be vaccinated, or that the vaccination could actually cause harm rather than help. The current study, which was published in the *American Journal of Infection Control*, aimed to examine whether health care professionals (doctors and nurses) make the same recommendations when the risk is remote as they do when the risk is close to home.

The study included 240 Israeli respondents: 109 health care workers and 131 members of the public. They were asked -- in connection with the outbreak of avian influenza A (H7N9) in China at the beginning of 2013 -- whether the entire population of China should be vaccinated with a new vaccine that need to develop against this new type of avian influenza, and if they and their families would get vaccinated if they were residents of China. Later on in the simulation, they were asked if the entire population of Israel should be vaccinated with the same new vaccine that need to be developed and if they and their families would get vaccinated if the virus, and with it the fear of an epidemic, was to emerge in Israel. The respondents were also asked to explain their decision.

The study found that when the perceived risk was remote, i.e., regarding the disease in China, health care workers tended to support the vaccination program more, in comparison with the general public. The health care workers also based their positions more on analytical, knowledge-based responses in comparison with the general public, who explained their positions mainly on responses that stemmed from fears and personal experience.

Surprisingly, however, it became clear from the study that when the risk was closer, the differences between the health care workers and the general public disappeared. Both groups expressed, to the same extent, a more negative position on the need for vaccinations, and the arguments given by most of the health care workers, as by the general public, were based mainly on emotions and on prior experiences, and less on analytical and scientific knowledge. According to the researchers, a connection was nonetheless found among health care workers, between those who recommended vaccination and analytical knowledge, such that those who recommended vaccination were more inclined to do so using those kinds of explanations.

"When the case is remote, medical professionals respond rationally and analytically, but when the risk is closer, concerns grow, the unknowns increase, and even concern over causing public panic brings additional considerations into the picture that did not previously exist. The findings of the study showed that when the risk of disease is real, most health care workers behave exactly the same as anybody else and base their positions more on emotions and personal experience than on analytical knowledge," Dr. Gesser-Edelsburg concluded.

Story Source:

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Journal Reference:

1. Anat Gesser-Edelsburg, Nathan Walter, Manfred S. Green. **Health care workers—part of the system or part of the public? Ambivalent risk perception in health care workers.** *American Journal of Infection Control*, 2014; 42 (8): 829 DOI: [10.1016/j.ajic.2014.04.012](https://doi.org/10.1016/j.ajic.2014.04.012)
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Cite This Page:**MLA APA Chicago**

University of Haifa. "When a health risk is close to home, health care professionals base their positions on vaccines on their own emotions, personal experiences." ScienceDaily. ScienceDaily, 24 August 2014. <www.sciencedaily.com/releases/2014/08/140824213151.htm>.