

From Information to Emotion: An Evaluation of Information Satisfaction and Behavioral Response in the Context of the COVID-19 Vaccination Campaign

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Abstract

Vaccine acceptance is a behavioral outcome shaped by a complex decision-making process influenced by multiple factors, chief among them being the information shared about the vaccine. This study therefore examines the shift from information to emotion by evaluating information satisfaction and behavioral response in the context of the COVID-19 vaccination campaign. The Information-Motivation-Behavioral Skills model was used to guide the study. A cross-sectional, anonymous online survey design was employed, using a convenience sampling technique to recruit 162 individuals aged 18 and older who voluntarily participated in the survey. The online questionnaire comprised six sections aligned with the four main objectives of the study and the Mean, Standard Deviation (SD), and Variance (Var.) scores were used for the analysis. The results indicate that “information was sufficient for understanding” (Mean = 3.70, SD = 1.79), “the most important information received” (Mean = 3.69, SD = 1.76), and “generally satisfied” (Mean = 3.53, SD = 1.57) with the information provided about the vaccines best represented overall respondents satisfaction. However, in considering respondent emotional balance from the results, the negative emotional responses scored higher than the corresponding positive statements. For instance, “I am not pleased” (Mean = 2.86) > “I feel good” (Mean = 2.64), “I feel uneasy” (Mean = 2.98) > “I am happy” (Mean = 2.78), and “I have negative feelings” (Mean = 2.97) > “I am often very positive” (Mean = 2.79) about the vaccine information shared. The study concluded that while sufficient information was disseminated to support public understanding, individuals’ decisions to accept vaccination were significantly shaped by their emotional responses and that vaccine development cannot be considered complete until individuals are psychologically motivated to make vaccination decisions. The study recommended that public health communication strategies should adopt an “info-emotive” communication approach—integrating accurate, evidence-based information with psychological comfort and emotional reassurance. Suggestion for further studies was indicated in the study.

Keywords: Information Satisfaction, Behavioral Response, Attitude, Emotion, Vaccine, Vaccination, Public Health.

Introduction

Over the past century, vaccination has emerged as one of the most significant contributions to public health (Sáfadi, 2022; Montero, 2024), proving to be a critical intervention for

controlling and eradicating infectious diseases. The World Health Organization (WHO) describes vaccines as among the most powerful health inventions in history, saving lives and rendering once-feared diseases preventable (WHO, 2024). Vaccination, a triumph of modern medicine and one of humanity's greatest achievements (Anderson, 2016; WHO, 2024), was first introduced by British physician Edward Jenner in 1796 to protect against smallpox. This milestone culminated in the global eradication of smallpox, officially documented in 1980 (Shattock et al., 2024). Since then, numerous vaccines have been developed to combat a wide array of viral infections. For instance, since the introduction of vaccines in the mid-1970s, vaccination has averted an estimated 154 million deaths. For each death averted, an average of 66 years of full health was gained, amounting to approximately 10.2 billion years of full health globally (Shattock et al., 2024).

The outbreak of COVID-19 in Wuhan, China, in December 2019, which led to millions of deaths globally, once again underscored the critical importance of vaccination. The absence of a COVID-19 vaccine during the early stages of the pandemic significantly contributed to its devastating impact (Afolabi & Ilesanmi, 2021). However, following the introduction of COVID-19 vaccines, mortality rates were significantly decreased, and societies began returning to routine activities. While vaccine development is essential (Mill et al., 2020), only widespread vaccination can truly save lives (Orenstein & Ahmed, 2017). Yet, achieving sufficient vaccination coverage has been challenged by variations in public willingness to receive the vaccine. The success of vaccine rollouts largely depends on public acceptance, as hesitancy or refusal can undermine overall vaccination efforts (Wake, 2021). As Ezekiel and Bassey (2025) note, widespread vaccine uptake depends on the multifaceted strategies employed in vaccine distribution.

Vaccine hesitancy is a prominent global health concern, existing on a continuum from high demand to outright refusal (Tuckerman et al., 2022; Butler & MacDonald, 2015). The WHO defines vaccine hesitancy as a delay in acceptance or refusal of vaccines despite availability, and in 2019, it listed vaccine hesitancy among the top ten threats to global health, underscoring its growing significance. However, vaccine refusal varies in nature and cannot be addressed through a "one-size-fits-all" approach. Rather, multicomponent, tailored, and context-specific interventions are required to address the rising challenge of vaccine hesitancy (Galagali et al., 2022).

As such, vaccine hesitancy is complex and context-specific, influenced by time, location, vaccine type, and the mode of communication (WHO, 2015). Tuckerman et al. (2022) argue that vaccine communication must be evidence-based, culturally appropriate, and tailored to an individual's position on the vaccine hesitancy continuum. Vaccine acceptance is ultimately a behavioral outcome shaped by a complex decision-making process influenced by multiple factors—such as doubts about efficacy, concerns over safety, fear of adverse effects, and prior negative vaccination experiences. Mistrust about the seriousness of certain diseases can also arise depending on how vaccine information is communicated (MacDonald & SAGE Working Group on Vaccine Hesitancy, 2015). Recio-Román et al. (2024) and Charron et al. (2020) affirm that the source and quality of vaccine-related

information are critical determinants of vaccination behavior. Consequently, misinformation, conspiracy theories, and information overload further exacerbate hesitancy (Wonodi et al., 2022; Honora et al., 2022). Additionally, socio-demographic factors—such as education, gender, ethnicity, and religion—play a major role in shaping vaccination attitudes (AlShurman et al., 2021).

All vaccines interact with the immune system, and psychological factors can influence the immune response to vaccination (Ayling et al., 2025). Although individuals vary considerably in their immunological responses (Zimmermann et al., 2019), several studies show that vaccine efficacy is influenced not only by the vaccine itself but also by psychological states such as stress, anxiety, and fear (Madison et al., 2021; Svensson et al., 2024). For instance, Bock et al. (2017) investigated psychological factors—such as self-esteem, perceived stress, and optimism—that influence vaccination decisions, finding significant correlations between these variables and vaccine uptake.

With the advent of COVID-19 vaccines, the WHO enforced rigorous quality, safety, and efficacy standards through clinical trials and controlled manufacturing processes. Nevertheless, access to trustworthy information remains crucial for building public trust. Misinformation has been shown to fuel fear and mistrust, thus undermining vaccination campaigns. In Africa—particularly in Nigeria—declining vaccination rates, from 81.5% in the 1990s to 25% in 2013, illustrate the harmful effects of misinformation and mistrust (Ogundele et al., 2020). The relationship between behavioral factors and immune response further highlights the importance of managing vaccine-related information effectively. Poorly managed information can lead to mental health challenges—such as depression, anxiety, and panic—which may impair immune function. Josiah and Kantaris (2021) emphasize that vaccine refusal often stems from a lack of trust, which is closely tied to the quality and credibility of information received. Accurate and transparent communication about vaccine safety and the rigorous testing protocols they undergo is essential for shaping positive public attitudes (Nnaemeka et al., 2022). However, the pervasive role of social media in disseminating vaccine-related information raises serious concerns about information quality. During the COVID-19 vaccination campaign, the spread of false reports and misinformation via social media platforms complicated vaccination efforts (Nelson, 2020; Ibekwe et al., 2024). Prior research suggests that people are more likely to engage with misinformation that aligns with their preexisting beliefs and ideologies (Joyner et al., 2023). Furthermore, individuals not only find such misinformation more acceptable but may also feel justified in spreading it (Helmus et al., 2020; Faragó et al., 2020; Buchanan, 2020). One explanation for this behavior is that people often rely on emotional reasoning when selecting information (Wang et al., 2020). This tendency is further supported by evidence that interacting with information can trigger emotional responses (Vosoughi, 2018). In light of these findings, it is critical to understand how emotional behavior influences information processing, particularly in the context of COVID-19 vaccine communication. Gaining insights into this interplay will be essential for designing effective public health

communication strategies, especially in efforts to address vaccine refusal challenges in Nigeria.

Aim of study

The aim of this study is to examine the impact of information satisfaction on vaccination behavior of Nigerians. To pursue this goal, the study seeks to answer the following questions:

1. Are respondents satisfied with the information shared on various media about COVID-19 vaccines?
2. What is the emotional state of respondents about the information shared on vaccines?
3. Does the information shared about COVID-19 vaccines affect vaccination attitudes?
4. Does the information shared about COVID-19 vaccines impact on respondents' preparedness for vaccination?

Information Motivation Behavioral (IMB) Model

Fisher and Fisher, (2000) developed the Information-Motivation-Behavioral Skills (IMB) model to better understand and address the psychological factors that can impair health-related behaviors in HIV patients. This model centers on the causal relationships between three primary constructs: information, motivation, and behavioral skills. Each of these constructs is considered to have a direct influence on a person's psychological response to health behaviors (Yang et al., 2020). The IMB model asserts that a combination of quality health information, significant motivation, and behavioral skills are essential for performing health-promoting behaviors. These three constructs—information, motivation, and behavioral skills—are recognized within the IMB model as the main drivers of behavioral change.

According to the IMB model, information is fundamental in shaping individuals' health-related decisions, as it directly influences the correct or incorrect use of medications (Fisher & Fisher, 2000). This construct describes the level of individual knowledge regarding specific facts about health promotion, as well as relevant heuristics. The information component refers to access to accurate, reliable, understandable, and relevant health-related information. Lee and Park (2021) emphasize the importance of appropriately designed educational programs that provide critical information about specific health issues and the preventive behaviors required. Education level and the source of vaccine-related knowledge are key factors influencing vaccine uptake (Al-Marshoudi et al., 2021). In the context of COVID-19 vaccine acceptance or refusal, information includes relevant knowledge such as vaccine administration guidelines, potential side effects, and interactions. Accurate information may facilitate adherence to vaccination guidelines, whereas misinformation or disinformation—often stemming from untrustworthy or unreliable sources—can impede vaccine acceptance. Furthermore, the information

construct may encompass heuristics or conspiracy theories surrounding COVID-19 vaccines, which can prompt automatic or low-effort decision-making regarding vaccination.

Motivation is another critical determinant of health-related behavior in the IMB model, which categorizes it into personal and social motivation. Personal motivation includes individual beliefs and attitudes toward vaccination, such as perceived necessity, fears of potential harm, or concerns about side effects. Social motivation, by contrast, pertains to perceived social support and normative beliefs surrounding vaccination (Fisher et al., 2009). A well-informed individual is more likely to be motivated to make positive health decisions, including choosing to vaccinate.

Behavioral skills, the third component of the IMB model, determine whether an informed and motivated individual can effectively engage in health-related behaviors. This construct encompasses an individual's ability and confidence to perform health actions, such as getting vaccinated (Fisher et al., 2009). Several behavior change theories highlight the importance of self-efficacy—the belief in one's ability to carry out specific actions to achieve desired outcomes—as a key factor in behavior change (Alyafei & Easton-Carr, 2025; Lamarche et al., 2018). The extent to which individuals comprehend and act on vaccine-related information may be influenced by their trust in or belief about the information received. Costa (2020) and Juin et al. (2022) argue that individual self-efficacy can be quantified by assessing both knowledge and attitudes. Although the IMB model was originally developed to examine the psychological determinants of HIV risk and prevention behaviors, it has since been widely adopted to understand patient behaviors across diverse populations and contexts (Yang et al., 2020; Tsamlag et al., 2020; Wells et al., 2021).

While studies have extensively addressed COVID-19 vaccines and vaccination from various perspectives and geographic contexts (Al-Marshoudi et al., 2021; Honora et al., 2022; Nnaemeka et al., 2022), and others have applied the IMB model to different aspects of the COVID-19 crisis (Fisher & Fisher, 2023; Phillips et al., 2023), no known studies have applied the IMB model to investigate this issue within the Nigerian context. This study therefore adopts the IMB model to examine COVID-19 vaccine hesitancy and refusal among Nigerians, with a focus on evaluating the roles of information, motivation, and behavioral skills in shaping vaccine decision-making. Specifically, the study measures information satisfaction, emotional responses to the information, and behavioral reactions of the respondents.

Methodology

A cross-sectional, anonymous online survey design was employed to address the study's objectives. This design was selected for its flexibility and effectiveness in collecting behavioral data from a diverse population of respondents. A convenience sampling technique was used to recruit participants who were readily accessible, available, and willing to participate in the study. This approach was chosen to optimize the study's limited resources—such as time and fund—while ensuring the collection of sufficient data.

A total of 162 individuals aged 18 years or older voluntarily participated in the online survey. Data collection occurred during three separate periods: August 2021, September 2021, and January 2022. The survey was administered via Google Forms, and a link to the questionnaire was distributed through various social media platforms, including Facebook, LinkedIn, Telegram, and WhatsApp. In addition, some participants were contacted directly—both online and in person—to encourage participation.

One of the primary challenges encountered during data collection was participants' skepticism about clicking survey links due to fears of online scams. To mitigate this concern, explanations were provided in some cases to assure potential respondents of the survey's legitimacy. Despite this, all respondents were fully protected from any form of risk or harm throughout their participation.

Participation was entirely voluntary, and the study upheld the rights, dignity, autonomy, and confidentiality of all participants. Respondents were clearly informed of the academic purpose of the research, and no conflict of interest was associated with their involvement. These measures were implemented to ensure that the study was conducted with a high standard of ethical responsibility, transparency, and integrity.

The online questionnaire consisted of six sections. Section one gathered demographic data from respondents. Section two focused on respondents' satisfaction with the information shared about COVID-19 vaccines. Sections three and four explored respondents' emotional state about the information shared on COVID-19 vaccines, while sections five and six examined respondents' attitudes and preparedness for vaccination. Descriptive data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), with Mean and Standard Deviation (SD) scores calculated for responses across sections two through six, which included scaled responses.

Out of the 162 respondents, 61.1% were male, and 38.9% were female. Respondents' ages ranged from 18 to over 58 years, with the majority (67.3%) falling within the 28–47 age bracket. The remaining participants included 19.8% aged 48–57 years, 6.8% aged 18–27 years, and 6.2% aged 58 years and above. In terms of educational background, 51.9% of respondents held either a Master's or MBA degree, 28.4% held a Bachelor's degree (B.Sc.) or Higher National Diploma (HND), and 12.3% held a Ph.D. or were professors. Additionally, 3.7% had an Ordinary National Diploma (OND), a diploma, or a secondary school certificate. Most respondents identified as Christian (82.7%), followed by 14.2% who identified as Muslim, with 3.1% belonging to other religions.

Results

The various scales used to assess respondents' opinions on information satisfaction, emotional response (positive and negative) about vaccine information, vaccination attitude, and preparedness were used to calculate the Mean, Standard Deviation (SD), and Variance (Var.) scores presented in the tables below.

As shown in Table 1, responses indicating that information shared about the vaccine was sufficient for understanding (Mean = 3.70, SD = 1.79), that the most important information

they wanted about the vaccine was received (Mean = 3.69, SD = 1.76), and that they were generally satisfied with the information provided (Mean = 3.53, SD = 1.57) best represented overall respondents satisfaction. In contrast, lower mean scores were observed for statements suggesting the information was “excellent” (Mean = 3.38, SD = 1.39) or “close to ideal” in describing what the vaccine could achieve (Mean = 3.02, SD = 1.37), highlighting areas where respondents’ expectations were not fully met.

Table 1: Satisfied with Information Shared about Covid-19 Vaccines

Items	Mean	SD	Var.
Information aligns with my ideal of what the vaccine could do	3.02	1.37	1.86
Information quality is excellent	3.38	1.39	1.93
Overall satisfaction with information shared	3.53	1.57	2.47
I have received the most important information I want to know	3.69	1.76	3.08
Information is sufficient for my understanding	3.70	1.79	3.19
<i>Note.</i> N = 162. Items rated on a 7-point Likert scale (1 = Very dissatisfied to 7 = Very satisfied)			

The results in Tables 2 present the emotional responses of respondents toward COVID-19 vaccine information. On the positive emotional responses, the results from Table 2 revealed nuanced emotional responses to the information shared about COVID-19 vaccines. Overall, positive emotional responses toward the information were moderate but not strong, with mean scores ranging from 2.64 to 3.20.

The results show that the most highly rated positive statement was “interest in receiving and exchanging more information” (Mean = 3.20, SD = 1.19). However, other positive emotional indicators, such as feeling good, happy, or pleased with the quality and amount of vaccine information shared, generally showed lower levels of positive emotional response, as reflected in the various mean scores below 2.80 for the other positive statement.

In contrast, negative emotional responses showed slightly higher intensity in some cases. Notably, significant concern about misguided information (Mean = 3.24, SD = 1.14) was the highest-rated negative emotion, reflecting mistrust or anxiety regarding misinformation. Other reactions, such as feeling uneasy (Mean = 2.98), negative feelings (Mean = 2.97), not pleased (Mean = 2.86) or feeling sad (Mean = 2.84), were also relatively high, except for “anger” (2.60) motivated by the vaccine information. This suggests a reasonable degree of discomfort, doubt or skepticism about the vaccine information shared.

However, in considering respondent emotional balance from the results, the negative emotional responses scored higher than the corresponding positive statements. For instance, “I am not pleased” (Mean = 2.86) > “I feel good” (Mean = 2.64), “I feel uneasy” (Mean = 2.98) > “I am happy” (Mean = 2.78), and “I have negative feelings” (Mean = 2.97) > “I am often very positive” (Mean = 2.79) about the vaccine information shared.

Table 2: Emotional Responses towards the information shared about COVID-19 Vaccine

Positive Emotional Item	Mean	SD	Var.	Negative Emotional Item	Mean	SD	Var.
I feel positive about the information received	2.79	0.92	0.84	I have negative feelings about what the vaccine will do	2.97	1.14	1.31
I feel good about the shared information	2.64	0.90	0.82	I am not pleased with the shared information	2.86	1.12	1.26
I am happy with the level of information shared	2.78	0.95	0.90	I feel uneasy about the shared information	2.98	1.11	1.23
I am happy that sufficient information is available	2.70	1.11	1.24	I feel sad about the quality of shared information	2.84	1.14	1.30
I am pleased with the quality of shared information	2.77	0.97	0.94	The information makes me angry	2.60	1.14	1.30
I am content with the information about societal vaccine impact	2.65	1.07	1.13	I am afraid due to misguided information	3.24	1.14	1.30
I am interested in receiving and exchanging more information	3.20	1.19	1.43				

Note. N = 162. Items rated on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree)

The result in Table 3 presents the mean scores of respondents' attitudes toward vaccination with a moderate mean range from 2.85 to 3.12. The responses that best represent the majority of the respondents' attitude were opinions that "others should be vaccinated with the COVID-19 vaccine" (Mean = 3.12, SD = 1.10) and "COVID-19 vaccine is important for socialization" (Mean = 3.11, SD = 1.22). However, statements such as "COVID-19 vaccination risk outweigh the benefits" (Mean = 2.88, SD = 1.05) and "vaccination will prevent contracting COVID-19" (Mean = 2.85, SD = 1.00) were low-rated.

Table 3: Vaccination Attitude

Item	Mean	SD	Var.
Receiving the Vaccine is important for our socialization	3.11	1.22	1.49
Other should be vaccinated	3.12	1.10	1.21
The risk of vaccination outweighs the benefits	2.88	1.05	1.10
Vaccination can prevent COVID-19 infection	2.85	1.00	1.01

Note. N = 162. Items rated on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree)

On respondents' preparedness to receive the COVID-19 vaccine, the results in Table 4 show a mixed to slightly hesitant respondents preparedness. From Table 4, preference for alternative medicine over the COVID-19 vaccine (Mean = 3.09, SD = 1.22) and fear of the

COVID-19 vaccine (Mean = 3.04, SD = 1.26) were prevalent among respondents, reflecting respondents' psychological hesitations. In contrast, responses showed lower ratings for understanding and accepting the opportunity to be vaccinated (Mean = 2.88, SD = 1.18) and planning to receive the COVID-19 vaccine (Mean = 2.78, SD = 1.23), suggesting limited preparedness among respondents to pursue vaccination actively.

Table 4: Preparedness

Item	Mean	SD	Var.
Plan to be vaccinated	2.78	1.23	1.50
Prefer alternative medicine over vaccination	3.09	1.22	1.49
Understand and accept the opportunity to be vaccinated	2.88	1.18	1.38
Afraid of vaccine	3.04	1.26	1.58

Note. N = 162. Items rated on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree)

Discussion of Findings

Vaccination represents a fundamental health intervention aimed at mitigating the substantial epidemiological and economic burden posed by communicable diseases. Vaccine information shared can play a crucial role in shaping public responses to vaccination. The vaccine lifecycle begins in the laboratory where it is born and culminates when the vaccine is administered to individuals. In this context, the information shared throughout the vaccine's development and distribution stages is vital; it can influence not only public understanding of the vaccine but also motivates and determines their behavioural responses toward vaccination. Thus, the predetermined goals of vaccination campaigns can be compromised if vaccine-related information is inadequately managed. Information satisfaction, in this regard, is critical.

In the case of COVID-19 vaccines, this study reveals that while sufficient information was disseminated to support public understanding, individuals' decisions to accept vaccination were significantly shaped by their emotional responses. This suggests that, despite the availability of factual information about vaccine functionality—regardless of the source—emotions often interfered with the decision to be vaccinated. This finding supports the claim by Wang et al. (2020), who observed that emotions frequently interact with individuals' focus during information processing. Similar studies have demonstrated that major global events, such as the COVID-19 crisis, can substantially influence the emotional content of information shared online (Zhunis et al., 2022; Vemprala et al., 2021).

As a result, individuals faced complex emotional challenges. Although the information provided about the vaccines was generally understandable and somewhat satisfactory, many respondents felt it was inadequate for making informed personal decisions. This reflects a noticeable variability in respondents' opinions and reveals an uneven impact of the information, particularly where public expectations were unmet. It indicates a gap between people's expectations and the spectrum of the information shared in a high-

information environment. Moreover, the overwhelming volume of information, combined with uncertainty about its accuracy and the frequent circulation of misinformation (Breyton et al., 2023), likely contributed to confusion, mistrust, and vaccine hesitancy.

This finding suggests a need for more detailed, transparent, and accessible information on vaccine efficacy and safety to address public concerns. Elgendy and Abdelrahim (2021) similarly emphasized that individuals with greater vaccine-related knowledge were more likely to accept vaccination and encourage others to do the same. Furthermore, transparency in communicating vaccine limitations, dosages, and potential side effects is essential for building public trust in vaccine development and administration processes (Goje & Kapoor, 2024).

However, the study's findings clearly reflect mixed public opinions and an absence of strong consensus regarding the quality and impact of information shared about the vaccines. Respondents exhibited varied emotional responses—including curiosity, openness to learning, discomfort, doubt, and skepticism—indicating that vaccination decisions were largely driven by emotional perceptions. In many instances, these emotions were predominantly negative, limiting the development of positive attitudes and reducing the willingness to vaccinate.

Consequently, many respondents expressed the belief that “the risks of vaccination outweigh the benefits.” These findings are consistent with the extensive study by Bettelheim (2023), which, based on a sample of 10,701 U.S. respondents, found that while COVID-19 vaccines were hailed as game-changers that demonstrate the power of biomedical science, decisions to vaccinate were often emotionally influenced. In that study, a minority (21%) expressed deep doubts about the vaccines, while a larger proportion remained uncertain about potential serious health risks. In contrast, Agha et al. (2024) argued that emphasizing the benefits of living a fuller life post-vaccination is more effective in encouraging uptake than amplifying fear of COVID-19. Their findings underscore the crucial role of positive, aspirational emotions in successful vaccine campaigns.

Furthermore, the present study found that although some respondents initially expressed enthusiasm upon receiving vaccine-related information, their emotional engagement often led to distress, fear, or dissatisfaction. These emotional reactions ultimately diminished their willingness to be vaccinated and eroded confidence in the vaccines' effectiveness. This highlights potential shortcomings in both the quality and delivery of vaccine-related information and supports earlier work by Agha et al. (2023), who emphasized the need to consider emotional contexts when disseminating health information. When individuals are emotionally engaged and reassured by the information they receive, they are more likely to hold positive attitudes and demonstrate readiness to act. Akyirem et al. (2022) asserted that the provision of honest, sufficient information in clinical settings is essential for building trust, alleviating fear and anxiety, and fostering therapeutic communication with patients and their families.

Nonetheless, the widespread dissemination of vaccine-related content on social media—particularly from unauthorized or non-credible sources—posed significant challenges. Such

content often stimulated misinformation and conspiracy theories (Rodrigues et al., 2023), further fueling unease, hesitancy, and negative emotions. This finding aligns with Ali (2022), who noted that fear can drive anti-vaccine individuals to believe in and share false information. Consequently, many turned to alternative medicine or exhibited limited readiness to pursue vaccination due to fear and uncertainty. These findings underscore the psychological hesitations experienced by respondents, even when they recognized the societal importance of and support for community-wide vaccination. Overall, while acknowledging the importance of information dissemination in shaping satisfaction and perceptions of COVID-19 vaccines, this study emphasizes the critical role of emotional interference—particularly negative emotions such as fear, doubt, mistrust, and anxiety. Such emotions, often arising from misleading or unclear information, significantly contribute to hesitancy and resistance to vaccination.

Conclusion

This study has examined the shift from information to emotion by evaluating information satisfaction and behavioral response in the context of the covid-19 vaccination campaign. The findings reveal that individual satisfaction with the information provided was insufficient to influence vaccination decisions, highlighting the critical role of emotions. The study therefore concludes that improving vaccination uptake in Nigeria requires public health communication efforts to prioritize not only the quality of information but also the emotional concerns that shape public trust. Effective communication, particularly for communicable diseases such as COVID-19, should adopt an “info-emotive” approach—that is, disseminating vaccine-related information in a manner that integrates both factual content and emotional resonance—because the study respondents were observed to filter vaccine information through their personal emotions and perceptions. Thus, health communication must address not only factual accuracy but also emotional engagement to support the acceptance of those facts. The study also conclude that vaccine development cannot be considered complete until individuals are psychologically motivated to make vaccination decisions. The study further concludes that vaccine development cannot be considered complete until individuals are psychologically motivated to make vaccination decisions. The dissemination of clear, accurate, emotionally resonant, and sufficient information is essential to this process. Creating an information environment characterized by empathetic and transparent communication can bridge the gap between awareness and action, thereby fostering positive attitudes and psychological readiness for vaccination.

Recommendations

The following recommendations are being provided, based on the findings of the study.

1. Public health communication strategies should move beyond the simple dissemination of factual content to more effectively engage the public.

2. An “info-emotive” communication approach—integrating accurate, evidence-based information with psychological comfort and emotional reassurance—should be adopted.
3. Public health communication should prioritize both informational clarity and emotional engagement to build trust, reduce vaccine hesitancy, and enhance vaccine acceptance.
4. Public health information professionals should be trained to deliver vaccine-related messages that are both technically accurate and emotionally resonant.
5. Training programs should emphasize empathetic communication, cultural sensitivity, and the role of emotions in health decision-making.
6. Public health policies should explicitly address the emotional dimensions of communication, recognizing that emotional responses significantly influence health-related decisions.

Suggestions

Based on the recommendations of this study, further research can focus on the following areas:

1. While this study is limited to COVID-19 vaccines, future research could consider other communicable diseases, such as HIV, within the Nigerian context.
2. An in-depth exploration of the shift from informational to emotional responses in health decision-making is needed, particularly with larger and more diverse population samples in Nigeria.
3. Further studies could apply alternative methodologies and theoretical frameworks to investigate how emotional interference affects informed health-related decision-making, and also considering demographic characteristics.
4. The role of emotion in other information service domains—such as library science, archival studies, and information centers—also needs investigation to understand its influence on professional service delivery.

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