**V0Problem identification/background of the research:**

Known in the scientific communities as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), it was first identified in Wuhan, China in the winter, 2019 (Linton et al., 2020; Xie & Chen, 2020). Coronavirus (COVID-19) has been identified as a global pandemic by the World Health Organization (WHO) three months after its first occurrence. The COVID-19 pandemic has plunged the globe into an unprecedented global disaster, with more than 600 million confirmed illnesses and more than 6 million confirmed deaths in recent history (Albrecht, 2022). Global Preparedness Monitoring Board (GPMB) had published an annual report on global preparedness for health emergencies. They had warned that: “The world is at acute risk for devastating regional or global disease epidemics or pandemics that not only cause loss of life but upend economies and create social chaos” (2019, p. 11).

As mentioned by Coombs and Holladay (2002), such crisis poses an economic as well as a  
rep that threat to the affected parties. Governments are public institutions that occasionally go through crises (Vettenranta, 2015). So, the way that governments handle a crisis, as public organizations, can promote a positive or negative reputation of the country. Having a negative national image would disrupt the citizens’ trust while, the negative international image would decrease the county’s perception, tourism, investments, expansion of international companies, among others (Vardavas et al., 2021). Therefore, maintaining the government's credibility, the legitimacy of their action, and minimizing reputational harm are the communication challenges public organizations face during a public health crisis (Coombs, 2007). Public health crisis communication should involve messages that can demonstrate trustworthiness foster trust and encourage adherence to public health measures (MacKay et al., 2021). In this context, vaccine persuasion is key and critical to the success of handling, accommodating, and mitigating COVID-19 at the right time worldwide (Savolainen, 2022).

During the COVID-19 crisis, mass vaccination of populations worldwide was introduced as the most effective way to defeat the pandemic (Kachurka et al., 2021). While risk perception and health behaviors may be non-partisan in theory, political leaders' words and appeals for action or inactivity are likely to have an impact on people's actions (Ajzenman et al., 2020). Researchers have pointed to a clear relationship between political beliefs and attitudes toward vaccines (Abbas, 2021).

Due to misinformation and anti-vaccine propaganda, scientific organizations and scientists have a difficult time demonstrating that recommendations for vaccines are based on scientific understanding rather than political ideas or interests (Abbas, 2021). Misinformation spreads faster than true information by exploiting strong emotions like fear, surprise and disgust (Brennen et al., 2020; Vosoughi et al., 2018). Of no surprise, misinformation about COVID-19 is spreading faster than expected (Brennen et al., 2020; Cinelli et al., 2020; Kouzy et al., 2020). This is worrying because misinformation can influence beliefs (Roozenbeek et al., 2020) and behavior (Kouzy et al., 2020) in several ways that are detrimental to solving the crisis. For example, exposure to misinformation about COVID-19 has been shown to impact mental health and trigger misconceptions, resulting in poorer overall knowledge about COVID-19 and fewer preventative behaviors (Lee et al., 2020). Evanega et al. (2020) found that Donald Trump’s speech about COVID-19 had the largest share of misinformation, and only 16.4% of the disinformation dialogue was about “fact-checking,” implying that the majority of COVID misinformation is spread by the media without being challenged or corrected. In February 2020, the WHO declared the spread of mis/disinformation about COVID-19 to be an “infodemic.” The continued propagation of mis/disinformation has led to confusion, suspicion, and negative sentiment toward the COVID-19 vaccine, which all in all makes vaccine reluctancy complicated.

In such a situation, it was necessary for politicians to address the vaccine hesitancy crisis by convincing individuals to participate in vaccination campaigns by relying on solid scientific evidence on the safety and effectiveness of the vaccine (Hamel et al., 2020). Trust in vaccines is vital and is critically dependent on the ability of governments to communicate the benefits of vaccination and to deliver the vaccines safely and effectively (Ihlen et al., 2021). Some individuals zest for the rapid development and distribution of COVID-19 vaccines to achieve sufficient herd immunity and put an end to this serious global health crisis (Graham, 2020; Kaur and Gupta, 2020). However, many people were reluctant to get immunized and even expressed antagonism (Malik et al., 2020; Ruiz and Bell, 2021). The WHO has identified vaccination hesitancy as one of the biggest hazards to world health, even before the COVID-19 pandemic (Ihlen et al., 2021). Researchers discovered that when it comes to vaccine information, individuals are more likely to believe government sources (Lazarus et al., 2020).

COVID-19 has been politicized and used for ideological and political interests (Abbas, 2020). In such a chaotic context, leadership and language matter; the ability of government authorities and global health figures to communicate publicly addressing the effect of COVID-19 and publicize support for the COVID-19 vaccine (Dada et al., 2021). An illegitimate influence may also be exercised through the use of discourse, such as in the form of biased or incomplete information, to serve the interests of the manipulators to achieve a political maneuver (van Dijk, 2006a). The intensions are usually hidden from the public in such cases (Masroor et al., 2019). This aspect of social power is based on the privileged “access” to socially valued resources like wealth, social position, force, education, or status. With the advent of social media, the distance between politicians and public is minimized and the “access” of such platforms are no longer available to the powerful only (Masroor et al., 2019). It is well established that social media has become an important tool for sharing- spreading public opinion, and it is widely being used in public health issues (Habibabadi & Haghighi, 2019; Sahni & Sharma, 2020; Xu, 2019).

Although academicians rapidly and effectively started to promote vaccination, no one can ignore the role of social media in spreading misinformation and denial of scientific literature (Rosenberg et al., 2022). Therefore, it is of utmost importance to unveil the hidden ideologies lie in the discourse of Politian’s being widely broadcasted through social media, especially when people’s health is concerned.

Best-ranked countries were among the worst-hit countries by the recent pandemic (Abbey et al., 2020). In Britain, the first case was reported on January 29, 2020. It was more than a month after Boris Johnson, the leader of the Conservative Party, won a parliamentary majority in the elections on the 12th of December 2019 when the government was strictly focusing on the Brexit negotiations (Sanders, 2020). Several vaccines have been rolled out in some countries (e.g., the United States, China, the United Kingdom) for the most susceptible groups. On 8 December 2020, the UK became the first country to implement a covid-19 vaccination programme after the approval of the Pfizer-BioNTech messenger RNA (mRNA) vaccine, BNT162b2, for emergency use (Medicines and Healthcare products Regulatory Agency, 2020). The programme has since expanded to include the Oxford-AstraZeneca adenovirus vector vaccine, ChAdOx1-S. The burden of COVID-19 in the UK remains high, and early evidence on the effectiveness of vaccines is essential for informing policy decisions on the ongoing delivery of the programme and the use of other non-drug interventions ) Public Health England, 2021). At the same time, In December 2020, two COVID-19 vaccines (Pfizer-BioNTech and Moderna) were authorized for emergency use in the United States for the prevention of COVID-19 (Painter et al., 2021).

Attitudinal barriers are beliefs or perceptions that may reduce one's willingness to seek out or accept a vaccine service (Fisk, 2021). Addressing these barriers involves working with individuals and communities to build partnerships, listening to concerns and allaying fears, combatting misinformation, providing education to allow people to make fully informed decisions, and building trust. These issues highlight the role of leading politicians like Donald Trump and Boris Johnson, in promoting vaccination programs. Of the conducted studies, most studies have focused on Trumps’ discursive strategies for preventive measures, which can be due to the fact that Trump has been known for loquaciousness, and Johnson was often criticized for the lack of access he gave to the media (Jones, 2021), a criticism that was particularly pronounced during the coronavirus crisis, with one commentator wondering whether he was practicing ‘social distancing’ with respect to reporters and the public (Tomkins, 2020).

With this in mind, the current study will be conducted to fill this gap in the literature by scrutinizing the rhetorical and persuasive strategies Boris Johnson used for vaccination endorsement.

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