Promoting Vaccinations Through Patient Education Reflection

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Abstract

The purpose of this project was to present a review of the current literature on effective methods of education on the importance of vaccines and how to identify and address common concerns of vaccine-hesitant parents. A review of current literature was conducted using CINAHL and PubMed databases utilizing scholarly articles created within the last five years. Seventy articles were reviewed and eight were chosen for the purpose of creating and presenting thesis materials. Current research indicates a strong correlation between building trusting relationships that promote open and honest communication as key factors in swaying parents towards a positive and knowledgeable stance towards vaccinations. Additionally, addressing specific parental concerns is more effective than providing general vaccination information. Future research is indicated in solidifying concrete methods for swaying vaccine-hesitant parents.
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Summary

Currently, the pediatric medical community is facing a major obstacle with the drastic rise in vaccine hesitancy. Parental refusal or delay of vaccinations are a significant factor in continued vaccine preventable disease (VPD) outbreaks and is associated with higher rates of inpatient admission, emergency room visits, and death (McClure, Cataldi, & O’Leary, 2017). Routine immunization schedules had once successfully led to near elimination of many VPD’s in the United States. Lack of familiarity with VPD’s has caused some parents to begin neglecting the consequences of VPD’s and turn their attention to the risks of vaccines themselves (Barrows, Coddington, Richards, & Asltonen, 2015). Due to a highly effective vaccination and immunization schedule, Measle’s, a potentially life-threatening, highly contagious, respiratory virus was declared eliminated in the United States in 2000. As of 2014, this was no longer true. According to the Center for Disease and Prevention (CDC), 1,250 cases of Measle’s have been reported this year alone (2019).

Findings

Nurses can play a significant role in providing education and influencing parents to vaccinate their children. Changing someone’s mind may take time and requires a relationship founded on trust and open communication (Wade, 2014). Additionally, many parents are simply lacking the knowledge necessary to make an educated choice and are unaware of reliable sources for correct information. Parental vaccine hesitancy occurs for a variety of reasons and is often the result of concerns related to safety, necessity, and freedom. Examples of safety concerns include overloading the immune system, development of autism, long-term adverse reaction, vaccine additives (aluminum, thimerosal), may make the child sick, and the risk for serious adverse reaction (Edwards & Hackell, 2016). Parents with vaccine hesitancy that originates from concerns
of necessity may believe the following: vaccines do not work, disease is more natural, consequences of disease are not serious, vaccine preventable diseases no longer exist, and/or not all vaccines are needed (Edwards & Hackell, 2016). Lastly, concerns of freedom may consist of a distrust of government, pharmaceutical companies, public health officials, or medical organizations, upholding the parents right to choose to immunize their child, parental belief of knowing what is best for the child, and religious, ethical, moral reasons (Edwards & Hackell, 2016). It is important to identify the cause for concern when attempting to educate or sway a parent towards accepting vaccinations.

The current anti-vaccination movement has become increasingly concerning, as individual choices have been resultant in large-scale consequences such as the reemergence of vaccine preventable diseases. It is the job of nurses and other medical professionals to share correct and reliable information to protect others from harm and potentially death. Additionally, nurses have a duty and ethical obligation to address this issue with mindfulness, respect, and patience. Current literature suggests adequate patient education is a crucial part in resolving vaccine hesitancy. Successful methods to improve immunization adherence among vaccine-hesitant parents includes taking a holistic, educational approach (Barrows, Coddington, Richards, & Asltonen, 2015). First, a nurse must ensure that personal beliefs are set aside, and only positive information is being shared. Second, it is essential to establish a trusting relationship with parents. This includes avoiding judgement, providing empathy and understanding towards parental concerns, and ensuring that a welcoming environment is provided (Wade, 2014). Next, facilitating communication is important and can be done by asking open-ended questions to identify specific concerns, active listening, and providing availability to answer questions parents may have. Additionally, it is essential to adhere to patient rights by promoting parent autonomy.
(McClure, Cataldi, & O’Leary, 2017). For example, a nurse should reiterate parent concerns, ask permission to share information, and assess and guide discussions based on the readiness of the parent to change (McClure, Cataldi, & O’Leary, 2017).

Only after implementation of assessing personal values and beliefs, establishing a trusting relationship, facilitating communication, and promoting parent autonomy should education on immunizations begin. Education should address only specific concerns and should be fact-based (Kestenbaum & Feemster, 2015). Data from the Center for Disease Control and Prevention (CDC) should be utilized when necessary. However, it is important not to over-utilize data presentation as an educational tool as it may lose significance to the patient (Wade, 2014). Parents should be provided with readily available and reliable sources of information to be able to conduct research at home if desired. Also, parents should also be reminded that unvaccinated children are not permitted to attend school during a disease outbreak which could interfere with academic achievement (Center for Disease Control and Prevention, 2019). Lastly, when a parent continues to refuse vaccinations despite implementing all current effective methods, the reasons for refusal should be documented and revisited in all future healthcare appointments.

**Reflection**

As patient advocates, nurses play a significant role in assuring healthy child outcomes. Conducting my capstone research throughout the semester was extremely rewarding and eye-opening. I feel better prepared to educate patients in a clinical setting and feel equipped to tackle a commonly seen issue in the pediatric field. There are indications for future research to determine more concrete guidelines to implementing educational interventions. As further research is still necessary, I would like to expand upon my capstone project throughout my career and graduate school.
References


