

SPECIAL REPORT



COMMUNICATING WITH VACCINE-HESITANT PARENTS

While the number of people getting vaccinations for their children is relatively stable,¹ some parents and guardians are hesitant about or refuse vaccines, or want to depart from the recommended schedule. Patient safety and public health goals call for physicians to discuss vaccination with parents in order to facilitate wide vaccine acceptance. In this special report, the Risk Management Specialists at NORCAL identify five vaccine-attitude types and the most helpful communication strategies for physicians to use for each.

COMMUNICATION STYLE IS CRITICAL WITH VACCINE-HESITANT PARENTS

Numerous studies have shown that vaccinations are effective in preventing serious diseases and have very few side effects.² The spurious 1998 Wakefield paper indicating autism is linked to the measles-mumps-rubella (MMR) vaccine has been debunked and retracted.³ Additionally, while the number of people who are getting vaccinations for their children is relatively stable, about 1% of them refuse vaccines, and there are enclaves with low vaccination rates across the country.¹ Communication is the key to improving vaccination rates and overcoming parental concerns.

Attempts to provide information to “correct” vaccine-resisters’ views or to scare them into vaccinating (using disease horror stories) typically just entrench already-held beliefs.⁴

Researchers have developed a taxonomy of five vaccine-attitude types that parents fall into based on their level of concern.² Physicians have better success when they tailor their vaccine discussions to the type of parent they are speaking with.



7 PARENTAL CONCERNS ABOUT VACCINES

Why do some parents hesitate, delay or outright refuse vaccinations for their children? Researchers have identified seven primary concerns. Physicians should be ready to address these when discussing vaccinations with parents.^{5,6,7}



- 1 Fear that vaccines cause autism (or another chronic disabling condition)
- 2 Fear the vaccines contain toxic ingredients
- 3 Concern that vaccines have not been tested enough
- 4 Fear that a child’s natural immune system could be weakened by vaccines
- 5 Concern that too many vaccines are given at one time
- 6 Adherence to religious or philosophical beliefs that reject vaccines or other medical care
- 7 Trust in their own research above physicians’ recommendations

COMMUNICATION STRATEGIES FOR THE 5 VACCINE-ATTITUDE TYPES

Research has shown that the following communication strategies have been found to be most helpful for each of the different vaccine-attitude types.

Vaccine-Attitude Type ²	Communication Strategies ^{2,4,5}
Unquestioning Acceptor 30–40% <i>Parents vaccinate; no specific concerns</i>	<ul style="list-style-type: none"> • Discuss vaccine benefits and risks • Allow questions • Check for understanding and consent
Cautious Acceptor 25–35% <i>Parents vaccinate with only minor concerns</i>	
Vaccine Hesitant 20–30% <i>Parents vaccinate, but with significant concerns</i>	<ul style="list-style-type: none"> • Ask permission to discuss • Use a “guiding style” rather than a “directing” style • Ask about concerns and acknowledge them empathetically (“You sound quite concerned.” “That type of side effect would be very upsetting.”) • Address concerns with “chunked” information (information presented in small chunks so it will not overwhelm the listener)
Late or Selective Vaccinator 2–27% <i>Parents delay or select only some recommended vaccines</i>	<ul style="list-style-type: none"> • Present information calmly — avoid forceful persuasion; avoid excessively minimizing risks • Offer your own experiences (“I have had my kids vaccinated.” “I have gotten all my vaccines over the years.”) • Offer resources that are scientific, clear and written in patient-friendly language
Vaccine Refuser <2% <i>Parents refuse all vaccines</i>	<ul style="list-style-type: none"> • Ask permission to discuss • Use a “guiding” style rather than a “directing” style • Ask about concerns and acknowledge them empathetically • Do not get into long-winded battles • Do not challenge religious or philosophical beliefs • Provide “chunked,” objective, scientific information if the parent is receptive • Do not expect a parent to change in one visit — leave the door open (“We can discuss this more at another visit.”) • Build general rapport whether or not vaccines are accepted

CONSIDERING TERMINATING THE PATIENT RELATIONSHIP?

If parental attitudes and behaviors about vaccination or other issues have become strident and caused clashes that have harmed the physician-patient relationship, it may be prudent to end the association with the patient/parents. Although the AAP acknowledges that termination might be necessary in some circumstances, it recommends physicians exercise caution if they are contemplating termination of their relationships with patients whose parents refuse vaccinations.⁸

This report is presented as a courtesy by NORCAL Insurance Company. Our Risk Management Specialists are always ready to help policyholders with risk issues and to support practice changes that lower risk and improve patient safety.

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