



# Vaccination communication between healthcare workers and older adults: **implementation considerations**

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*Communication with healthcare workers can play an important role in older people's decisions to vaccinate. However, healthcare workers need the opportunity, skills and information to communicate well. They also need to consider the possible tension between wanting to increase vaccine uptake and wanting to support individual decisions. Based on findings from a forthcoming Cochrane Review, this brief offers questions and prompts to support people planning communication strategies.*

## Background

The results of our review suggest that healthcare workers have different opinions about the aims of vaccine communication and the role of older adults in the decision to vaccinate. Some healthcare workers may think it is important to provide older adults with information but emphasise older adults' right and responsibility to *make their own decision*. Others may use information about the vaccine and the disease to *persuade and convince* older adults to get vaccinated and thereby increase uptake. Others may try to *adapt their approach* to what they believe are the older adult's needs or what they believe the older adult wants.

Our review also suggests other factors that could potentially influence communication. These include the healthcare worker-patient relationship; healthcare workers' knowledge, views and experiences about older people and about vaccines and the diseases they aim to prevent; and practical factors such as healthcare workers' access to patient data and the time they have available.

## Who is this summary for?

Health system planners or programme planners in ministries of health, public health institutes, health professional organisations, healthcare facilities, nursing homes and other settings who plan, implement, or manage communication between healthcare workers and older adults about vaccination.

## About the review

A Cochrane Review of qualitative research explored healthcare workers' perceptions and experiences of communicating with older adults about vaccination (Glenton et al 2021).

The review included 11 qualitative studies. These studies were all from high-income countries and included doctors, nurses, pharmacists and other health workers delivering vaccines services to older adults (most of them over 65 years of age) in a range of settings, including primary healthcare clinics, hospitals, nursing homes and pharmacies.

We used the review findings to develop a set of prompts for planners.

Based on these review findings, we have developed a set of questions or prompts that may help health system planners or programme managers when planning or implementing strategies for vaccine communication between healthcare workers and older adults.

## Prompts for planners and implementers

### *Clarifying the aim of communication about vaccination*

- **Communication aim:** There is a potential tension between the public health goal of increasing vaccination uptake and the goal of supporting the individual's informed decision. Have the authorities in your setting made it clear what they see as the aim of vaccine communication with older adults and what the older adult's role in the decision-making process should be?

### *Health care workers' views and attitudes about communication and decision-making*

- **Older adults' rights and preferences:** Where the overall aim of communication is to support informed decisions, do healthcare workers in your setting acknowledge and respect the older adult's right to information and the right to make his or her own decision? Do healthcare workers acknowledge that older adults may want different amounts of information, may not want to make the decision themselves, or may lack the capacity to do so?

- **Communication training:** Have healthcare workers been provided with appropriate initial and ongoing training in communication and/or shared decision making skills? Does this training reinforce the message that healthcare workers should avoid introducing their own criteria for determining who should and should not receive vaccines?

- **Awareness around influence:** Are healthcare workers aware of the influence they may have on older adults' decisions and how they use this influence? For instance, in some settings the opinions of some healthcare workers such as doctors may carry more weight than those of other types of healthcare workers. For all healthcare workers, can this influence be used positively to create an atmosphere of trust that supports good communication rather than simply a tool to persuade older adults to be compliant?

- **Healthcare workers' vaccine uptake:** Are healthcare workers who have been offered a vaccine themselves but have declined it still willing to offer neutral and balanced information to older adults about this vaccine?

### *The healthcare worker – older adult relationship*

- **Part of healthcare workers' role?** Do healthcare workers regard communication about preventive services such as vaccination as part of their role? Is this role made clear in their professional education and through regulations and job descriptions? Is it clear how the responsibility to communicate about vaccines is distributed across different parts of the health system? If this role has recently been given to a group of healthcare workers, have their professional bodies been involved in the planning and implementation of communication tasks?

- **Initiating the conversation:** Is it part of the healthcare worker's responsibility, rather than that of the older adults, to raise the issue of vaccination, and has this responsibility been made part of a routine in clinical practice?

## How up to date is this review?

The review authors searched for studies that had been published up to March 2020.

## Our perspective

Five of the review's six authors are employed by national public health institutes and regard adherence to the currently recommended vaccines as an important public health measure.

However, reflecting our own personal values as well as our institutes' recommendations, we also support the individual's right to make their own healthcare decisions, including about vaccination. In addition, we believe it is important for people to have easy access to evidence-based information about vaccination, including information about side effects, evidence gaps and uncertainties.

## More prompts when thinking about vaccine communication strategies

This review focused on the views and experiences of healthcare workers when they communicate with older adults about vaccines. In another summary, we have developed additional prompts based on evidence about the views and experiences of other stakeholder groups, including older adults, parents of children under five, people offered vaccines in the context of a pandemic and healthcare workers who are offered vaccines. These prompts are available here:

<http://www.covid19-evaluation-coalition.org/evaluatingtheresponse/evaluation-reports/vaccines.htm>

- **Supporting vulnerable older adults:** Do healthcare workers have guidance and support when communicating with older adults who do not have the capacity to make their own decisions?
- **Language issues:** Do healthcare workers have guidance and support when communicating with older adults who do not speak the majority language in their setting?

### *Practical issues when communicating with older adults*

- **Time:** Do healthcare workers have the time to discuss vaccine-related issues with older adults?
- **Context:** Are healthcare workers offering vaccine services opportunistically (for instance, when attending appointments about other healthcare issues) or at designated timepoints (for instance, during vaccination days), and what implications does this have for communication? For instance, will there be time to talk, to send information beforehand so that the older adult is sufficiently prepared to be able to make a decision?
- **Disease information:** Do healthcare workers have a good understanding of the disease that the vaccine is intended to prevent, particularly if this is a disease that they are not likely to see in their own practice? Do they have easy access to up-to-date information about its severity and its prevalence in their setting? And is this information provided in ways that they can share easily with older adults?
- **Addressing key concerns:** Do health care workers have easy access to up-to-date, evidence-based information that addresses the questions, fears and concerns about vaccines that older adults commonly have in their setting? Is this information provided in ways that they can share easily with older adults?
- **Vaccine information:** Do healthcare workers have easy access to up-to-date, evidence-based information about the effectiveness of the vaccine as well as potential side-effects? Is this information provided in ways that they can share easily with older adults?
- **Patient data:** Do healthcare workers have easy access to the patient information they need when discussing vaccines with an older adult or making a recommendation? For instance, people may not remember if they have already had the vaccine. Where it is important to avoid 'over-vaccination', do healthcare workers have easy access to the person's vaccination history? In addition, where the person's age is not the only indicator but where other underlying conditions also play a role, do they have easy access to the person's medical data?
- **Agreement with recommendations:** Do healthcare workers support current recommendations about who should receive the vaccine?

### **Applicability to your setting**

These questions are based on studies from settings that may differ from your own. This means that the importance of these questions may be different in your setting.

#### **Reference**

The information for this summary is taken from the following Cochrane Review: Glenton C, Carlsen B, Lewin S, Wennekes MD, Winje BA, Eilers R. *Healthcare workers' perceptions and experiences of communicating with people over 50 years of age about vaccination: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2021, Issue 7. Art. No.: CD013706. DOI: 10.1002/14651858.CD013706.pub2. Accessed 20 July 2021.*

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