



# Vaccine confidence among healthcare workers in Romania

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# Objectives

- To identify the attitudes of health care workers toward vaccination
- To understand health care providers' experiences with patients in relation to vaccination

## Method

- **Data collection:** semi-structured individual interviews with:
  - 12 health professionals: 3 general practitioners, 3 obstetrician-gynaecologists, 6 school doctors (Study 1: part of the project: *Social, Political and Gendered Dimensions of Preventive Technologies in Romania and Bulgaria: The case of HPV vaccine implementation*);
  - 17 health professionals: 14 general practitioners, 3 paediatricians (Study 2: part of *Vaccine Confidence Study*, ECDC)
- **Data analysis:** Thematic Analysis (Braun & Clarke, 2006)



# Findings

- (1) Benefits of vaccination**
- (2) Concerns about vaccination**
- (3) Trust and mistrust**
- (4) Vaccination decision-making**
- (5) Responding to patient hesitancy**
- (6) Ways to improve vaccination confidence**

# Findings (1): Benefits of Vaccination

- Participants highlighted the benefits of vaccines over their risks
- While they declared that there were adverse effects, they also said:

*“Putting on a balance the benefits that you get from that vaccine and the risks that you would have (...) you cannot hesitate”*

*“The benefits are thousands of times greater than the potential risks!”*

*“Vaccines have saved mankind and extended life expectancy”*

- The majority recommend vaccination on grounds of the benefits of vaccination: effectiveness and utility
- They perceived positively those vaccines included in the national immunisation programme, the ‘traditional’ vaccines.

## Findings (2) : Concerns about vaccination

- Despite the perceptions of the vaccination benefits, concerns about vaccination came out often, being a recurrent theme.
- While some HCWs shared minor concerns about vaccine safety: *“Yes, it can happen to one in thousands of cases...”*
- Others HCWs had more serious concerns: *“It's well known that there are vaccines that were banned in other countries (e.g., anti-hepatitis), because they were proven to cause multiple sclerosis”*.
- Concerns about vaccination were mostly about the HPV vaccine, followed by new vaccines in general, the seasonal influenza vaccine, the hepatitis B vaccine and vaccines for pregnant women.

## Findings (2) : Concerns about vaccination

- The most mentioned concerns were:
  - fear of side effects;
  - children receive too many vaccines;
  - fear of adjuvants or ingredients;
  - lack/ insufficient testing of vaccines;
  - vaccines are not natural;
  - vaccinating against HPV at ages 9-11 is too early
  - concerns about self-responsibility: *“If people are strongly against that vaccine and I convince them, and God forbid something bad happens (because it that can happen once in a few thousand cases), then I’d feel huge responsibility and high levels of guilt.”*

## Findings (3): Trust and mistrust

- Confidence and trust were reported by most of HCWs towards evidence based medicine, the national and regional Public Health Department, the international organizations (e.g., WHO), regulatory agencies, while issues of mistrust and conspiracy were also reported.
- Mistrust was mostly directed toward pharmaceutical companies:
  - ...working for their own financial interests...*
  - ...lack of communication about side effects of vaccines...*
  - ...companies focusing on competing with each other...*
- Specific worries were expressed about the HPV vaccine
  - ...commercial and sales interests behind this vaccine...*
  - ...insufficient information regarding long term effects...*



## Findings (4): Vaccination decision-making

- HCWs perceived their patients as being strongly influenced by the information collected from media and social media ...*which is contradictory and unverified, but it is often more persuasive than doctors.*

*“I realize that, with the increasing popularity of the Internet, many parents are misinformed by charlatans and crooks that "seduce" them with false and absurd information. They are intoxicants, manipulators“.*

*“Patients are generally suspicious with regards to vaccination because they hear on television or the Internet all sorts of rumours which claim that vaccines are directly related to autism.”*

*“I realize that parents who do not have minimal medical education are very vulnerable to such poisoning”.*

## Findings (5): Responding to patient hesitancy

- Most of HCWs agreed that their role is to respond to hesitant patients.
- They feel comfortable addressing concerns by listening and sharing scientific evidence with patients/parents:  
*“It is my duty to be there for parents and clarify all medical aspects”.*
- Or by telling their patients that they vaccinate their own children to try to convince them:  
*“I felt that my authority and prestige influence them”.*

## Findings (5): Responding to patient hesitancy

- Some HCWs try to influence parents, being directive, presenting the risk of not vaccinating: *“If your daughter gets rubella during pregnancy, she will give birth to a deformed child ... how would you feel to look into your daughter's eyes then?.... It's your choice, I only want you to know the risks so you can make an informed decision”*
- Only four HCWs said that their role is **only** to provide information and patients have to decide for themselves what they want to do:  
*“I ask my patients: <Do you want to get the vaccine?>. ‘No!’.  
“That is fine! I do not insist on that”.*
- Three HCWs felt uncomfortable responding to hesitant patients:  
*“Honestly, I do not try to convince them to get vaccinated, I do not insist, because I do not like vaccines either!”*



## **Findings (6): Ways to improve vaccination confidence**

- Improving doctor patient-communication (optimal length/30 min, communication style, content/patient friendly educational materials).
- Coherent policy from the Ministry of Health, clear regulations
- Constant and predictable vaccine provision and facilitated access
- Mandatory vaccination
- Difficult process that takes time, multiple actors involved.

## Findings (6): Ways to improve vaccination confidence

*“Health authorities should respect the calendar“*

*“The Ministry of Health should maintain a coherent and predictable vaccination scheme! “*

*“Unvaccinated children should not be admitted in the kindergarten.... Shouldn't we propose legal punishment for that?”*

*“We need to improve trust between doctors and patients, but it's difficult for us to do that, because the Internet is sometimes too strong and patients have high confidence in what they read there”.*

# Conclusion

- HCWs opinions: on a continuum between pro-vaccine advocacy and strong hesitancy towards vaccination
- Most HCWs recommend vaccination on grounds of safety, efficacy and utility
- Hesitant HCWs cite reasons such as insufficient information and possible side effects/risks
- HCWs role in counteracting the anti-vaccine movement and in addressing vaccine hesitancy issues in patients.

# Conclusion

- The HPV vaccine highlights factors such as mistrust, uncertainty and fear of side effects, responsibility, negative influence of social media + lack of comprehensive information, suboptimal communication campaign, national health system issues
- Overall, findings indicate that effective vaccination-promoting interventions are needed.

# Publications

- Pența, M. A. & Băban, A. (2018). Message Framing in Vaccine Communication: A Systematic Review of Published Literature. *Health Communication*, 33, 299-314. doi: 10.1080/10410236.2016.1266574.
- Pența, M. A. & Băban, A. (2014). Mass media coverage of HPV vaccination in Romania: A content analysis. *Health Education Research*, 29, 977–992. doi:10.1093/her/cyu027.
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- Craciun, C., & Băban, A. (2012). "Who will take the blame?": Understanding the reasons why Romanian mothers decline HPV vaccination for their daughters. *Vaccine* 30: 6789-6793.





# **Thank you!**

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