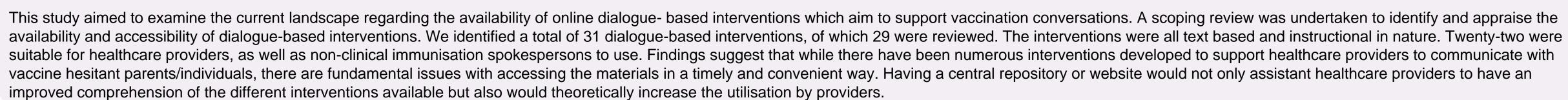
A scoping review examining the availability of dialogue-based resources to support healthcare provider's engagement with vaccine hesitant individuals

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Abstract



Introduction

While most individuals accept vaccination for themselves or their children, there are those who persistently decline to receive any vaccines or they purposefully select to receive some, decline or delay others. It is now well accepted that medical communication skills are integral to the curricula of medical and nursing education. By improving the communication skills of the provider this should contribute to improvements in trust and rapport between the patient and the provider, leading to more satisfying consultations. The use of interventions or dialogue-based communication tools may help foster and facilitate an open discussion about vaccination with parents or individuals who are vaccine hesitant. These tools may include adaptable frameworks to allow tailoring of information, decision aids or delivery techniques like motivational interviewing. Therefore, the aim of this study was to undertake a scoping review to explore the public availability of dialogue-based resources to support the vaccine provider to engage with vaccine hesitant caregivers or individuals.

Methodology

We included interventions/tools that focused at training and/or supporting different communication approaches between healthcare providers and known or potential vaccine hesitant individuals. In this study we focused on the interventions which were classified as dialogue based. For each dialogue-based intervention, an attempt was made to identify any associated published journal papers focused on the development, testing, evaluation or implementation of the intervention through back searching of the title of the intervention and via a search using the author details (if they were available).

Results

Based on our search we identified a total of 32 dialogue-based interventions. However, three were presented online as Power-Point presentations only, and were therefore excluded as we were unable to trace them back to any credible source. Of the 29 included interventions, 13 had been developed in the last five years. Ten were only available as a journal paper, so we were unable to examine the intervention itself. While most were applicable to all vaccines across the life span, four (13, 14, 19 and 24) were focused on certain population groups or vaccines. Examples included interventions regarding vaccinations of a newborn, or interventions aimed at improving communication towards teenagers who are hesitant about the HPV vaccination. When it came to the resources available on websites, it was not always possible to identify the actual author or developer of the intervention. In addition, the websites often had difficult or outdated user interfaces. Such elements made the user experience in conducive to learning and therefore, retention of the information that was available.

Conclusions

Healthcare providers need to be able to access relevant and credible resources that can support effective communication and assist providers to adopt approaches that address hesitancy, while also maintaining time efficiency during the clinical consultation. There needs to be emphasis placed on translating immunisation resources and interventions (that are found to be effective), developed in the research setting, into publicly and freely available resources. Lastly, there needs to be a push towards having a central repository that includes links to the evaluated interventions and resources available in English and other languages.



References







Biography

Joshua currently holds the position of Executive Manager with the United Nations Association of Australia NSW Division and is studying a Ph.D. at the University of New South Wales within the Faculty of Medicine. He is responsible for creatively conceiving, developing, planning, promoting and executing a wide breadth of events which align with the objectives and targets of the United Nations. Most notably, he designs initiatives under the guidance of the UN's 17 Sustainable Development Goals, including Goal 13: Climate Action, Goal 10: Reduced Inequalities and most notably, Goal 3: Good Health and Well-Being. His position requires him to educate, inform and inspire the New South Wales community about these various goals and objectives of the United Nations to make the world a safer and better world for all. Having graduated from the University of New South Wales with an Undergraduate Degree in Vision Science, Joshua quickly came to develop a passion in communication and International Public Health, including the future of Public Health and global health indicators as a whole. For this reason, he completed three sperate Masters degrees (International Public Health, Health Management and Public Health Majoring in Infectious Disease Control), whilst conducting research at the School of Optometry and Vision Science and managing a Visual Education Centre for primary school children. Joshua's primary focus is to drive cross sectoral partnership and collaboration to deliver real world results, which maintain relevance on a local, state, national and international scale. He abides by and promotes the UN mantra "We the Peoples", which aims to empower the individual to utilise their unique voice and skill set in order to enact change within their community.

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