

Study: higher vaccine rates associated with indicative language by provider, more efficient

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New research from Boston Medical Center finds that using clear, unambiguous language when recommending HPV vaccination both increases vaccine acceptance and increases conversation efficiency while preserving patient satisfaction. Published in *Vaccine*, the new research findings show that adolescents are nine times more likely to receive a vaccine when providers introduce the topic to parents with a simple statement like "your child is due for vaccines today." It also results in a shorter vaccine discussion.

In this study, the acceptance of the HPV vaccine and the meningococcal vaccine were compared. The indicated style of language, for example saying "you are due for a vaccine" was compared to the elective style of language, for example saying "would you like to vaccinate?" The indicated style was associated with more efficient visits, allowing for more time for patients to discuss other health concerns with their provider. Neither indicative nor elective styles compromised [patient](#)

[satisfaction](#) with the interaction.

"Patients look to their provider as a source of education on vaccinations, so as providers, we must approach the discussion in a way that most effectively addresses their goals and prioritizes their most pressing health concerns," says Rebecca Perkins, MD, obstetrician and gynecologist at Boston Medical Center and lead author on this study. "At a time where vaccination hesitancy is at an all-time high, these findings can offer further insight into best approaches for discussing vaccination, whether it be for HPV or the more recent COVID-19 vaccines."

The indicated presentation of the vaccine is a normal communication tactic for providers, but it is not normal for all vaccines. It is less frequently used for the HPV vaccine than for the meningococcal vaccination, which may lower vaccine acceptance and lead to parental confusion. Parents of children who need vaccinations look to providers for guidance, and the disparity in communication suggests parents may not receive equally clear messaging on all vaccines. The indicated recommendation style is associated with lower rates of cumulative under-immunization over time and this style is associated with better [vaccine](#) uptake and efficiency of conversation. Primary care providers face great time pressure, an often-cited reason for not providing certain aspects of care, including HPV vaccinations. The elective style led to longer discussions due to the framing of a question and the patients need to probe more to learn about the provider's view and recommendations.

The observational study included 106 conversations between parents, providers, and adolescent patients between January 2016 and March 2018 across five sites that were participating

in DOSE-HPV, a multi-component intervention to improve HPV vaccination rates. The clinical encounters were audio-recorded and vaccination discussions transcribed to capture natural patient-provider interactions.

"We are at a time where educating people on vaccines and the process of vaccination is so important for both individual health and the greater public good," says Perkins, also an associate professor of obstetrics and gynecology at Boston University School of Medicine. "The use of language can make a difference in how likely patients are to accept vaccination, and also how much time providers have to address other [health concerns](#)."

Professional organizations including the Center for Disease Control and the American Academy of Pediatrics recommend using clear, unambiguous language to recommend vaccines following studies that suggest strong recommendations increase the likelihood of vaccination.

More information: *Vaccine*, DOI: [10.1016/j.vaccine.2020.11.015](https://doi.org/10.1016/j.vaccine.2020.11.015) , [www.sciencedirect.com/science/ ... ii/S0264410X20314419](https://www.sciencedirect.com/science/article/pii/S0264410X20314419)

Provided by Boston Medical Center

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