

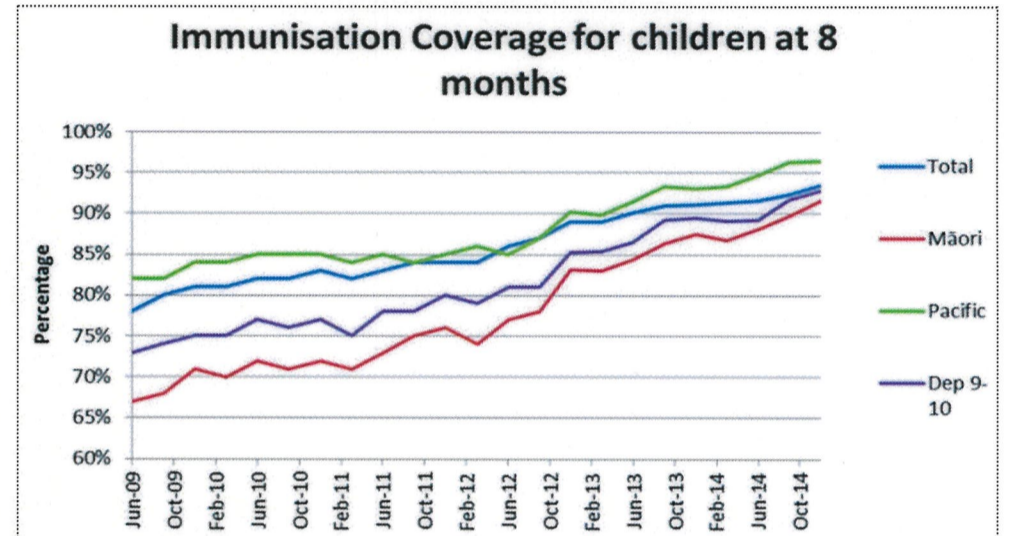
MAKING IMMUNISATION EFFORTLESS

Practice Issue: In New Zealand today, there are still many misconceptions of immunisation that are influencing parents not to immunise their children. There has been a great deal of research completed looking at the reasons behind this, revealing improvements required by nurses in general practice's and community service's. Factors discovered to be influencing parents decisions include fear, loss of confidence in health professionals, lack of knowledge and access to appropriate services (Leask et al., 2012). Immunisation is the first line of defence against many potentially life threatening diseases and is protecting our most vulnerable population. As a driving force, the Ministry of Health introduced a national target for Increased Immunisation. 95% of eight month olds were to have completed their primary course by December 2014 (Ministry of Health, 2014). This target was not met as only 93.5% were immunised by this date (Ministry of Health, 2014). This prompted my research to review different lit-

Findings: In the literature I reviewed there were three main methods which were valued as effective ways of communicating with sceptical parents.

- Positive interactions with clients build strong, therapeutic relationships enabling the client to trust and feel confident in the health professional (Leask et al., 2012)
- Personalised support and training for individual health professionals to develop confidence in the knowledge they possess and in their approach (Redsell et al., 2010)
- Minimise inconsistencies in knowledge by ensuring all health professionals have access to appropriate resources and support for clients (Bedford et al., 2013)

It is important that the information is delivered to parents in a way that supports their decision making (Redsell, 2010). The nurse needs to begin by finding out what parents know. Effective communication by



Ministry of Health. (2015). *Infant Immunisation Progress*. Retrieved from: <http://www.health.govt.nz/infant-immunisation-progress>

Implications for Practice: Time is a valuable tool in this process. This has implications for nursing practice as there is often limited time available to clients. Consultations are generally 15 minutes and to offer clients more time comes at an additional cost. For nurses to keep up to date with immunisation research to maintain confidence in delivery of information, they also need time outside out of consultations. For further personalised support and training, time and money will be need-



Recommendations: From the "unquestioning acceptor" to the absolute "refuser", whatever end of the spectrum the client sits, these methods should in some way be implemented in nursing practice (Leask et al., 2012). To do this, time is required. Therefore, nurses should initiate the therapeutic relationship and consistency of care during clients' pregnancy so when children are born the relationship is strong, limiting barriers to effective communication (BPAC, 2010). Information needs to be unbiased and rationale should be provided for your questions to avoid the client feel-

"Everyone is entitled to their own opinions...but no one is entitled to their own facts."

Conclusion: One of the many great things about living in New Zealand is that people have the right to choose to immunise or not. Nurses are in the optimal position to support parents through the decision to immunise and to provide the facts facilitating the right choice. It is not likely that the nurse will know every detail so ensuring these methods are used in practice, New Zealand should see

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Rationale

I chose to present my research in the form of a poster as people who choose not to immunise their children generally have strong reason to support their decision and can be difficult to engage with on the topic (Leask et al., 2012). I felt if I presented my research in a visual way, it would be easy for people to take snapshots of information from my evidence-based literature review, no matter what end of the spectrum they sit. In the literature I reviewed, I found that there were many similar suggestions for communicating information about immunisation. I have little experience with this myself but believe it can be a difficult conversation to have. I respect that people have the right to make their own choices, for them and for their children, so I aim to find the best way to discover how nurses can engage with clients more effectively on the topic.

Pecot Model

Using the PECOT framework I was able to refine a review question relevant to my clinical issue. I had already gained a fair understanding of the reasons behind parents being sceptical about immunisation so I aimed to discover how I can positively communicate the truths about immunisation with these parents. The PECOT framework allows the researcher to identify 5 particular aspects of the clinical issue.

Population	Nurses and Parents
Exposure	Effective Communication
Comparison	Methods of Communication
Outcomes	Meeting the Ministry of Health Increased Immunisation Target
Time	During Nursing Consultation