Your guide to encouraging your patients to get vaccinated about the influenza vaccine
Have A Word
The Influenza Vaccine

Introduction

The purpose of the booklet is to support and advise you in having a positive discussion with your patients on the influenza vaccine through using Brief Intervention/Motivational Interviewing techniques that can be of a benefit to you in increasing the influenza vaccine uptake at opportune moments with your patients.

The purpose of Motivational interviewing is to be able to have a discussion/s that provides effective and engaging outcomes in an open-ended, nonjudgmental, listening and communicative format.

Academic knowledge can have implications for the real world, and benefit practitioners. The applications of behavioural economics seem endless and can be highly beneficial in healthcare management. Behavioural economics offers a different perspective on behavioural change, its philosophy is that people should not be forced to act in certain ways, but rather gently encouraged to act in ways that are better for them.

When it comes to the influenza vaccine, we regularly have difficulty in having a significant impact in increasing the uptake across our Health Board. In certain groups, such as older adults and individuals with chronic diseases/conditions and even though there are policies in place, and safe and effective vaccines available, almost every country struggles with vaccine hesitancy, that is, a delay in acceptance or refusal of vaccination.

Vaccine refusal can result from complacency, a lack of confidence or a rational calculation of the pros and cons. We should make every effort to concentrate on motivating the complacent, removing the barriers for those who see the vaccine as an inconvenience. These barriers can be seen as ‘gate keepers’ and although most people agree that vaccinations are important, other personal issues become more important and making a vaccination appointment becomes subordinated under other obligations. Most individual’s attitudes are not strongly against or in favour of the vaccination in this case, which means the vaccination is not deemed important enough to actively overcome their barriers. Consequently, when decision makers face barriers such as lack of access, cost or travel, they decline vaccination to avoid such challenges.
Here is where making the most of opportunistic moments during your appointment with your patients becomes a priority. The choice of language should be careful as overly emphasising risk can backfire. The way choices and options are presented to individuals affect the way they make decisions. It is not only important which information is given, but also how the information is provided. Practitioners need to explain the benefits and gains in attempting to change patients’ behaviours and contrast it with the losses, so that these can be tangibly assessed.

For many health behaviours, framing information in terms of gains versus losses has different effects on behaviours. Individuals with a high risk of influenza, a gain-framed message (influenza vaccine is effective in 80% of cases) was more effective than a loss-framed message (influenza vaccine is ineffective in 20% of cases)

Although it is important that public health agencies explain the risks that are related to vaccine-preventable diseases, creating fear for persuasive reasons is not advisable. The idea is that individuals take up protective behaviours when they feel threatened or at risk, that is, if they perceive high levels of risk of disease, they will be more likely to be vaccinated; if they perceive they are protected by high levels of vaccination around them, they may not get vaccinated.

Vaccination has greatly reduced the burden of infectious diseases. Only clean water, also considered to be a basic human right, performs better. The WHO states that vaccinations save an estimated number of 2 to 3 million lives per year.

Individuals with lack of confidence in being vaccinated usually possess a considerable amount of incorrect knowledge that distorts risk perceptions and undermines the general trust in vaccination.

It is key that interventions aim at providing correct information from trustworthy sources. Doctors, are therefore essential.
A publication by the European Centre for Disease prevention and control provides several examples of how to debunk misinformation. Based on extensive psychological research on how to create effective debunking materials, the basic building blocks are to emphasise the facts not the misinformation. The introduction should start with the facts to make them easy to memorise and use a limited number of key facts to keep it simple.

Vaccinations provide direct protection to the vaccinated individual. Additionally, they also have an indirect effect on the other non-vaccinated individuals by increasing herd immunity. This type of intervention is effective when it is directed at pregnant women, as recent study shows, where mothers expressed a higher intention to get vaccinated against pertussis when that vaccine was described as a protection for their baby rather than for themselves.

Parents who decide against vaccination often hold misperceptions about vaccination. Therefore it is necessary to find interventions that effectively correct such misinformation. Interventions that provide an alternative account of the misinformation have been proven successful in eliminating misinformation.

Healthcare management appears a prime candidate for the application of behavioural economic principles. Firstly, research suggests that behavioural persuasion messages in healthcare have limited impact. Second, the healthcare sector is facing an unprecedented pressure to reform itself and keep its costs down. The use of behavioural economics principles by healthcare management practitioners can contribute to addressing both issues.

The ‘Have a Word: about the influenza vaccine’ booklet along with the additional resources will provide you with a greater understanding and awareness of the way you can have discussions with individuals, making it a rewarding and positive outcome for you and the patient.
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INFLUENZA VACCINE
Your FAQs

INFLUENZA IS JUST LIKE A HEAVY COLD
A bad bout of influenza is much worse than a heavy cold. Influenza symptoms come on suddenly and sometimes severely. They include chills, headaches and aching muscles. You’re likely to spend 2 or 3 days in bed and could end up in hospital.

THE INFLUENZA VACCINE GIVES YOU FLU
No, it doesn’t. The injected influenza vaccine contains inactivated virus so it cannot give you the flu. Your arm may feel a bit sore but other reactions are rare. You might have a reduction in your immune response for a few days but it does not give you influenza.

INFLUENZA CAN BE TREATED WITH ANTIBIOTICS
No it can’t because influenza is caused by viruses. Antivirals may be prescribed but they do not cure influenza.

THE INFLUENZA VACCINE IS FOR LIFE
No, it’s not. The viruses that cause influenza change each year so you need a new vaccine each year which will match the new circulating strain.

PREGNANT WOMEN SHOULD NOT GET THE JAB
Pregnant women can get vaccinated no matter what stage of pregnancy they are at. The jab can also protect the newborn during the early months of their life.

THE INFLUENZA VACCINATION DOESN’T PROTECT AGAINST SWINE FLU
Yes, it does. It protects against a range of seasonal influenza types.

CHILDREN CAN’T HAVE THE INFLUENZA VACCINE
Yes, they can. It is usually given as a nasal spray to all children.
THE IMPACT YOU CAN HAVE

• Research shows that patients are at least **3 times more likely** to get vaccinated when it is recommended by YOU.
• Parents report that they are **6 times more likely** to get their children vaccinated against influenza when YOU encourage them.

**Figure 1.** Increase in likelihood of vaccination if recommended by healthcare professional

**Figure 2.** Factors encouraging vaccinations as reported by 10,045 adults from 11 European countries

• It should come as no surprise to YOU that the voice of the family doctor or nurse was the most influential factor.
• **61%** of adults reported that they **would get vaccinated** if YOU recommended it.

**Figure 2.**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage of Adults</th>
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<tbody>
<tr>
<td>If my family doctor/nurse recommended it to me</td>
<td>61%</td>
</tr>
<tr>
<td>If I had more information on the vaccine regarding efficacy and/or tolerance</td>
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<tr>
<td>If I knew more about the disease</td>
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<td>If I could be vaccinated at work</td>
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<td>If there were other ways of administering the vaccine</td>
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<td>If it were cheaper/reimbursed/free</td>
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<td>If my pharmacist recommended it to me</td>
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<td>If there was more information on it generally</td>
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<tr>
<td>I would not change my mind</td>
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</table>
You know the importance of the influenza vaccination... You ask the all-important question and it hasn’t quite gone as planned...

I’m sure you’ve had this type of conversation...

Can I just ask, Sarah, have you had your influenza vaccination this year?

No, I haven’t. After all, it’s only flu

Conversation over? Where can you go next?
When you ask somebody about the influenza vaccination, you are likely to receive one of four types of responses:

**ENTHUSIASTIC AFFIRMATION**
“Yes, I’ve planned to do this”

**STRAIGHT FORWARD ACCEPTANCE**
“Okay, I’ll get it now”

**HESITANT AMBIVALENCE**
“I’m not sure why I’d bother”

**ACTIVE RESISTANCE**
“No way”

+ When a patient **ACCEPTS** a vaccination recommendation...

- Affirm the reduction of risk

That’s great. Getting the influenza vaccination will significantly reduce the risk of you and those you care for getting the virus.

- If the patient has plans to get vaccinated elsewhere (through work, perhaps), inquire about where and when they plan to get the vaccination and reinforce their plan.

You sound like you’ve got this under control. Fantastic. Could you let us know when you’ve had the jab so we can update our records?
- But what about when a patient REJECTS a vaccination recommendation..?

If the patient is hesitant about or resistant to getting vaccinated...

- AVOID trying to overload the patient with information, carrying out the ‘data dump.’

- AVOID telling them what to do. They don’t want the ‘full story’ and this suggests that you are the only one who knows the full story and they do not!

- Also AVOID trying to persuade the patient. Opening the door to their reasons only builds their resistance – every time they say it out loud reinforces their negativity

YOU POSE THE QUESTION

Come on, you know it’s perfectly safe. Why can’t you just get vaccinated today?

Both approaches above are/ can be argumentative and will only reinforce the patient’s resistance. But there is another way...
Whenever attempting to change patients’ behaviours, healthcare practitioners need to be able to explain the benefits and gains to their patients, and contrast it with the losses, so that these can be tangibly assessed. For example, outlining the key benefit of reducing the chances of the patient or family members getting ill compared to the disadvantages of not getting the vaccination such as days off work or worse...

The way choices and options are presented to individuals affect the way they make decisions.

It’s not TELLING, it is EXPLAINING.

Instead of tussling with the patient when they are hesitant or even reject the offer of vaccination, using a Motivational Interviewing approach will increase the likelihood of the patient reconsidering their stance.

The key to making the above effective is having a conversation that is open ended, with non-judgemental listening and in a positive communicative style. That is MOTIVATIONAL INTERVIEWING.
The most important aspect of any Motivational Interview/Brief Intervention is ‘gaining permission.’
Raise the issue or look/listen for ‘triggers,’ allowing you to capitalise on the opportunistic moments to discuss the flu jab is the key at your appointments. Stick to open questions that will allow you to create a discussion.
Remember it is how the information is provided, not what information is given, that is key to creating a positive outcome.

If you are finding it difficult to engage with your patient on the topic then using affirmations might be of an advantage. e.g. ‘I can tell you’re busy and you’ve got to get home, but thank you for coming to your appointment today…’
‘Thank you for attending your appointment, apologies for the wait and I appreciate that you need to get going… but can I discuss…’
‘I can tell you’re not sure about the vaccine, and you’re not alone in that, but I’d like to give you some information and hopefully remove the concern or myths you might have heard.’
‘I really appreciate your honesty’
‘Thank you for sharing your concerns’
Affirmations are recognitions of strength, quality, effort, and ability. It is an appreciation of what the individual’s views/barriers are and shows that you care and are genuine when it comes to the patient’s health.

If you are developing a rapport with the patient and the open questions are providing an effective and engaging discussion then take the opportunity to provide advice and some relevant background information/recent research on the vaccine. Making sure that you are using a key skill here and an important element of MI/BI, reflective listening
Here you should use words that emphasise that you’re listening... ‘So what you’re saying is... that you’ve heard about?’, ‘Can I just check that what you’re saying is?’, ‘You mentioned that..?’
Listening well and reflecting back what you’ve heard helps to clarify information and leads to greater exploration.

The final piece to the MI/BI jigsaw is summarising. Summarising in a nutshell is an opportunity for you to relay back what you’ve heard over the course of the appointment.
‘I remember what you told me and I just wanted to relay it back so that it all fits together’
‘So here’s what you’ve told me so far…’
‘Can I just check that I’ve captured everything?’
Summarising allows you to complete an appointment effectively. It is an important tool to use, regardless of what the topic of discussion is in your appointments. It will provide yourself and the patient a chance to ensure that you haven’t missed anything out and fulfil a comprehensive and positive conversation.

Each of the concepts above will be covered again later in this document
In view of all the information we provide on how to generate and develop positive and collaborative discussions with your patients, it is just as important to have an exit strategy in place.

An exit strategy allows you or the client to finish the conversation at any time. This is a very useful tool to have, and should not be looked at in a negative way. Ending a conversation with your patient who you were hoping would be able to see your point of view and understanding the reasons behind being vaccinated but failed to do so, is of course difficult and would seem to be a negative outcome.

If you have had a conversation where you have followed the MI/BI techniques, you have generated a discussion that has been collaborative and patient centred but has not produced a successful vaccination, then an exit strategy is vital as this will close the conversation effectively and professionally.

Keeping an ‘open door’, allows the opportunity for it to still be an engaging and positive discussion regardless of the outcome.

Changing behaviours and influencing change in an individual’s opinions/views can be very difficult, especially with patients who might have had negative experiences or heard misinformation and concerns around the flu vaccine.

The exit strategy is a useful tool in regards to still potentially supporting the patient to receive a vaccine. They might require further reading or are genuinely time restricted at that specific moment, but you can leave the conversation with a positive ending…

’You’ve mentioned that you haven’t thought about the vaccine that much, but you did say you’d like further information on it. If we leave the conversation there, but please take this leaflet and get back to us when you’ve had further thought?’

‘I know you mentioned that you were restricted for time today, but you would like to receive the vaccine following our conversation today which is great. If can book you in now for the….. next week and we will do it for you then.’
YOUR SKILLS FOR AN EFFECTIVE CONVERSATION

Gaining Permission

- Gaining permission from the beginning—helps patients feel at ease, gives them equal status in the consultation and the opportunity to say no.

  “Is it ok if we talk about ...?”
  “Do you mind if I ask...?”
  “Would it be ok to discuss..?”

Raising the Issue

Advice given by health professionals is important but how it is “given” is even more crucial.

Asking open questions will give you more information and allow for conversation:

- “What has made you want to have the vaccination?”
- “It sounds like you’re interested in hearing a bit more. How do you feel about us doing that?”
- “You mentioned that you’re a carer for a relative....Let’s have a chat about the effect of influenza on them, shall we?”

Or more direct

- “How do you feel about having the vaccination today?”
- “What do you know about the vaccine?”
- “What concerns do you have?”
YOUR SKILLS FOR AN EFFECTIVE CONVERSATION

Open Questions

Closed questions lead to a yes-no response.
Open questions will give you more information.
- How do you feel about the flu jab?
- What concerns do you have with the vaccine?
- What are the reasons for you to receive the vaccine today?

Listening Well

Listening well and reflecting back what you’ve heard helps to clarify information and leads to greater exploration.

• “So what you’re saying is...”
• “Can I just check...”

Expressing Empathy

Empathy is not sympathy, pity, warmth, acceptance or identification.

Empathy is showing an active interest in and effort to see the world through their eyes
Explore opinions and ideas about the behaviour
Accurate reflection

• “I understand that you have some concerns about the vaccine...”
• “It seems to me that you are feeling unconvinced about whether the vaccine is for you....”
Your Case Studies

We are now going to give you some case study examples of conversations where the doctor is going to try to motivate their patient to get the influenza vaccination. The doctor will use some of the skills we have already discussed – see if you can spot them raising the issue, using open ended questions, reflective listening and being empathic.

Case Study 1 – Llyr. Llyr is a young father of two with type one diabetes (it could be any condition). He is reluctant to get the influenza vaccination.

Doctor – Would you mind if I bring up one final issue today? It’s something we’ve spoken about in the past and it’s the possibility of you getting the influenza vaccination today.
Llyr – Well okay.

Doctor – I know in the past it’s something you’ve refused.
Llyr – Yeah.

Doctor – What are your thoughts about getting the vaccination this year?
Llyr – I don’t know, a couple of years ago a friend of mine got the jab and she got a really bad reaction to it. Afterwards, she told me that because we both have diabetes then I’m bound to get the same type of reaction. That kind of scared me... it made me reluctant.

Doctor – Well that’s more than just reluctance, that’s scary for you to even think about the vaccination, right?
Llyr – Yes, yes you’re right. It’s just easier to not get it. I don’t want my kids to see me get ill in the way my friend did.

Doctor – And I really don’t want you to be scared. Your friend obviously had a very scary experience. On the other hand there’s the consideration that you’re looking after your kids and don’t want to get ill so you can’t care for them.
Llyr – Well of course. I don’t want to be too sick to look after them and I don’t want my kids to get sick. But I don’t know, I’m just really wary of it.

Doctor – It sounds like you’d be much more open to considering getting the vaccination if you were less worried about getting a severe reaction like your friend had?
Llyr – Definitely.
Doctor - So would you mind if we talked about that sort of reaction and what’s involved?
Llyr – Sure.

Doctor – Has your friend had a reaction to other things like she did the vaccination?
Llyr – Yeah... yes, quite a few things in fact.

Doctor – And what about you?
Llyr – No, no, I’m lucky like that.

Doctor – Lucky, that’s good. And you’ve never had a reaction as severe as hers?
Llyr – No.

Doctor – Okay that’s good. Would you mind if I shared some information about the risk?
You’d have the vaccination and stay with us for a period of time that would allow any
reaction to occur if it was going to. You’d be here with us and even if you had a reaction
you’d be safe. The chances of reaction are very minimal but we’d make sure you waited
with us for ten minutes to make sure you are ok. What are your thoughts about that?
Llyr – Oh... Oh I see. I might be willing, I guess.

Doctor – Okay – that sounds like you might be open to the idea of getting the
vaccination, getting that immunity without a reaction and not passing it on to your kids?
Llyr – I don’t want to pass it on, stuff gets passed on to kids all the time.

Doctor – It does, doesn’t it? When would you be free? Would you be free now to get the
vaccination and wait for ten minutes while we check that you don’t get that reaction?
Llyr – Yeah. I mean, yeah, I’m here now.

Doctor – Well that’s great. This is great. Let’s get this done and make sure you and your
kids are protected.

Now you’ve read the script, consider...
•How the doctor raised the issue?
  •“Would you mind if I bring up one final issue today?”
•How the doctor used open questions?
  •“What are your thoughts about getting the vaccination this year?”
•How the doctor used affirmations?
  •“It sounds like you’d be much more open to considering getting a vaccination if you
  were less worried.”
•How the doctor used reflective listening?
  •“Lucky, that’s good.”
•How the doctor remained empathic?
  •She didn’t say “I know what you mean.”
Your Case Studies (Part 2)

Next we are going to look at another case study and we will show you at which point the doctor employs the techniques covered in this document. Note that every statement the doctor makes is followed up with an open ended question, encouraging the patient to feel part of the decision making process.

Case Study 2 – Mary. Mary is an asthmatic visiting the doctor about an ankle injury.

Doctor – Your ankle is now firmly strapped so it should be well supported, allowing that sprain to heal. While you’re here, can I mention the influenza vaccine to you? You are asthmatic, so I wondered if you would consider getting vaccinated this year?

Mary – I haven’t had the flu for the last two years, so I really don’t see the point of being vaccinated.

Doctor – You think that because you’ve not had influenza for the last two years, that means you won’t get it this year.

Mary – Yes. I’m lucky. I don’t usually get the flu.

Doctor – Well, what do you think about reconsidering? You’re asthma continues to be an issue for you. How many times in those two years have you had trouble breathing or a prolonged cough?

Mary – Three or four times, I guess. But that’s not linked to the flu, is it?

Doctor – The risk of complications due to influenza is higher for asthmatics. Your airways are already more sensitive and if you get influenza they can become inflamed making breathing harder. What would you do to make sure you stay healthy through the winter months?

Mary – I wrap up warm and eat healthily. It’s made sure I’ve not had the flu last year or the year before.
Doctor – That’s fair enough and I totally understand your point. I guess what I’m trying to do is to make you aware of the things that could affect your health and that can be avoided. Lots of people are affected by influenza and end up stuck in bed for days and yet the vaccination can stop this from happening. **What impact would having influenza have on your life?**

Mary – I understand your concerns. If I’m honest then I guess I’d miss a few days of work. I couldn’t really afford that right now.

Doctor – **So with that in mind, how do you feel now about getting the vaccination?**

Mary – I suppose I have to admit that your suggestion is a sensible one. What’s the process?

Doctor - **Great. So what you’re saying is you can see the link between your asthma and the vaccination. I’m pleased you want to do something about this and it’s something we can do for you today.**

The Doctor ‘raises the issue’ in a non-confrontational manner and ‘gains permission’ to carry on with the conversation:

“While you’re here, can I mention the influenza vaccine to you?”

Open ended questions are used throughout the conversation, ensuring that the flow of the chat is not shut down with awkward yes or no answers:

“What do you think about it?”

“What would you do to make sure you stay healthy through the winter months?”

“What impact would having influenza have on your life?”

Empathy is shown and there is no ‘data dump’ trying to change the patient’s mind:

“That’s fair enough and I totally understand your point.”

The Doctor finishes the conversation well, affirming the positive choices and summarising what has taken place.

“Great. So what you’re saying is you can see the link between your asthma and the vaccination.”
Facilitators for uptake:

Those aged 65 years and older;
• Not wanting to transmit flu to friends and family
• Knowledge about the severity of influenza
• Having a chronic condition increasing risk of flu
• Understanding the benefits of vaccination
• Positive attitude to prevention

6 months – 64 years with specific clinical conditions;
• Consideration of where vaccination takes place can increase uptake e.g. innovative venues such as pharmacies, care homes, schools and other community venues
• Receiving personal reminders e.g. face to face as well as written or alerts when patients collect prescriptions can increase uptake.
• Receiving recommendations from healthcare professionals and having the perception of being in a high risk group can also increase uptake of the vaccination

Pregnant women;
• Is important to have informed, motivated midwifery team members promoting the importance of vaccination to pregnant women
• Maternity staff providing the flu vaccination as part of routine care, offered at the time of booking where possible
• Ensuring pregnant women receive appropriate and consistent information and advice
• Key communications - positive messages that the influenza vaccination provides protection for mother and baby and will not harm the mother or the unborn child preferred over negative messages that influenza can cause serious complications in pregnancy and can endanger the unborn child.
• Vital for midwives to take a central role.

Good Practice Measures:

Based on the evidence, recommendations for vaccination and immunisation teams and staff for improving the uptake of the influenza vaccination fall under the following headings;

LEADERSHIP
• Effective leadership
• Clear responsibilities and named individuals for each part of the vaccination pathway across the healthcare system
• Positive, motivated staff, who are vaccinated themselves

ORGANISATION
• Effective, comprehensive organisation of vaccine programmes supported by robust IT systems
• Ordering vaccine stocks based on anticipated target uptake levels rather than previous year’s uptake

CLINICS
• Offering vaccination in a variety of settings including dedicated clinics, ad hoc patient visits, domiciliary visits, ‘mobile clinics’ and opportunistic appointments
• Ensuring clinics are notified well ahead, with sufficient spaces and are welcoming, family friendly, and not overbooked

IT
• Local electronic data records, linked to national databases
• Regular data cleansing to reconcile duplicate records and identify incomplete records
• Use of adapted national IT search programmes, or in-house systems, to identify eligible patients

TRAINING
• Training for staff in information-giving, data recording and use of the electronic records as well as delivery of vaccination programmes
INFORMATION FOR PATIENTS AND INVITATION FOR VACCINATION
• Personal invitations for vaccination and delivery of vaccination that take into account people’s understanding, preferences (including language), and ability to access clinics
• Patient information designed to increase knowledge and understanding of the programme, explaining the rationale, risks associated with the illness, and the personal need for vaccination, appropriate for all levels of patient understanding
• Telephone reminders are more effective than letters; multiple reminders are more effective; text message reminders are reportedly effective for some groupings e.g. younger age groups

COMMUNICATIONS
• Consistent, positive recommendation and reminding of the need for flu vaccination by healthcare professionals in all contacts with relevant groups
• A mixture of population and individual communications
• Professional design of mass communications programmes
• Use of credible and trusted ‘champions’
• A positive, proactive attitude to vaccination in healthcare staff
• Consistent messages at all levels, with front line staff aware of all communications being given

MONITORING AND FEEDBACK FOR ACTION
• Real time monitoring and regular, timely feedback of information to managers and front line staff, during the programme, enabling remedial action to be taken
• Inclusion of flu vaccination monitoring in wider health monitoring programmes (i.e. not considered in isolation)
• Inclusion of immunisation data in needs assessment and equity audit

REGULAR FOLLOW UP AND REMEDIAL ACTION DURING THE PROGRAMME
• Follow up of non-attendance and exploration of the causes so that low uptake in certain groups or individuals can be understood and vaccination or catch up programmes targeted accordingly

REFERENCES
• Oakes, K. (2016). Motivational interviewing for HPV vaccination well accepted by doctors.