

# Motors of influenza uptake and vaccination advocacy in healthcare workers

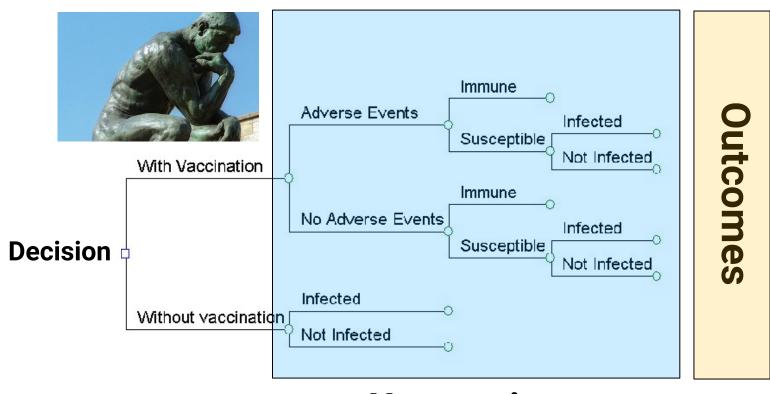
Gaëlle Vallée-Tourangeau Professor of Behavioural Science



#### Background

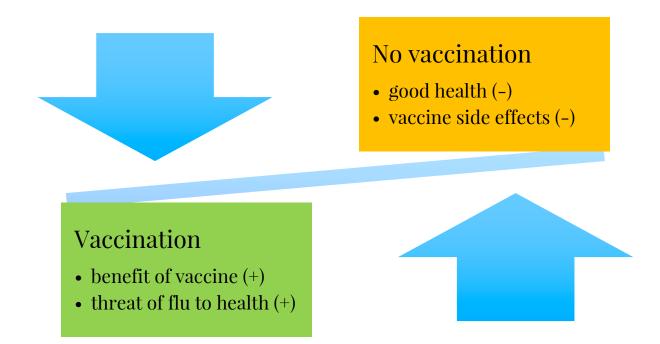
- Influenza is a serious threat.
- Vaccination is the most effective means of controlling the impact of Influenza infections.
- While WHO recommends vaccination, yet coverage rates vary between countries and stakeholders.
- Healthcare workers are key stakeholders in this complex situation, yet vaccination uptakes also varies.

#### Rational decision-making



**Uncertainty** 

# The expected-utility model





### Behavioural insights, vaccination and advocacy





## Information is not enough

- Subjective Expected Utility models assume people are rational decision-makers
- They assume people will make the right decision if they have the right information
- But if information alone was sufficient, we should expect healthcare workers to be vaccinated and confident advocates of vaccination...

## Need, need, need, want, want, want...





#### The cognitive model of empowerment

- the feeling of value, or how much one cares about the purpose of the behavior;
- (2) the feeling of impact, or the belief that the behavior makes a difference in achieving its purpose;
- (3) the feeling of knowledge, or the belief that one has the skills and knowledge to perform the behavior when he or she tries; and
- (4) the feeling of autonomy, or the belief that the initiation of the purposeful behavior is self-determined.

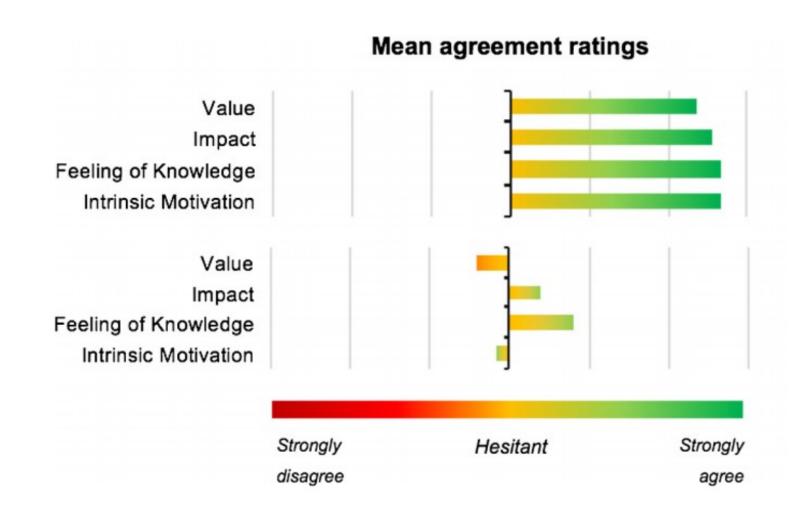


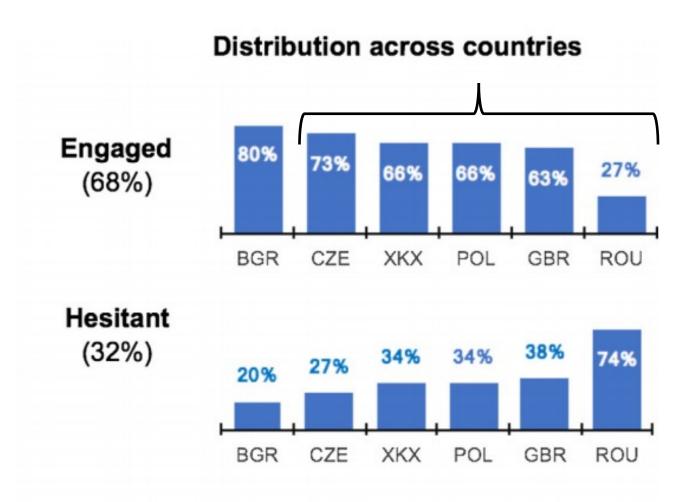
#### Methods

- 2476 participants in 6
   European countries, mostly
   GPs.
- MoVac scale to measure motors of vaccination
- MoVad scale to measure motors of advocacy
- Behavioural measures

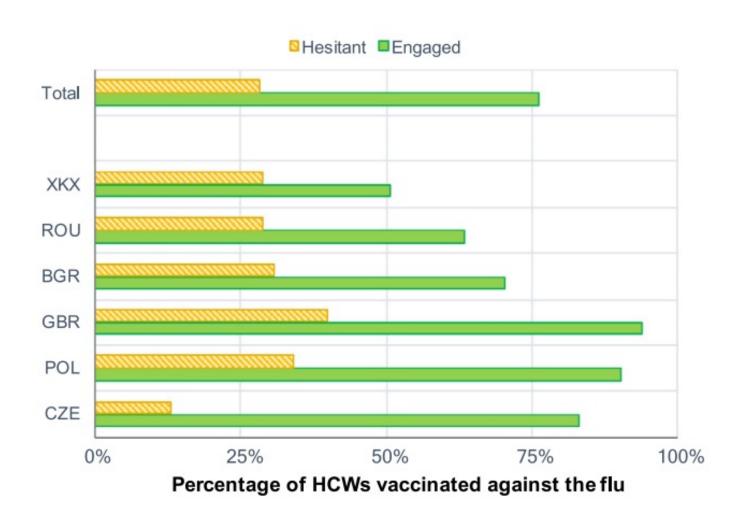
#### Analyses

- Cluster analyses to identify "profiles" based on dimensions of cognitive empowerment (value, impact, knowledge, motivation)
- Regressions analyses to identify predictors and outcomes of cluster memberships



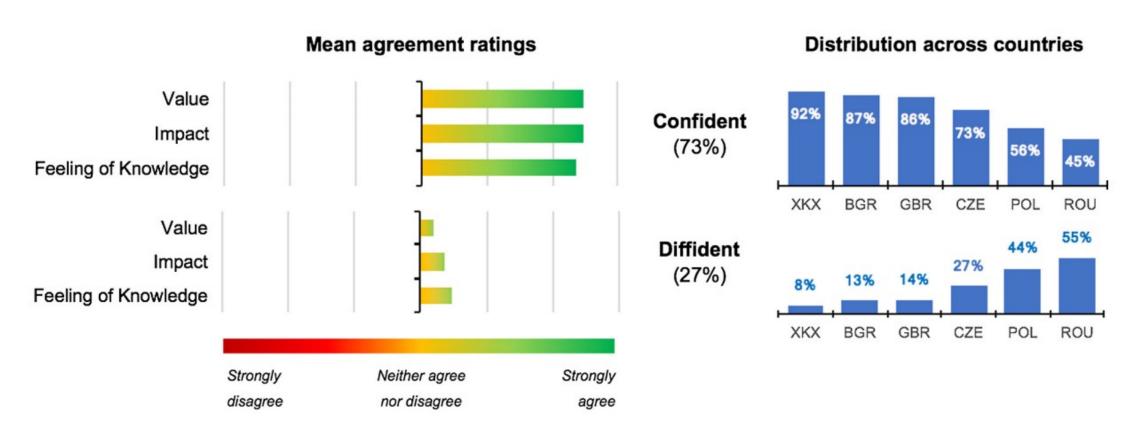




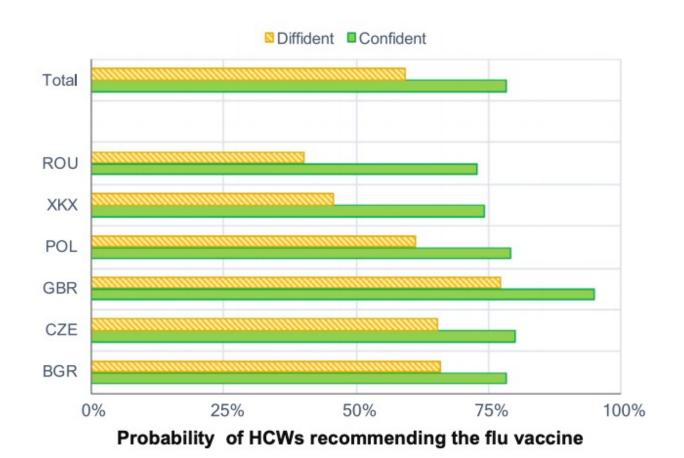


Respondents characterised by the engaged sentiment towards flu vaccination were **39.6 times more likely** to have been vaccinated in the past compared to those characterised by the hesitant sentiment.

#### **Advocacy**



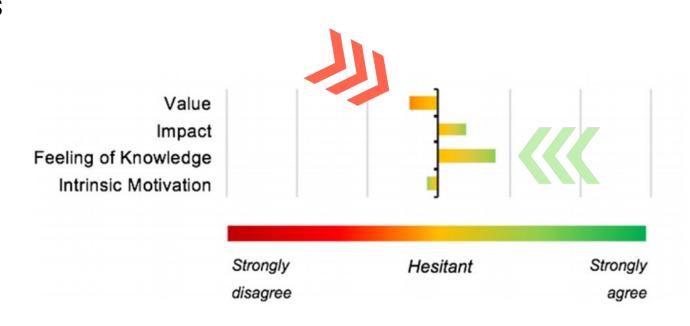
#### **Advocacy**





#### Conclusions

- Evidence that not all healthcare workers "feel" the same towards vaccination and advocacy.
- Variations across countries suggests there is no "one-size fits all approach"
- Hesitancy profiling has the potential to support evidencedriven and tailored solutions to address hesitancy.



#### Conclusions

#### Thank you for your attention

#### References

Kassianos, G., Kuchar, E., Nitsch-Osuch, A., Kyncl, J., Galev, A., Humolli, I., Falup-Pecurariu, O., Thomson, A., Klein, C., & Vallée-Tourangeau, G. (2018). Motors of influenza vaccination uptake and vaccination advocacy in healthcare workers: A comparative study in six European countries. *Vaccine*.

https://doi.org/10.1016/j.vaccine.2018.02.031

Thomson, A., Robinson, K., & Vallée-Tourangeau, G. (2015). The 5As: A practical taxonomy for the determinants of vaccine uptake. *Vaccine*. https://doi.org/10.1016/j.vaccine.2015.11.065

Thomson, A., Vallée-Tourangeau, G., & Suggs, L. S. (2018). Strategies to increase vaccine acceptance and uptake: From behavioral insights to context-specific, culturally-appropriate, evidence-based communications and interventions [Editorial]. *Vaccine*, 36(44), 6457–6458.

https://doi.org/10.1016/j.vaccine.2018.08.031

Vallée-Tourangeau, G., Promberger, M., Moon, K., Wheelock, A., Sirota, M., Norton, C., & Sevdalis, N. (2017). Motors of influenza vaccination uptake and vaccination advocacy in healthcare workers: Development and validation of two short scales. *Vaccine*. https://doi.org/10.1016/i.vaccine.2017.08.025

Thomas, K. W., & Velthouse, B. A. (1990). Cognitive elements of empowerment: An" interpretive" model of intrinsic task motivation. *Academy of Management Review, 15,* 666–681.