

Small decision, big impact : promoting influenza vaccination uptake among health care workers

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Propositions belonging to the dissertation

Small decision, big impact

Promoting influenza vaccination uptake among health care workers

Birthe Lehmann - October 16, 2015

1. Anti-influenza-vaccination lobbying is wide spread on the Internet and especially pronounced in social media (this thesis).
2. Negative attitudes towards influenza vaccination and a lack of knowledge regarding influenza are present before health care workers (HCWs) start their clinical careers (this thesis).
3. Attitude is the most influential predictor of HCWs' motivation to get vaccinated against influenza (this thesis).
4. Changing the default to promote influenza vaccination among HCWs might be a good alternative to the complex vaccination campaigns proposed in recent years, because it is cost-effective, and easily implemented and maintained by health care facilities (this thesis).
5. Most interventions to promote influenza vaccination uptake among HCWs focus on the HCWs as target group. An ecological approach that focuses on target groups surrounding HCWs (i.e. patients, hospital managements, policy) might hold more potential for promoting uptake (this thesis).
6. Implementation of a behavior change program represents a compromise between what the behavioral scientist intends and what is realizable, in the best case. And the program is not used at all, in the worst case.
7. Understanding a behavior is not the same as knowing how to change it.
8. Stakeholders will always have a confirmation bias when it comes to interpreting "scientific evidence".
9. The value of qualitative research in social sciences is underestimated.
10. "The only purpose for which power can be rightfully exercised over any member of a civilized community against his will, is to prevent harm to others."
– John Stuart Mill, UK philosopher
11. Scientific research into the efficacy of interventions to increase influenza vaccination uptake among HCWs is in the interest of patients, HCWs themselves, their colleagues and their family members, hospitals and other health care settings, health authorities and governments (valorization).