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Original research article

Factors affecting seniors' attitudes to vaccination against influenza



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ABSTRACT

Introduction: Influenza is one of the seasonal acute infectious diseases. Vaccination of the elderly and the sick appears to be a key measure in prevention of the infection or significantly reduces the clinical picture of the disease.

Design: The work is a cross-sectional quantitative study carried out based on a questionnaire investigation.

Objective: The objective of the quantitative research was to determine the attitude of seniors to influenza vaccination and the impact of selected factors on the decision of seniors to get vaccinated.

Methods: The total sample consisted of 623 respondents (aged 60–89 years) who were enrolled in the survey sample based on a deliberate choice. The research was conducted through a questionnaire of our own design. Descriptive statistics and a chi-square test for pivot tables were used for processing the data obtained.

Results: The majority of seniors (81%) had not been vaccinated against the flu, and the remaining (19%) had been vaccinated. The most common reason reported by the respondents was that the vaccination was recommended by doctors and nurses (65%). Based on statistical tests, we found that there is a relationship between age and the presence of senior chronic disease and the decision to get vaccinated.

Conclusion: Education of seniors in the area of influenza prevention through vaccination is needed and can contribute greatly to experiencing a more active and longer life.

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Introduction

Influenza is an infectious disease caused by a virus. Clinically it progresses as an acute inflammation of the upper respiratory tract. Its onset is usually sudden, from a state of full health. It

often begins with chills, a headache and a fever rising to 39–40 °C. The ill person has muscle and joint pain, a dry and irritating cough, a runny nose and a dry and sore throat. The clinical symptoms occur 1–3 days from the start of the infection. Unless there are complications, the symptoms subside in 3–5 days. Complete recovery usually occurs in

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two to four weeks from the first symptoms. The flu season begins in October and lasts until April of the following year. The flu can affect anyone, but the group at particular risk are older people over the age of 59 years, people with chronic respiratory problems, cardiovascular disease, reduced immunity of the organism, diabetes, and medical staff who treat patients [1]. The course of the influenza illness depends on factors such as the age and resistance of the patient, associated disease or density of the infection. In younger individuals influenza has mostly an easier course, not so complicated. In elderly and chronically ill individuals, it is the opposite. Influenza may be fatal in this group [2]. About 90% of the total number of deaths from influenza occur in persons older than 65 years. These deaths are mostly hidden behind the diagnoses of pneumonia and the decompensation of chronic cardiovascular and respiratory diseases [3]. In 2012/2013, 32 people died of complications from influenza in Slovakia. Of the total number of deaths, 24 patients (75%) had a risk factor – either serious diagnosis or surgery. Deaths caused by infections were reported in 20 cases and in 12 cases the cause of death cause was another reason. Not one ill person who died was vaccinated against influenza [4]. As with any other disease, attention needs to be paid to prevention. Vaccination is of fundamental importance in the prevention of influenza as well as in reducing the incidence of complications and mortality. Therefore, it is recommended that the senior population is revaccinated as much as possible [5]. In vaccination against influenza, inactivated vaccines are used, which include chemically or physically killed viruses [6]. Safe and effective vaccination is available and used for more than 60 years. With the help of the vaccine the prevention of influenza can be achieved in 70–90% of the healthy population. In the elderly population it can reduce serious disease manifestations and complications by 60% and reduce mortality by 80% [7,8]. Despite all of the above, many myths still exist among the general public with regard to flu vaccination. In terms of expectations a human being is so diverse that it is difficult to predict a certain method of identification with the view that preservation of health is a matter for each individual. Anti-vaccination movement leaders spread rumours about the harmful effects of vaccination [9]. Klett-Tammen et al. [10] state that knowledge and attitudes are important factors in influencing the decision to get vaccinated. It reflects the personal conviction, confidence in the flu vaccine, risk perception (such as security concerns and the perceptions of the severity of influenza illness). The attitude of seniors towards getting vaccinated is often affected by the fact that it does not get recommend by any healthcare worker [10].

The aim of the research was to determine the attitude of seniors to influenza vaccination and the impact of selected factors on the decision of seniors to get vaccinated.

Materials and methods

A quantitative cross-sectional study carried out on the basis of a questionnaire investigation was chosen for this research design.

The choice of the group of respondents was deliberate. The criterion for the inclusion of respondents in the survey sample

was: age of 60 years or more, good condition, well-compensated chronic diseases, willingness and ability to cooperate and seniors living in their natural home. The total sample consisted of 623 respondents aged 60–89 years, of which 55% were women and 45% men. Respondents had different levels of education – from primary (33%) to university education (4%). Up to 96% of respondents were diagnosed with at least one chronic disease, the most frequent was hypertension. Although the set of respondents were not evenly distributed, the groups were statistically comparable.

Data collection was carried out with the help of a questionnaire of our own design consisting of 17 questions. In the first part, the questions were focused on the characteristics of the respondent demographics – age, sex, education, and chronic disease. In the second part of the questionnaire we investigated the actual attitude of seniors to influenza vaccination (vaccination recommendation by doctor, the reasons for not getting vaccinated, the incidence of complications after vaccination, etc.). The questionnaire included closed and semi-open items. Filling in the questionnaire was voluntary and anonymous. At first, data collection and gathering took place in the period of September 2015 to January 2016 in two general practitioners' offices. Later, it was accompanied by two other general practitioners' offices, one geriatric clinic, and two seniors clubs in the Trnava region.

Descriptive statistics and a chi-square test for pivot tables were used for processing the obtained data. The level of significance of 0.05 was set for testing the investigated relationships and used the items from the questionnaire. The obtained data were processed using Microsoft Office Excel and analysed in SPSS 16.0.

Results

In ascertaining the completion of influenza vaccination in the elderly in our research group we found (Table 1) that the majority (81%) were not vaccinated and the remaining 19% were. The most common reasons for vaccination reported by the respondents were the recommendation of doctors and nurses (65%), the influence of family (16%), health concerns (12%), positive previous experience (10%) and the impact of advertising (3%).

Relationship between the age of the senior and the decision to get vaccinated

The above-mentioned relationship was verified using the chi-square test of independence at a significance level of $\alpha = 0.05$, while the number of degrees of freedom is $df = 4$. Based on the

Table 1 – Completion of influenza vaccination (n = 623).

Answer	n	%
Yes	118	19
No	505	81
Total	623	100

n – absolute number; % – relative number.

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