

Barriers of Nurse Practitioners from Administering the Human Papillomavirus Vaccine

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BACKGROUND

- Cervical dysplasia is a premalignant lesion that can progress to cervical cancer, a common epithelia cancer that is the second-most common cancer in women age 20-39 years³.
- HPV causes 70% of oropharyngeal cancer and 95% of rectal cancer⁴.
- In June 2006, the US Food and Drug Administration (FDA) approved the first quadrivalent vaccine to protect women ages 9-26 against human papillomavirus (HPV). Only 44% of eligible females have received the first dose of the HPV vaccine¹.
- Nurse practitioners are key advocates for administration of vaccines. To reduce the incidence of cervical, oral and rectal cancer, it is critical to identify barriers to HPV vaccination².



RESEARCH OBJECTIVES

- Determine nurse practitioner knowledge regarding the barriers to HPV vaccination.
- Assess the opinions of NPs concerning these possible barriers:
 - Religious, cultural, and ethical beliefs of patients/families
 - Safety and/or effectiveness of vaccine
 - Financial issues – coverage for vaccine
 - Facility policies about vaccine administration
 - Time needed for patient education



METHOD

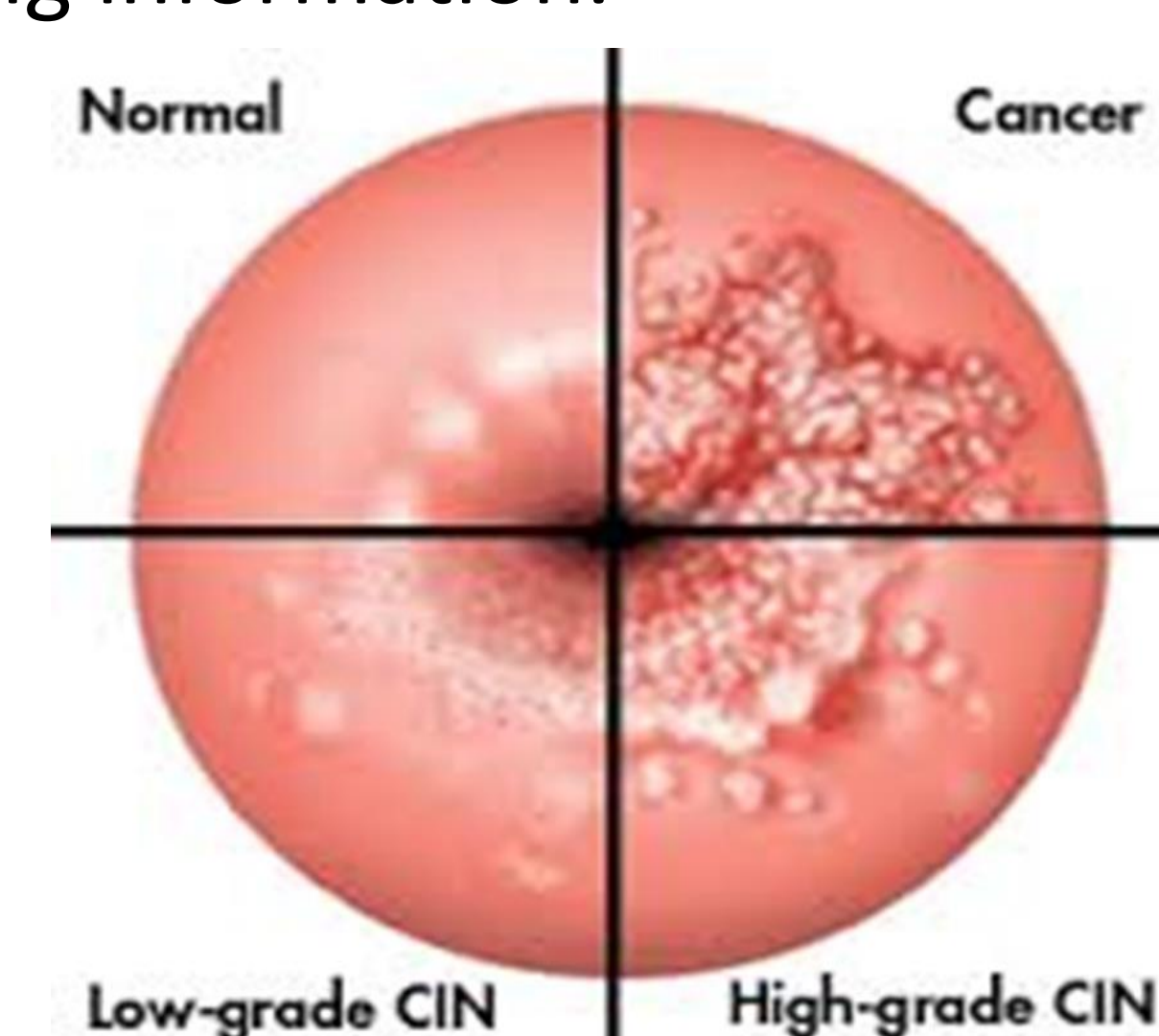
- ❑ **The study utilized a survey method design and included the following:**

- A survey was administered to nurse practitioners at the ISAPN conference (Naperville, IL, fall of 2014) at the Saint Anthony College of Nursing booth.
- Participants answered a 14 closed-ended and 3 open-ended item paper and pencil survey.

- ❑ **All nurse practitioners were eligible to participate. Participation was voluntary and anonymous.**

- ❑ **Responses:**

- Twenty-two surveys were filled out and returned to the researcher by being placed in a covered box.
- All of the surveys were fully completed and no surveys were removed due to excessive missing information.



RESULTS

- ❑ Vaccine safety issues, financial issues including insurance coverage, and facility policies were **NOT** perceived as barriers by the APNs.
- ❑ APN respondents believed that religious, cultural, and ethnic characteristics could be barriers:
 - 50% of the APNs felt that individuals refuse the vaccine due to not being sexually active and the family beliefs regarding chastity/abstinence.
 - Catholic and Fundamentalist religions were perceived as being the most resistant compared to other religions.
 - APNs perceived White and Hispanic individuals as tending to refuse the vaccination compared to African Americans.
- ❑ 27.3% of APNs perceive the need for extra education time during appointments as their primary barrier.

CONCLUSIONS

- **APNs were knowledgeable and comfortable with ordering the HPV vaccine.**
- **The results indicated a need for further education in the recognition of religious, cultural, and ethnic barriers.**
- **Limited appointment times were seen as a barrier by about a quarter of respondents.**
- **Addressing the perceived barriers to administration of the vaccination might improve vaccination rates in the future.**

LIMITATIONS

- There were only 22 participants in the study
- Nurse practitioners only addressed their personal beliefs. The people receiving the vaccine were not surveyed.



IMPLICATIONS FOR NURSING

- ❑ **Research**

- *Identify the beliefs of the families and individuals in regards to the refusal of the vaccination.*

- ❑ **Education**

- *Discuss the relationship between vaccination and the risk factors for cervical, oropharyngeal and rectal cancer.*
- *Emphasize the importance of HPV vaccination with all eligible adolescents, young adults and their parents at every opportunity.*
- *Provide educational pamphlets on HPV vaccination at school/sport physical to increase education prior to office visits.*

References

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4. Centers for Disease Control and Prevention (2015). HPV and Cancer. National Cancer Institute. 1-5.