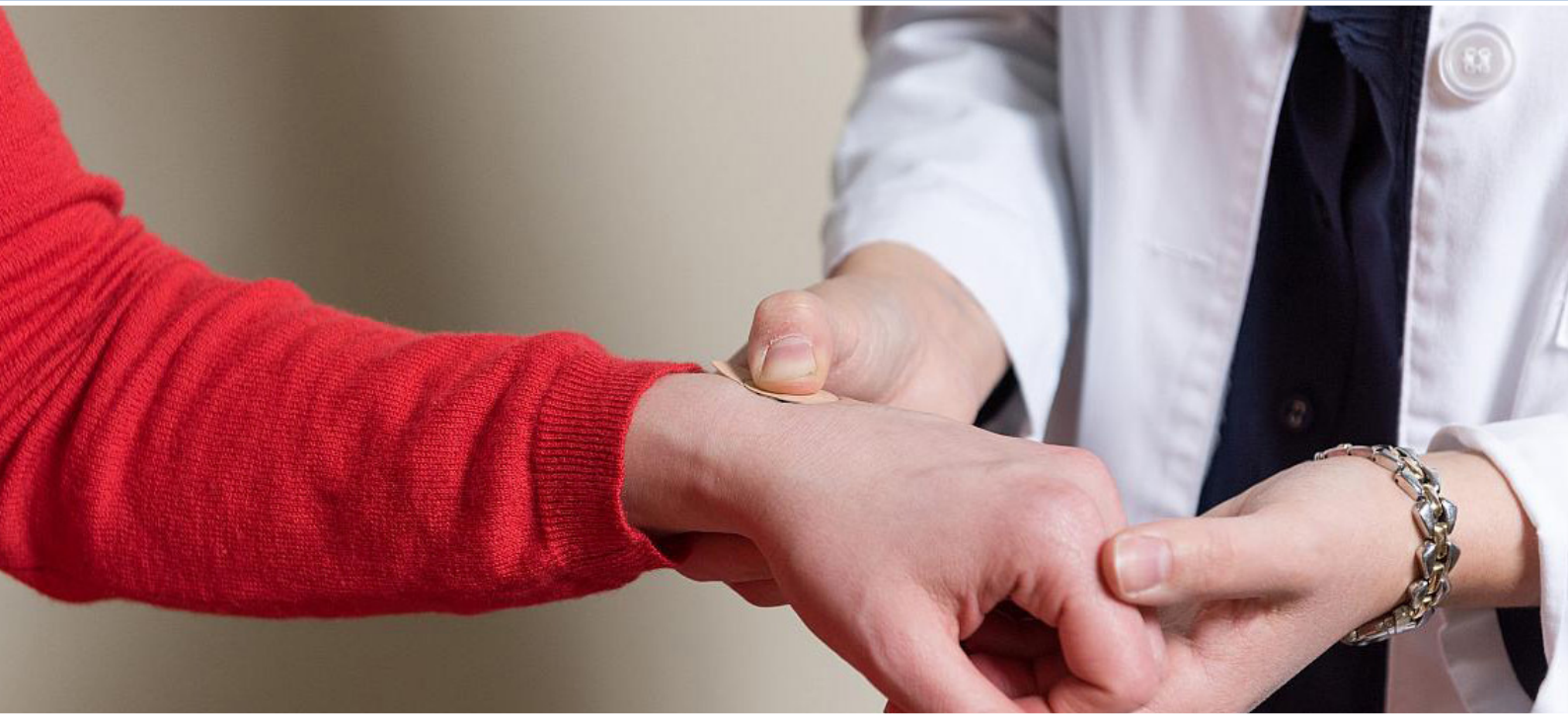
Department of Health Reviews Facility

To support national policy development and implementation



Evidence Summary

Seasonal influenza vaccination of health care workers: evidence from a systematic review of qualitative research

- Most countries recommend that Health care workers (HCWs) are vaccinated seasonally against influenza to protect themselves and patients, but coverage is often low. Many strategies to increase uptake have often had limited success. A better understanding of the barriers to uptake is needed.
- HCWs may be reluctant to accept vaccination because they do not think they are at risk for influenza, or do not see it as a serious problem if they are infected. They question the effectiveness of the vaccine, and have concerns about potential side-effects.
- HCWs value their autonomy in making decisions about vaccination, and see this as a core part of their professional identity. They have serious concerns about mandatory vaccination policies.
- Organisational culture and context are likely to influence vaccination uptake.
- HCWs may be motivated to accept vaccination in order to protect their own health, that of their family members, and that of their patients.

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This summary is based on the findings of a systematic review of international qualitative research. The review included studies reporting substantive qualitative data relevant to seasonal influenza vaccination for healthcare workers (HCWs). Studies were identified through searching of electronic databases and findings were synthesised thematically.

Evidence Sources

Qualitative studies: 25

Background

Seasonal influenza epidemics have a substantial impact on public health and may be particularly dangerous for vulnerable groups such as children, older people and those with health conditions. Healthcare workers (HCWs) involved in direct patient care are encouraged to receive the seasonal influenza vaccine annually in order to protect patients. Vaccination has been shown to be safe and effective, and to decrease mortality in patients (Ahmed et al,. 2014).

However, on average, only 50% to 60% of frontline HCWs in England receive the seasonal influenza vaccine, compared to Public Health England's target of 75% (Public Health England, 2015). Various strategies have been implemented to increase rates of uptake, including both voluntary programmes (such as mobile carts, media campaigns or education programmes) and policies which make vaccination mandatory for all HCWs (Lytras et al., 2016). The evidence suggests that voluntary programmes can make a difference, but have a limited effect; mandatory policies may have a larger impact, but the supporting evidence is weak.

What factors influence HCWs' decisions about vaccination?

HCWs may be dissuaded from accepting vaccination for several reasons. They do not see themselves as a high-risk group for infection, and see the risk to patients as low. Influenza is not always viewed as a serious illness. Many HCWs do not believe the vaccine is effective in preventing influenza, and some argue that there is insufficient evidence of benefit to patients to justify large-scale vaccination programmes. Some are also concerned about side-effects from the vaccine, particularly influenza-like symptoms.

In contrast, many HCWs are motivated to accept vaccination on the grounds of protecting themselves, their families, or colleagues (particularly older people or people with chronic conditions), and their patients. Reducing time off work may also be a motivator.

HCWs mainly draw on their own experiences in making decisions about vaccination, but may be influenced to some extent by their colleagues or managers. Many HCWs believe that decisions about vaccination should be made by the individual. Some argue that if HCWs are trusted to make judgements about patient care, they should also be trusted to make judgements about vaccination.

How do HCWs perceive interventions to increase vaccination?

HCWs prefer programmes which are tailored to their needs, and which provide factual, evidence-based information rather than just promotional messages. They may reject messages which are over-simplified or seen as patronising.

HCWs have serious concerns about mandatory policies which require all HCWs to receive vaccination. They see these as undermining trust and constructive relationships between managers and employees within healthcare organisations.

What are the challenges in implementing interventions?

Implementing system-wide interventions, such as mandatory policies or declination form programmes (where HCWs must either be vaccinated or sign a form declining vaccination), may be logistically challenging. Such programmes require considerable preparation in terms of engaging with HCWs before implementation.

What are the implications for practice?

Evidence suggests that programmes which are imposed in a top-down way, and which focus on promotional messages, may be counter-productive. HCWs prefer strategies which allow for dialogue and respect their professional judgement, and which have a clear rationale in terms of patient safety and HCW wellbeing, rather than focusing on vaccination as an end in itself. The evidence in support of other voluntary interventions, such as increased access or incentive schemes, is limited, but does not indicate any major barriers to implementation.

HCWs may be resistant to mandatory policies, and these could have longer-term negative effects at the level of the organisation.

While vaccination programmes should ideally target everyone who comes into contact with patients – including both non-clinical HCWs and non-employees such as students, contractors and volunteers – this may be challenging in practice. It is important to define who counts as an HCW in advance of programme implementation.

An understanding of HCWs' views on vaccination and the organisational context and culture in which the programme will be implemented is important and is likely to increase programme effectiveness and acceptability as well as potentially reduce the likelihood of negative consequences.

References

1. Ahmed F, Lindley MC, Allred N, et al. (2014) Effect of influenza vaccination of healthcare personnel on morbidity and mortality among patients: systematic review and grading of evidence. Clin Infect Dis 58:50-57.

2. Lytras T, Kopsachilis F, Mouratidou E, et al. (2016) Interventions to increase seasonal influenza vaccine coverage in healthcare workers: a systematic review and meta-regression analysis. Hum Vaccin Immunother 12: 671-681.

3. Public Health England. (2015) Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England: Winter season 2014 to 2015. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429606/Seasonal_Influenza_Vaccine_Uptake_HCWs_2014_15_Final_V2.pdf.

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