

“Influences to influenza vaccine uptake in NHS staff”

Sanita Kaur Sandhu

BSc Public Health, MbChB Medicine and Surgery (Current 4th year)

University of Leeds

The Problem

- For healthy individuals, flu is unpleasant but self-limiting.
- The risk of serious illness from influenza is in *children under six months of age, pregnant women and those with underlying health conditions.*
- 2017/2018 Influenza Season:
 - Sheffield Teaching Hospitals NHS Foundation Trust = 71.6%
 - Bradford Teaching Hospitals NHS Foundation Trust = 71.1%
 - Leeds Teaching Hospitals NHS Foundation Trust = 80.8%

Research Questions

1. What are the attitudes and beliefs of HCWs towards the influenza vaccine?
2. Is there a relationship between HCWs attitudes and beliefs and their decision to receive or refuse the flu vaccine?

Aims

- 1) To generate **recommendations** to improve vaccine uptake

Qualitative approach

Understanding of people's motivations and health behaviours (Fitzpatrick and Boulton, 1994).

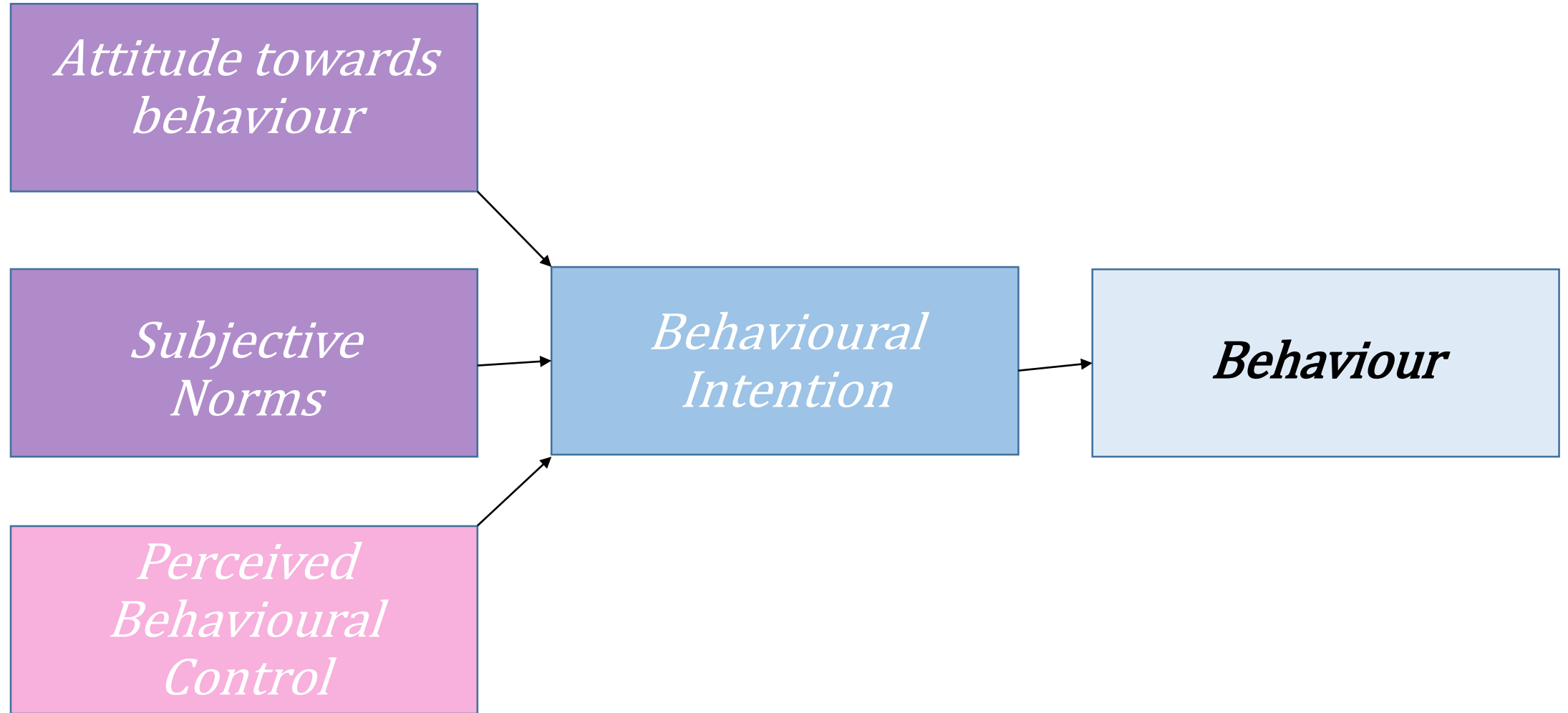
Exploratory design

novel insights to be gathered, as and when they 'emerge' (Silverman, 2015)

Theory of Planned Behaviour

successfully identified the most salient factors associated with positive vaccination behaviours (Godin et al., 2010; Cornally et al., 2014).

Research Design *and* methods



The Theory of Planned Behaviour (Ajzen, 1985)

Results

Name	Occupation	Received vaccination in previous flu season Yes/No
David	Healthcare assistant	No
Maria	Healthcare Assistant	No
Sally	Dietician	Yes
Jenny	Nurse	Yes

- All participants thought influenza was dangerous for vulnerable individuals.
 - “*Vulnerable people need it more than me*” (David)
- $\frac{3}{4}$ participants thought influenza transmission was unlikely
 - Only Jenny believed there was a “*high chance of passing the flu on to other people*”.

General attitudes and beliefs

- All participants recognised a predominant benefit to vaccination was the protection of vulnerable patients.
- Those who declined the vaccine (Maria and David) were resistant to future uptake.
 - *“Only if patients lacked the capacity to get their own vaccine would I get it ”*
(David)

Smedley et al (2007) described individuals like Maria and David as *“resistant decliners ”*.

Individuals motivated to act in accordance with their negative attitudes about the vaccine (De Bono and Snyder, 1995).

Influence of self-identity; the extent to which individuals see themselves as filling criteria for a certain social role (Turner and Oakes, 1986).

Attitudes towards behaviour

- All participants felt encouraged to receive the vaccine through Trust incentives.
- All participants felt forms of peer pressure from others to receive the vaccine.
 - David and Sally thought this created a “*pro-vaccine culture*”

In contrast, Cornally et al (2013) found moderate positive correlation between subjective norms and vaccination intention.

Dey et al (2000) and Hollmeyer et al (2009) illustrated a surge in uptake following the public vaccination of senior HCWs.

Lack of research to clarify whether an increase in vaccine uptake was associated with excessive levels of peer pressure.

Subjective Norms

- All participants felt that their vaccination decisions were entirely their own and it was within their control to receive or refuse it.
- Nothing made it harder for participants to get the vaccine

Cornally et al (2014) revealed similar outcomes.

Brewer, DeFrank and Gilkey (2016) argued that should an individual anticipate regret after conducting a behaviour, consequently, they are unlikely to perform the behaviour.

Perceived Behavioural Control Beliefs

- Majority of HCWs called for to remove the peer pressure “*culture*” surrounding vaccinations.
- In contrast to her colleagues, Maria emphasized the importance of a collaborative approach.

Removing organizational cultures is a familiar prescription(Nieva and Sorra, 2003; Konteh, Mannion and Davies, 2008).

According to Firth-Cozens (1987), sharing responsibility among all staff grade levels, negates feeling of a "top-down" culture.

Carter and West (1999) stated that organisational change is impossible without supportive teamwork.

Recommendations for future uptake

- 1) Altruistic motivations to vaccination were apparent and illustrated HCWs understanding of the benefits of protecting patients.
- 2) Removing “*pro-vaccine*” culture is the most important way to improve vaccine uptake.
- 3) Cannot determine the exact relationship between TPB and vaccine behaviours as alternative suggestions exist through theories of anticipated regret and self-identity.

Conclusions

Wider Implications

Give greater attention to anticipated regret and self-identity, its role in vaccination behaviours and potential use in vaccine uptake interventions.

Models of behavioural change should be adopted in future public health studies, and are used to guide future interventions.

Run larger scale studies to find out if peer pressure exists across other NHS Trusts.



Thankyou
for listening

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