

Understanding and addressing the barriers and facilitators for influenza and COVID-19 vaccine uptake among NHS employees in Wales:

Qualitative insights and co-produced interventions



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Executive summary

Introduction

The success of any vaccination programme for communicable diseases depends on uptake. National Health Service (NHS) staff are offered an annual influenza vaccination to protect them and their patients. Despite several influenza campaigns, fewer than 55% of NHS Wales staff received their vaccination in 2018/19. NHS staff were offered the COVID-19 vaccine from December 2020. On the 14th of September 2021, it was confirmed that the COVID-19 booster vaccine will be offered to priority groups, including frontline health and social care workers. There is a strong need to identify the barriers and facilitators for influenza and COVID-19 vaccination uptake so that interventions can be put in place to support uptake among NHS employees in Wales and therefore the success of the staff vaccination programme. To understand factors relevant to vaccination uptake in NHS employees, we must first understand people's Capabilities, Opportunities and Motivations.

This study aimed to explore the barriers and facilitators for uptake of the influenza and COVID-19 vaccine among NHS employees in Wales and co-produce new interventions with NHS employees in Wales to support vaccination uptake.

Methodological overview

The project consisted of two phases with employees at Cwm Taf Morgannwg University Health Board (CTMUHB). In Phase 1 we conducted 36 interviews with CTMUHB employees to explore the barriers and facilitators influencing influenza and COVID-19 vaccine uptake using the COM-B model. Using the findings from Phase 1, Phase 2 co-production workshops were then held with CTMUHB to design interventions to support influenza and COVID-19 vaccination uptake using the COM-B model and the Behaviour Change Wheel.



Findings

A number of key factors were found to be associated with influenza vaccine uptake in CTMUHB employees.

High uptake (receiving ≥ 3 influenza vaccinations between 2017 – 2021) participants reported:

- That they expected negative consequences if they personally contracted influenza, which included potential transmission to patients and colleagues.
- High perceived necessity to have the vaccine when offered, to protect themselves, others (e.g., patients, loved ones, colleagues), and the NHS.
- The positive consequences of receiving the influenza vaccine and reported no concerns about it for themselves.

Low uptake (receiving ≤ 2 influenza vaccinations between 2017 – 2021) participants reported:

- That COVID-19 has increased their perception of personal need for the influenza vaccine for protecting themselves and others.
- Having had concerns about the influenza vaccine and perceived potential negative consequences of receiving it, including the impact of any short-term side-effects on their ability to work and their recreational activities.

Both groups of participants discussed support received from work to receive their vaccine.

Key factors associated with COVID-19 vaccine uptake were:

- Participants report high perceived necessity to receive the COVID-19 vaccine to protect themselves, others, and the NHS.
- Some participants discussed receiving support from work to receive their COVID-19 vaccine, including support to take time out of work to get the vaccine and recover from any side-effects.

Our findings suggest that to promote influenza and COVID-19 vaccine uptake we need to increase motivation and put plans in place to optimise social opportunities:

- Increase perceptions of need for the influenza vaccine and COVID-19 vaccine for protecting themselves, others, and the NHS.
- Increase perceptions of the positive consequences of receiving the influenza vaccine and COVID-19 vaccine, for protecting themselves, others, and the NHS.
- Address perceptions of negative or uncertain consequences of receiving the influenza vaccine and COVID-19 vaccine and support people to manage any potential negative consequences.
- Ensure people receive support from work to make an informed decision and to receive their vaccines with time to recover from any side effects.

Recommendations

Based on the results from the Phase 2 co-production workshops, we recommend behavioural-science informed messaging and communications continue to be used to address the key barriers for influenza and COVID-19 vaccination uptake for the 2021/2022 season and beyond.

Behavioural-science informed messages and communications could address the following barriers:

- Increasing perceptions of the value and benefit of the influenza vaccine, for all staff groups.
- Increasing awareness about the opportunities to be vaccinated, including how, where, and when to receive the influenza vaccine.
- Addressing concerns about potential side-effects and their impact.
- Increasing awareness of colleagues receiving the influenza vaccine (e.g., 'people like me').

We suggest that new messages and communications include:

- A range of positive-framed messages, emphasising the value and benefit of vaccines.
- A range of positive-framed messages, emphasising different reasons for receiving a vaccine e.g., protecting yourself, protecting loved ones (e.g., family, friends), protecting patients, protecting colleagues, protecting the NHS.
- Ensuring that messages include images and messages that represent different staff groups (e.g., clinical and non-clinical staff) to represent 'people like me' receiving vaccines.
- Ensuring messages include information about how, where, and when they can receive their vaccines, as well as links to further information and support about vaccines (e.g., using links to CTMUHB resources).
- Ensuring messages reinforce that vaccines are safe and effective, and address any concerns about any potential side-effects and their impact, including links to reputable resources for further information and support.
- Ensuring messages use accessible language.
- Ensuring that CTMUHB specific logos and branding are included on the messages.

We suggest the following message and communication formats and methods of delivery:

- Written messages.
- Short videos ('talking heads').
- Ensure messages reach all staff groups by using a range of delivery methods (e.g., social media, laminated posters, computer screensavers).
- Messages should be placed in areas where there is high footfall and where all staff groups can see them.
- Consideration needs to be given to how messages are communicated to employees across the different locations of CTMUHB, to ensure that all employees know about opportunities to receive vaccines and the value and benefit of the vaccine for them.

The suggestions above could potentially be implemented within the coming 2021/22 vaccine season. Based on the results from the co-production workshops, we also identified suggestions that could be implemented in the future but would require further planning and resources to implement. For future vaccine seasons, providing in-person support for CTMUHB employees to help support the uptake of the influenza and the COVID-19 vaccine was suggested. This would provide an opportunity to educate and persuade people about the value and benefit of vaccines, elicit and address concerns about vaccines and any potential negative consequences, provide an example (role model) for people to emulate, and enable people to receive their vaccine by increasing the means to do so, or by reducing barriers. We believe this is a promising intervention for future consideration. This intervention could build upon existing schemes in place (e.g. 'peer vaccinators') or develop new ones (e.g. 'staff champions'). However, people are unlikely to be able to offer this kind of support without having additional training. We recommend co-producing new training materials and resources to help peer vaccinators, or staff champions, identify and address the different barriers and facilitators associated with vaccination uptake.

Conclusion

This project has enabled us to identify key barriers and facilitators to the uptake of influenza and COVID-19 vaccinations in CTMUHB employees. The co-production workshops informed by behavioural science frameworks have enabled us to identify some suggestions that are likely to maximise uptake of the annual influenza vaccination and COVID-19 vaccinations. These include behavioural science-informed messages and communications that address a range of barriers. Training CTMUHB peers to have supportive conversations to promote vaccination uptake may be particularly valuable for those with complex concerns.

