

Proceeding Paper

Health Care Professionals' Views about Vaccination for COVID-19: A Qualitative Research in Primary Health Care Settings [†]

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Abstract: The COVID-19 pandemic had many political, economic, and social consequences for individuals, families and communities. Vaccines play a crucial role for its effective treatment and health care professionals are key persons toward that aim, as they contribute to a successful implementation of the COVID-19 vaccination programs. Therefore, their personal views are of utmost importance. The purpose of this study was to investigate health care professionals' willingness to get vaccinated and their perceptions and concerns about the vaccination process.

Keywords: vaccination; COVID-19 and vaccination; health professionals and vaccination; COVID-19 and health professionals



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1. Introduction

As of January 2021, COVID-19 has caused a huge and escalating health crisis, affecting 86.4 million people globally and causing 1.9 million deaths [1]. In order to properly cure the pandemic, the use of the vaccine was regarded as the principal method to minimize both the spread of the virus and the number of deaths, in addition to other public health measures, such as using a mask, hand washing, or social distancing [1–3].

Despite the fact that the vaccine is thought to be vital to combat the pandemic, there are still many concerns about its use [4]. The role of health professionals is critical not only in informing and educating the public about health issues, but also in persuading residents to comply with vaccine recommendations [1,5].

2. Methods

Qualitative research was used to explore the attitudes and perceptions of health professionals about the COVID-19 vaccine. We conducted qualitative research by semi-structured interviews, including 26 health professionals (doctors, social workers, nurses, etc.) employed in primary health and social care services of Crete. The interviews were based on a semi-structured question guide and carried out and tape recorded by the first author between November and December 2021. To analyze the information collected from

the interviews, the framework analysis method was used [6]. The Hellenic Mediterranean University's Ethics Committee, as well as the organizations involved, gave their permission for the study.

3. Results and Discussion

The following main themes derived from the content analysis: (a) the usefulness and benefits of vaccination of health professionals, (b) mandatory or recommended vaccination, (c) vaccination adherence of health professionals, and (d) lessons for the future.

3.1. *The Usefulness and Benefits of Vaccination of Health Professionals*

All study participants were vaccinated, except for one who hesitated due to health problems. Some of them, primarily physicians, were more receptive to vaccines and believed in their usefulness from the beginning compared to nurses or other health professionals. They also expressed their positive views about the advantages of vaccination. The majority of the respondents stressed its significance for the protection of themselves and their families as well as the protection of their beneficiaries, who are mainly vulnerable groups.

3.2. *Mandatory or Recommended Vaccination?*

Those who supported the 'mandatory' vaccination of health professionals cited many reasons, such as that vaccines remain the cornerstone of the fight against COVID-19 and the only way to restrict its consequences; a belief and trust in scientific knowledge; the view that compulsory vaccination helps safeguard the survival of the healthcare system; the aim to convince laypersons to follow their example and get vaccinated, acting as a role model for the general population.

Others defended the 'recommended' vaccination, stating many arguments. Some objected to the obligatory vaccination, supporting the view that it should remain a personal choice. According to them, there were moral and ethical issues that justified their attitude. For example, they did not agree with the measure of suspension without pay (unpaid leave) of those who denied vaccination, as they consider it a substantial violation of workers' freedom. Thus, they consider that the vaccination mandate is against the constitution, and it is a human rights violation and a violation of the self-determination of human beings over their own bodies. Others were against the obligation either because they were not convinced of the effectiveness of the vaccines or because they believed that enforcement is not an appropriate measure and usually provokes reactions. In the opinion of the latter, the use of non-punitive measures would be more effective in convincing people. Many mentioned the need for better information.

3.3. *Vaccination Adherence of Health Professionals*

The vaccination of health personnel was prompted by their scientific knowledge, according to some respondents. Health professionals generally have scientific knowledge and thus the capacity to evaluate the information and take the right decisions, especially the medical personnel. It seems that the paramedics were less ready to comply and have lower vaccination rates than nurses.

For the study participants, physicians are more easily convinced because they have confidence in the scientific guidelines and believe in vaccines. The medical way of thinking helps them understand the meaning of complications or side effects, the benefits of health promotion and prevention, and therefore, the importance of vaccination. Moreover, doctors are more receptive in understanding new things and accepting them. On the other hand, health professionals also have a sense of moral and professional obligation to protect the health of the general population and vulnerable groups in particular.

In addition to scientific knowledge, other more personal reasons may have influenced some health professionals to decide to get vaccinated, such as the fear of death and illness for themselves and their loved ones, the government measure of suspension and 'unpaid leave'

and the possibility of losing their job. Additionally, certain demographic characteristics were related to the positive attitude: e.g., gender. Some health professionals stated that women were more reluctant than men.

There were various reasons explaining to their view the non-compliance of some health professionals. Many have expressed fears and reservations about the side effects of the vaccine and the way it was created. Additionally, religious beliefs also prevent some health professionals from being vaccinated, and the anti-vaccination movement has influenced a certain number among them. Some health professionals have followed the various conspiracy theories, depending on their personal, cultural and scientific views. Even the (positive or negative) role of the media was accentuated, as well as social or political beliefs, which were also considered a reason for not being vaccinated. Finally, some reacted to the obligation as a measure of enforcement or pointed out the erroneous handling regarding the information methods of both health professionals and the general population.

3.4. Lessons for the Future

Some people believed that the health education provided to health professionals was sufficient, while others considered it inadequate and emphasized that doctors and nurses were unprepared. Almost all respondents emphasized the necessity of having access to health information and health education. Additionally, they stressed the need for better service cooperation in order not only to inform the experts in the field but also to be able to inform, support, and communicate information to the general public.

Our results corroborate those of related studies. The intention of vaccinating is high among health professionals [7]. These findings are common in many studies regarding health professionals and vaccination: in Colombia [8] and in Spain among health professionals of various specializations [9].

However, in a study conducted at a major university hospital in the United States, the reactions of health professionals regarding vaccination participation varied based on their specialization and whether or not they had direct contact with the patient while performing their duties. Doctors appear to be more likely to follow the immunization schedule, while nurses, social workers, and other health professionals remain adamantly opposed [10]. Nurses seem to be more resistant to immunization than doctors [9,11]. These findings are similar to those of the present study.

Our participants stated that many health professionals hesitate to vaccinate because of fear. Fear of vaccination for possible side effects makes people less likely to be vaccinated [7,12,13]. The news and the role of the media have an impact on vaccination intentions [14]. Vaccination intent is also influenced by demographic factors such as age, which increases vaccination intention [7,10,12,13]. Gender is also a factor associated with attitudes, with men being more willing to comply with immunization than women [10].

According to the Health Beliefs Model (HBM), the possibility that a health problem may occur to individuals (perceived susceptibility), the perceived advantage of adopting specific practices (perceived benefit), and subjectivity norms all have an impact on health habits such as vaccination [15,16]. The Health Beliefs Model (HBM) was important in deciphering the elements that affected vaccine adherence [16]. 'Health beliefs model' provided an explanation for health professional's attitudes to be vaccinated in our study.

4. Conclusions

Health professionals who adhere to vaccination practices are more likely to suggest it to friends, family, and patients [17] in order to help them overcome their skepticism and establish an environment of confidence for the vaccine [18–20]. Efforts to improve vaccine acceptability among health care workers are critical. Communication and advocacy issues, as well as educating and improving the scientific knowledge of health professionals and the general public, should all be taken into account.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/IECH2022-12302/s1>.

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