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Why are medical and military staff resistance to vaccination, a qualitative study?

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Vaccine-preventable diseases are easily transmitted in healthcare and military facilities. In addition, compliance rates of vaccination among health care workers (HCWs) are historically low and had been conflicting. Although vaccines are available, prevalence of some of infections did not change and some increased per year in Saudi Arabia (SA). Effectiveness of immunisation programme and the vaccine compliance barriers could be contributing factors and require further investigation. This study aimed to gain an in depth understanding of the reasons why some of HCWs and military soldiers are reluctant to get vaccinated and understand more about their awareness about communicable diseases and preventive measures in work setting. The study took place among Saudi Arabian National Guard staff in Jeddah governorate, in the western region of SA. A qualitative research through focus groups' discussion with newly recruited employees in 2014-2015 and in depth interviews among immunisation services team were conducted based on topic lists and semi-structured interview guides. Data were transcribed verbatim and thematic content analysis techniques with grounded theory approach have been used in identifying, analysing, and reporting on themes and subthemes. This research identified key issues related to vaccine barriers and vaccination programme acceptability among HCWs and soldiers (service users) and HCW staff providing vaccines (vaccine providers). Five main barriers were identified: First, individual related barriers. Secondly, vaccine related barriers. Third, HCWs providing vaccine related barriers. Next are organisational related barriers. Finally, social and cultural related barriers. These barriers could influence decisions to be vaccinated, in both healthcare and military settings. This study reveals a deeper understanding of the behaviour and decision-making to accept or reject a vaccine. Although numerous challenges are present in the health care and military settings, practice of infection prevention and control should mirror that performed in hospitals outside the combat zone whenever possible.