

1. Fostering Positive Views: Factors Promoting Attitudes towards Influenza Vaccines

The review illuminated multifaceted factors that act as catalysts in fostering positive attitudes among healthcare providers towards influenza vaccines. These encompassed an assortment of intrinsic and extrinsic motivators that collectively highlight the motivations, perceptions, and concerns affecting healthcare providers' decisions to receive flu vaccination. It was noted that healthcare providers' motivations for receiving influenza vaccinations are consistently centered around self-protection (with reported rates ranging from 53.4% to 87%), patient protection (with reported rates ranging from 31% to 63%), and family protection. These reasons are frequently cited across various studies [\[1-272\]](#).

The review also revealed that healthcare providers are motivated by concerns about transmitting influenza specifically to vulnerable patients (with reported rates ranging 21% to 36%), their families, and themselves. Additionally, healthcare providers' belief in the vaccine's effectiveness and its role in preventing the spread of influenza, minimizing viral reservoir, and reducing hospital visits significantly influences their decision to get vaccinated [\[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 82, 83, 84, 85, 86, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167,](#)

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At the level of healthcare settings, the presence of peer support, organizational culture, and institutional policies appeared to be significant in promoting vaccination among healthcare providers [1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 82, 83, 84, 85, 86, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 199, 200, 201, 202, 203, 204, 206, 207, 208, 209, 210, 211, 212, 213, 214, 216, 217, 218, 219, 220, 221, 222, 223, 224, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 279, 280]. Further, the availability of free vaccines and workplace access facilitated higher vaccination rates [2, 3, 5, 12, 22, 24, 25, 47, 50, 205, 281]. Workplace vaccination campaigns and recommendations by leaders [12, 24, 29], and specific training of vaccination campaigns [10, 282] also promoted uptake.

In summary, healthcare providers' motivations for influenza vaccination encompass self-protection, patient protection, and family protection. The belief in vaccine effectiveness, along with concerns about transmitting influenza, also significantly influence their decision. Factors

like age, vaccination history, knowledge, and professional responsibilities contribute to their vaccination choices. Peer support, organizational culture, and institutional policies have a pivotal role in promoting vaccination within this group.

2. Navigating Hesitancy: Barriers and Challenges to Attitudes on Influenza

Vaccines

Counterbalancing the positive aspects, this theme delved into the factors that serve as barriers to fostering favorable attitudes. Issues such as fear of side effects (rates ranged from 13% to 63%) [1, 3, 4, 7, 13, 14, 16, 17, 18, 19, 20, 24, 28, 33, 34, 35, 36, 38, 40, 44, 45, 48, 53, 54, 56, 60, 62, 63, 72, 76, 78, 79, 80, 82, 84, 85, 86, 92, 95, 96, 97, 100, 104, 105, 108, 109, 112, 116, 118, 119, 120, 121, 125, 132, 133, 135, 136, 137, 138, 139, 140, 142, 143, 144, 145, 147, 148, 150, 151, 153, 158, 162, 164, 166, 168, 171, 172, 175, 177, 178, 179, 180, 182, 183, 184, 185, 188, 193, 195, 200, 204, 205, 206, 208, 219, 220, 223, 224, 228, 229, 234, 235, 236, 238, 239, 241, 245, 246, 248, 250, 251, 252, 256, 257, 259, 260, 264, 265, 266, 268, 269, 271, 272, 274, 275, 279, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331], concerns related to vaccine efficacy (rates were ranging from 9% to 56%) [1, 2, 3, 4, 5, 7, 13, 17, 19, 20, 25, 28, 30, 33, 35, 38, 45, 50, 54, 55, 56, 60, 63, 70, 71, 72, 76, 78, 79, 80, 82, 83, 84, 85, 86, 88, 92, 96, 98, 100, 102, 109, 112, 113, 115, 116, 117, 118, 119, 120, 125, 129, 132, 133, 136, 138, 139, 140, 142, 143, 144, 146, 147, 148, 150, 151, 153, 158, 159, 161, 166, 168, 171, 175, 176, 177, 178, 179, 180, 183, 187, 188, 193, 206, 208, 210, 211, 214, 220, 224, 233, 234, 235, 245, 246, 250, 252, 256, 257, 259, 260, 262, 264, 265, 266, 268, 269, 271, 272, 279, 281, 282, 283, 284, 287, 288, 290, 292, 296, 298, 299, 300, 301, 302, 303, 304, 306, 308, 309, 310, 311, 312, 316, 317,

318, 319, 320, 321, 323, 324, 328, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340], lack of time to get vaccinated (rates were ranging from 22% to 47%) [7, 14, 18, 24, 40, 48, 54, 63, 71, 72, 78, 84, 85, 88, 94, 118, 120, 129, 136, 140, 146, 147, 148, 150, 151, 157, 162, 186, 187, 188, 193, 209, 233, 234, 238, 245, 246, 248, 252, 262, 269, 272, 282, 287, 290, 291, 292, 293, 302, 304, 309, 313, 314, 316, 318, 323, 324, 327, 330, 331, 333, 340, 341, 342], beliefs that they do not need to get the vaccine as they are healthy (rates were ranging from 9% to 35%) [5, 9, 14, 16, 45, 51, 63, 75, 78, 85, 88, 89, 97, 104, 105, 120, 122, 132, 150, 168, 178, 185, 214, 216, 284, 289, 303, 313, 341], perception of not being at risk/ being at low risk of contracting the infection (ranging from 2% to 32%) [7, 20, 25, 38, 41, 63, 71, 79, 86, 89, 110, 113, 116, 119, 120, 121, 124, 126, 132, 136, 139, 140, 145, 158, 172, 177, 179, 185, 195, 208, 209, 210, 222, 228, 234, 240, 246, 259, 262, 264, 266, 272, 288, 311, 315, 319, 321, 337, 338, 342, 343, 344], beliefs that vaccination is not necessary (ranging from 23% to 53%) [9, 13, 24, 55, 75, 84, 93, 96, 102, 144, 156, 187, 196, 202, 206, 223, 227, 235, 249, 285, 300, 320, 325, 345], beliefs that influenza is not a serious illness (ranging from 25% to 58%) [2, 18, 25, 54, 56, 66, 71, 100, 108, 112, 117, 132, 136, 139, 147, 151, 165, 170, 176, 183, 184, 195, 222, 241, 260, 275, 288, 295, 302, 304, 306, 312, 314, 315, 319, 336, 340, 344, 346], and beliefs that the vaccine causes illness (ranging from 16% to 38.5%) [5, 17, 25, 45, 51, 54, 60, 63, 92, 109, 112, 113, 118, 124, 129, 135, 136, 143, 146, 178, 202, 214, 219, 220, 238, 260, 265, 272, 281, 301, 302, 309, 315, 317, 323, 341, 347, 348, 349] were most commonly repeated in the literature as major contributors to vaccine hesitancy.

The review also revealed that healthcare providers are hindered from taking the vaccine because of disliking injections / fear of pain (ranging from 11% to 35%) [3, 7, 13, 18, 36, 45, 78, 80, 82, 85, 86, 88, 97, 113, 124, 132, 133, 136, 138, 140, 143, 144, 148, 153, 179, 183, 188, 197,

206, 222, 233, 234, 236, 238, 245, 246, 247, 260, 265, 269, 272, 293, 295, 298, 299, 302, 307, 309, 315, 319, 320, 323, 328, 329, 330, 331, 335, 336, 340, 343, 348, 350], and fear of local and systemic allergic reactions related to the vaccine [80, 97, 143, 164, 177, 179, 188, 214, 221, 224, 239, 245, 260, 297, 298, 301, 318, 332, 336, 343, 348].

System-related barriers including expensive costs [1, 3, 18, 80, 85, 148, 151, 171, 182, 183, 202, 221, 251, 256, 272, 279, 282, 286, 295, 314, 318, 319, 331, 333, 351, 352, 353], and lacking availability of the vaccine [13, 14, 40, 48, 51, 56, 72, 94, 100, 120, 121, 129, 147, 196, 197, 199, 214, 216, 233, 234, 247, 260, 262, 271, 287, 295, 302, 305, 313, 316, 318, 319, 324, 340, 347, 350, 351, 352] were consistently reported throughout the literature as well.

Furthermore, demographic factors such as being younger and female sex were related to less uptake of the influenza vaccine [64, 70, 123, 129, 202, 204, 244, 354].

Also, having a current pregnancy or breastfeeding were reported as barriers to get the vaccine [15, 138, 143, 151, 224, 245, 255, 297, 313, 332] as well as having a chronic illness, having a medical contraindication, or lacking a medical indication for vaccination. [14, 34, 70, 72, 75, 76, 116, 139, 151, 153, 156, 168, 188, 260, 287, 291, 296, 299, 312, 332, 334, 339, 355, 356]. Some health care providers did not take the vaccine because of being against vaccination (i.e., anti-vaccination) in general. [9, 13, 14, 16, 108, 138, 157, 185, 265, 268, 282, 302, 304, 330].

In summary, several factors were identified as major impediments to fostering positive attitudes. These included concerns about vaccine side effects, vaccine efficacy, lack of time for vaccination, the belief that one is healthy and doesn't need the vaccine, the perception of being at low risk for infection, the belief that vaccination is unnecessary, and the fear that the vaccine itself could cause illness. Healthcare providers also faced barriers, such as a dislike of injections

or fear of pain, as well as concerns about allergic reactions related to the vaccine. System-related issues, like the cost and availability of the vaccine, were commonly cited obstacles.

Demographic factors, such as younger age and female gender, were associated with lower vaccine uptake. Overall, these findings highlight a range of factors contributing to vaccine hesitancy in the context of influenza vaccination.

3. Empowering Change: Interventions and Their Impact on Healthcare Providers' Attitudes

The systematic analysis revealed a spectrum of interventions designed to cultivate positive attitudes [31, 68, 73, 88, 95, 96, 101, 105, 113, 129, 133, 143, 151, 156, 157, 164, 165, 168, 191, 224, 242, 260, 297, 298, 301, 304, 310, 311, 315, 317, 332, 339, 348, 350, 357, 358, 359, 360]. These interventions were categorized into three primary categories, each offering a unique approach employed to address the challenges of promoting influenza vaccination, cultivating positive attitudes, and increasing awareness of the value of influenza vaccination among health care providers. The categories included campaigns, educational interventions, and mobile art programs.

Tested vaccination **campaigns** [73, 88, 96, 101, 105, 113, 129, 143, 151, 156, 157, 164, 165, 191, 224, 242, 297, 304, 310, 311, 315, 317, 332, 339, 348, 350, 357, 358, 359, 360] were characterized by the application of multiple strategies aimed at bolstering vaccine coverage among the health care providers population. These strategies include the provision of free vaccines [73, 88, 96, 105, 113, 129, 143, 151, 224, 297, 304, 332, 358], effectively reducing financial barriers to vaccine access. Incentives, featured in studies [73, 96, 101, 113, 164, 242, 317, 332], were utilized to motivate individuals toward vaccination. A telephone hotline [224, 332] was established, enabling individuals to seek information and clarification through telephone

interviews, thereby fostering engagement and addressing queries related to influenza vaccination. Furthermore, champions and competitions, as observed in studies [73, 317, 348], leveraged competitive dynamics and leadership roles to promote vaccination awareness. The use of e-mails and text messages [88, 297, 317] emerged as effective tools for communication and reminders.

The educational interventions [31, 68, 133, 260, 298, 301], with a predominant focus on educational facets, have manifested as an ordinary constituent within the strategies under examination. Notably, other intervention categories also had an educational component by using different strategies such as printed materials like newsletters/papers, informative papers, posters, promotion materials [73, 88, 95, 101, 301, 304, 348, 358], and educational videos [129, 310]. These interventions played a role in increasing awareness and knowledge pertaining to influenza vaccination achieved through the implementation of diverse information dissemination strategies tailored to the health care providers audience. It should be noted though that few studies found education ineffective in promoting vaccine attitudes or uptake [73, 101, 191].

Mobile cart programs and mobile vaccination services were also examined as a solo intervention in some studies [95, 168] and as an important component in others [73, 88, 105, 113, 164, 242, 301, 304, 315, 317, 350, 357, 361], with a particular emphasis on their relevance in healthcare settings. These programs were found to offer on-site vaccination services facilitated through mobile carts, thus ensuring convenient and readily accessible avenues for healthcare providers to receive vaccinations.

Additionally, the requirement of unvaccinated employees to wear masks [156, 164, 339, 346], and informed declaration strategies [105, 113, 156, 167, 224, 315] focused on ensuring that unvaccinated employees were well informed about the implications of their vaccination status and the potential consequences, fostering informed decision-making among healthcare providers, and

ensuring high vaccination rates. These diverse intervention components collectively underscore the multifaceted strategies harnessed to promote influenza immunization.

As per the comparative efficacy of the interventions examined in the reviewed studies, The collective findings from studies examining the efficacy of educational interventions in increasing influenza vaccination rates among healthcare workers (HCWs) reveal a mixed picture. Some studies did not provide compelling evidence that the educational intervention significantly improved vaccination uptake among HCWs [73, 101, 129]. In another study [105], those who viewed a free vaccine intervention favorably were likelier to opt for vaccination over an educational approach, suggesting a preference for tangible incentives. Overall, these studies collectively suggest that while education plays a role in vaccination promotion, it may not always yield significant improvements in HCW vaccination rates, and alternative strategies may be more effective in certain contexts. In comparing various intervention approaches, some clear trends emerged. A comprehensive approach incorporating combined interventions [73, 101, 129, 151, 242] demonstrated the most favorable outcomes. This inference underscores that comprehensive strategies are likely to address a broader range of factors influencing the outcome, leading to improved overall effectiveness.

In summary, several interventions aimed at cultivating positive attitudes towards influenza vaccination among healthcare providers could be identified by this review: these primarily included campaigns, educational interventions, and mobile art programs. Campaigns employed multiple strategies, including providing free vaccines, incentives, telephone hotlines, champions, competitions, emails, and text messages, to increase vaccine coverage. Educational interventions focused on disseminating information through printed materials, posters, educational videos, and newsletters, although some studies found education to be ineffective.

Mobile cart programs and mobile vaccination services offered on-site vaccination services through mobile carts. Comprehensive approaches that combined interventions were found to be the most effective in improving vaccination rates, emphasizing the importance of multifaceted strategies in promoting influenza immunization among healthcare providers.

4. Pandemic Overlap: Intersecting Attitudes towards Influenza and COVID-19

Vaccines

In light of the current global context, this review provided insights on how the COVID-19 pandemic influenced healthcare provider's attitudes toward influenza vaccination. The findings demonstrated that the dynamic interaction between these two infectious diseases had a profound effect on healthcare providers' choices regarding uptake of influenza vaccination. Specifically, there was a noticeable increase in vaccination rates once the pandemic had commenced [2, 181, 230, 231, 321, 323, 362]. A significant portion of healthcare providers acknowledged the importance of receiving the influenza vaccine, recognizing its role in curbing influenza cases in the healthcare system. Furthermore, it played a crucial role in distinguishing, lessening and managing symptoms that overlapped between COVID-19 and influenza [231, 321].

Interestingly, nurses exhibited the highest vaccination rate during the 2020 to 2021 period compared to other healthcare providers, with approximately 33.5% of nurses opting for influenza vaccination [362]. Furthermore, the review established a connection between individuals' intention to receive the influenza vaccine and several COVID-19-related factors. These factors included experiencing and fear of experiencing physical exhaustion due to COVID-19, feeling exhausted due to other COVID-19 protective measures, and reporting few side effects from COVID-19 vaccination [201]. Moreover, the review shed light on how crisis management

strategies employed during the COVID-19 pandemic led to a diminished perception for the necessity of influenza vaccine, particularly in certain regions like Saudi Arabia, resulting in lower rates of uptake [363].

5. Twin Challenges: Mandatory Policy Impact on Attitudes and Influenza

Vaccination

This review uncovered a noteworthy discourse surrounding mandatory vaccination policies and their influence on healthcare providers' attitudes. Considerable disparities exist in the rate of support for or acceptance of mandatory vaccination policies within healthcare settings. A range of studies presented figures spanning from as low as 10% to 35.7%, indicating a significant variation in favor of such policies [15, 62, 96, 231, 232, 341, 364]. In contrast, a prevailing majority of rates, found in multiple studies, fall within the range of 46% to 76.5%, underlining a substantial level of acceptance and endorsement of mandatory vaccination [25, 62, 98, 140, 174, 199, 233, 258, 261, 282, 323, 365]. And still yet, a small subset of studies reported even higher rates, with figures ranging from 85% to 90.5% in support for mandatory vaccination policies, signifying robust support among certain populations [67, 71, 90, 194].

On the contrary, rates of opposition to mandatory vaccination policies, ranged from 9% to 17.4% in select papers [214, 258, 261]. Meanwhile, another segment of rates, situated between 36% and 61.3%, indicates a notable degree of resistance to or non-acceptance of such policies in various contexts [15, 178, 232, 341, 366]. This array of statistics underscores the divergent attitudes and opinions surrounding the issue of mandatory vaccination within healthcare provider populations.

Notably, this comprehensive review also brought to light an expected correlation: healthcare providers who advocate for the implementation of mandatory influenza vaccination

were found to be significantly more inclined to receive the influenza vaccine themselves [20, 61, 155, 192, 207, 328, 341, 365, 367]. Moreover, when examining the dynamics among different healthcare providers, a study concluded that physicians, in particular, demonstrated a stronger consensus on the assertion that 'healthcare providers have a professional duty to undergo vaccination'. Additionally, a notable agreement emerged within this subgroup, asserting that 'if all other options have been exhausted, legislation should mandate universal vaccination for healthcare providers during a pandemic influenza outbreak,' surpassing the level of agreement among nurses [74]. However, it is worth noting that another study yielded a distinct perspective, suggesting that both physicians and nurses exhibited a high degree of willingness to receive the influenza vaccine if they were informed of its alignment with national healthcare policy, with a 72.8% expressing readiness to vaccinate [326]. Furthermore, within the realm of mandatory vaccination, physicians emerged as the group most amenable to such a policy, particularly when it was offered directly within their workplace [329]. This observation underscores the nuanced variations in healthcare provider attitudes towards vaccination and the multifaceted nature of individuals' considerations.

There exists a multitude of factors that foster a positive disposition towards mandatory influenza vaccination among healthcare providers, each contributing to the overall encouragement of such policies. Key elements encompass the provision of comprehensive information about the vaccine's safety and efficacy [48, 127], the intrinsic motivation to safeguard patients' well-being by getting vaccinated [67, 140, 258], the perception of influenza vaccination as an effective preventive measure [174, 365], the availability of the vaccine free of charge for caregivers of the elderly [127], the convenience of vaccine access within the workplace setting [48, 127, 329], and the implementation of a requirement for healthcare

workers to sign a written declination form [23, 195, 368]. Conversely, factors that impede the acceptance of mandatory influenza vaccination policies are rooted in concerns over personal freedom and autonomy infringement [178, 199], apprehensions regarding potential vaccine side effects [345], and reservations regarding the vaccine's effectiveness in mitigating influenza [176]. These opposing influences highlight the intricate balance that healthcare providers navigate when forming their attitudes toward mandatory influenza vaccination, reflecting a complex interplay of personal, ethical, and practical considerations.

In summary, this review revealed significant disparities in support for mandatory vaccination policies, with a notable correlation between those advocating for mandatory vaccination and their willingness to receive the influenza vaccine themselves. Physicians tend to show a stronger consensus on the professional duty of healthcare providers to undergo vaccination. Factors fostering a positive disposition towards mandatory vaccination include comprehensive vaccine information, patient well-being motivation, vaccine effectiveness perception, free vaccine availability for caregivers, workplace convenience, and declination form implementation. Conversely, concerns over personal freedom, vaccine side effects, and doubts about vaccine effectiveness hinder acceptance of mandatory vaccination policies. These findings underscore the complex and multifaceted nature of healthcare providers' attitudes towards mandatory influenza vaccination.

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