Healthcare workers (HCWs)' perspectives during the first dose Coronavirus Disease 2019 (COVID-19) vaccine outreach programme in the Sik District of Kedah: A qualitative study

<u>S Maria Awaluddin^{1*}, Noorul Emilin Abdul Khalid², Hadzri Zainal², Suraya Said²,</u> Rosmalina Abu Bakar²

1 Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia 2 Pejabat Kesihatan Daerah Sik, 08200 Sik, Kedah, Malaysia

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Introduction

Targeted primary care outreach is one of the strategies to rapidly increase COVID-19 immunization coverage among rural residents (1). However, it was executed within a short period of time during the pandemic COVID-19. This may cause multiple reactions from the HCWs themselves. The study aimed to explore the HCWs' perspectives on the recent Sik COVID-19 vaccination outreach programme.

Materials and Methods





The programme was conducted from October 2021 to January 2022. A post-programme evaluation form was created by the Sik District Health Office team

and a phenomenology study design was utilised to explore HCWs' perspective. It was a voluntary evaluation form and anonymous in nature, however the involved HCWs needed to submit the form to the district health office. The form was created via an open-ended questionnaire using a Malay language to explore the HCWs' field observation, experiences and opinion related to the outreach programme. The evaluation form was uploaded into Atlasti.8 software and the relevant quotes were highlighted. A suitable code was assigned, a code group was created and finally sub-themes and themes were assigned (2). The results were tabulated in table based on the theme. This approach was taken instead of focus group discussion due to time constraint and COVID-19 restrictions on gathering were imposed at the time of study.

Results

A total of 39 end-of-programme evaluation forms were analysed and three main themes were derived from the data as listed below:

Part 1:		ription of access to vaccinees'		Part 2: Description of challenges faced					
Fheme 1	homes Code	Frequency	Theme 2a	Code	Frequency of code	Theme 2b	Code	Frequence of code	
Difficult accessway	dirt road (red soil)standard tarred road	of code 24 15	Structural- related	 road was inaccessible by vehicle; staff needed to walk and carry equipment 	37	Attitudinal- related	 counselling session was time consuming and difficult to manage 	18	
	 muddy road during rainy season 	14		 wild and venomous animals' threat 	13		 lack of residents' cooperation 	16	
	 partially tarred road 	14		 unsafe accessway 	11		• residents refused to change	15	
	hillside road	12		 difficulty to locate the 	9		their perception		
	 poorly maintained road 	10		vaccinees' house			 vaccine refusal 	11	
was	 rubber estate-type road narrow and dangerous bridge 	9	challenges	 logistic and administrative 	8	challenges	 scolded by residents 	9	
prominent	 narrow and dangerous bridge narrow road 	· / / 7	chancinges	problems			 vaccinee was not at home 	8	
	 uneven road 	6		 weather problems 	4		when outreach team		
	 a road where the vehicles (ca 			 inadequate time to complete 	3		arrived	_	
	multipurpose vehicles) had	', 3		the task of vaccination in			 aggressive resident 	/	
	difficulty to pass			crowded localities			 lack of information on 	/	
	annearcy to pass			needed to climb a hilllanguage problem	3		 vaccination programme afraid of modern medicine 	4	
Part 3: Theme 3	vaccine outreach pro	Frequency of	Discussion						
		code	 In gene 	ral, the outreach team members	generated a ve	ry positive res	ponse towards their experienc	es and the	
	benefited the targeted residents	32	outcome of the programme with the vaccination success rate of 87.6% (486/533 Sik residents) despite hardships and challenges.						
	hastened the immunity coverage among residents	10	 The outreach teams need to be physically and mentally prepared as well as equipped to cope with 						
An organised	obtained more socio- demographic information of	ographic information of							
outreach	residents		 Apart from structural challenges this study also highlights the attitudinal challenges in rural population contributed by disinformation, misinformation and even lack of information on the COVID-19 vaccine. 						
programme	unforgettable experience	6							
benefited all	opportunity to spread the correct information	4	 Vaccine hesitancy or refusal is a worldwide problem and a strategized approach to develop rapport and networking with the community may improve acceptance (3,4). HCWs need to develop rapport and trust with the residents besides the skill in counselling and managing a difficult situation (5). 						
	opportunity to develop network and teamwork	3							
	disrupted the daily work due to	3							

- unicult situation (5).

Conclusions

This study showed that structural-related challenges was prominent in rural areas such as Sik district, and the outreach team must be adequately prepared and equipped to optimize the programme outcome. A proper training in counselling is vital for the outreach team to manage attitudinal-related challenges, in particularly resident with vaccine hesitancy attitude.

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