The ABC's of the Lived Experience of a Public Healthcare Provider on Measles Vaccine Hesitancy in the Community: A Qualitative Study

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Abstract. *Background:* In response to the outbreak, the DOH launched a "*Ligtas-Tigdas*" campaign wherein they promoted measles vaccine as free immunization for children with ages 6-59 months and they even pursued a door-to-door promotion of free induction (Philippine Information Agency, 2018). *Purpose:* This study aims to explore and understand the situation of healthcare providers in the community on vaccine hesitation among residents. *Methods:* This study adopted a qualitative phenomenological descriptive research method that aims at a specific phenomenon to analyze the internal and external components of the problem. It extracts the important elements, and discusses the relationship between each element and the surrounding situation. *Result:* The themes that corresponded to each other are (1) supporting the advocacy of the local health unit, (2) work field as a burden to a public health worker, (3) consistency to the works of a frontliner, and (4) awareness to one's own function. *Conclusions:* Fear of future assault and posttraumatic stress disorder can have a longstanding impact on the healthcare providers who have sustained or witnessed a physical or verbal attack.

Key words: Advocative, Burdened, Consistency, Cognizance of Function

Introduction

Background

In the year 2018, measles incidence boomed in the Philippines. Last April 2018, the Department of Health (DOH) confirmed an outbreak of measles. In response of the outbreak, the DOH launched a "*Ligtas-Tigdas*" campaign wherein they promoted measles vaccine as free immunization for children with ages 6-59 months and they even pursued a door-to-door promotion of free induction (Philippine Information Agency, 2018). The DOH have exerted everything they could to reduce the cases during measles outbreak. Furthermore, the healthcare providers in the community are still reaching out to the parents who are hesitant to submit their children for measle vaccination.

Philippines is one of the top destinations of travelers especially during summer. The travel and tourism in the Philippines became just one of the contributing factors to the outbreak. It is believed that the misconception on immunization is surging due to the current experiences and incidences regarding the negative effect of the Dengvaxia vaccine happened in the country few years ago. The healthcare providers under the Department of Health (DOH) have experienced people in the community being reluctant to vaccination. According to the secretary of DOH (Duque, 2018), the people in the community became reluctant to receive other vaccines because of the lack of trust as a response to the effect of dengue vaccine which was introduced in the Philippines. He also added that the DOH healthcare providers has the responsibility of convincing the parents to have their children be vaccinated so as to settle the issue immediately for the continuation of past practices that has prevented children from acquiring measles. In line with this, this study aims to explore and understand the situation of healthcare providers in the community on vaccine hesitation among residents.

Objective

The goal of the study is to investigate the lived experience of healthcare providers in health promotion and disease prevention to measles outbreak. The researcher will describe an in depth common characteristics of the phenomena that has occurred at the time of interview. At present, the healthcare providers is exerting more effort to put emphasis on the importance of measles vaccine to parents in the community unlike in the past wherein they were to comply with the scheduled vaccination in the health centers (Duque, 2018).

Methods

Research Design

This study adopted a qualitative phenomenological descriptive research method, that aims at a specific phenomenon to analyze the internal and external components of the problem. It extracts the important elements, and discussed the relationship between each element and the surrounding situation. Phenomenology applies to the description or interpretation of a certain kind of experience and seeks to return to the facts. Phenomenological descriptive research method, which attempts to describe and present people's experiences, aims to depict the real world, and is very suitable for this research.

Before the interview, the researcher needs to explain the purpose, content and method of the research to the key informant, negotiate with the key informant whether to record and invite Chinese professional proficient in English to participate in the interview process, and promise that her name will be replaced by code, so as to protect her privacy, eliminate concerns, and obtain her understanding and cooperation. During the interview, the researcher should encourage the key informants to express their true thoughts and feelings. They are allowed to speak their native dialect which is in "tagalog" and translated it during the analysis. Each interview only includes the researcher, a key informant and the gatekeeper, and the interview was conducted in the conference room of the health center.

A qualitative phenomenological descriptive research method was utilized in this study. A qualitative method is greatly concerned with the process, as compared with the quantitative approach which relied greatly on the general findings of the research.

With the use of phenomenology in the field of nursing, Lewis (2015) stated that determining the participant's experience towards a medical procedure or service may help in the development of the field itself. Thus, using this approach helped the researchers understand the experiences of the key informants from the previous years of measles outbreak.

Research Locale

This study conducted an in-depth interview to gather the narrative statements of the key informants located in barangay 80, district 1, Tondo, Metro Manila. The interview was set in the health center where the healthcare providers are assigned; this has been consented by the barangay chairman.

Population and Sampling

"Purposive sampling" also known as selective sampling in qualitative research was used by the researchers wherein the said participants are subjective and specifically selected to strengthen our study and broaden the vast knowledge of nursing practice.

Description of the Respondents

This research included 6 medical health professionals including 5 nurses and a midwife with the following inclusion criteria: [1] Filipino public health provider, male or female [2] 25 years old to 35 years of age [3] currently working in the community [3] has more than 5 years

working in a health center [4] who were mandated by the Department of Health (DOH) during measles outbreak in Metro Manila last February 2018 to extend health promotion on vaccination and this study excluded [1] non-Filipino and working on a secondary or tertiary hospital, [2] younger than 25 and older than 35 [3] newly graduates and [4] newly hired nurses.

Ethics Consideration

This research study was conducted in barangay 80, district 1, Tondo, Manila including nurses and a midwife who were in the community before the dengue vaccine issue started to measles outbreak.

This study observed the moral standards of ethics which are basically the principles of social value; informed consent; vulnerability of key informants; privacy and confidentiality of information; risks, benefits and safety; justice; transparency; trustworthiness (credibility, conform-ability, dependability, transferability). Key informants was informed about the process and other significant information before participating in the study to make sure there is no ethical violation during the conduct of the study. They have the right to ask questions about the nature of the study, refuse to provide information, refuse to participate and to drop out of the study. In the context of research ethics, take the vulnerable to be research subjects who especially prone to harm or exploitation. This study has excluded vulnerable subjects. The principle of justice was protected by giving fair treatment to the key informants regardless of their beliefs and economic status, and most especially key informants who decline to become participants were also given the same treatment with those key informants who take part in the study. The researchers ensured that the key informants' information were not used in other studies and that the key informants' information will be kept strictly confidential.

Research Instruments

This study used a voice recording throughout the interview, it also utilized a mobile phone and accurately transcribed the narrative responses as permitted by the key informants. The researcher collected the data through unstructured in-depth personal interviews. It is an open, unguided and un-suggestive interview conducted in a natural setting. Triangulation is carried out to prevent research bias. All the key informants were knowledgeable and agreed to participate in this study.

Data Collection

Before the interview, the researcher to explained the purpose, content and method of the research to the key informant, also, a permission to record the interview was made, thus, they are knowledgeable about the process before the interview started. The key informants' identities were replaced by codes, so as to protect their privacy, hence, clarifications about their concerns were discussed, and the investigator obtained their understanding and cooperation all throughout the interview. During the interview, the researcher encouraged the key informants to express their true thoughts and feelings. They are allowed to speak their native dialect which is in "tagalog" and translated it in English in the analysis of data. During the interview, it only includes the researcher, the key informant and the gatekeeper. The interview was conducted in the conference room of the health center to prevent any disturbance or interference during data collection.

Data Analysis

This research used a qualitative method of analysis. "Van Kaam" was utilized to analyzed the narrative statement of the key informants. The data gathered was then classified and categorized into specific themes. Participants were asked to freely give their opinions and feelings on the information that is needed without influencing them on the statements shared

that would alter the reliability and validity of the result. Also a "cool and warm" analysis was applied in the study as an additional analysis to obtain the best result. The cool analysis consists of significant narrative statements from the key informants that was analyzed while the warm analysis was based on the understanding and observation of the investigator on the situation and feelings of the key informants during the interview.

Results

The findings were established correlating the significant statements and perspectives made by the key informants. The themes that corresponded to each other are [1] supporting the advocacy of the local health unit, [2] work field as a burden to a public health worker, [3] consistency to the works of a frontliner, and [4] awareness to one's own function.

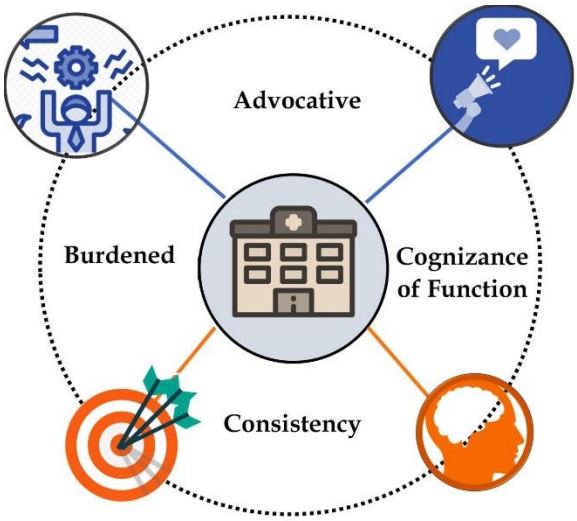

Figure 1. The ABCs of a Public Health Provider

Note: In relation with the image of a health center, the researcher formulated a simulacrum, "The ABC's of a Public Health care Provider". The circle symbolize the protection, which represents the barangay health center that is visible inside the circumference of the circle. This focus signifies its importance in the community as a primary health care provider that aims to promote and prevent the spread of communicable diseases.

Advocative

Being an advocate of health is considered the major role that must be observed to the healthcare provider. It is the act of supporting or promoting the interests of a cause or group. As a frontliner of care, it is their responsibility to improve, maintain and manage the health of the individual, family and the community by organizing various educational and health care-related support services. Four (4) out of six (6) key informants reported that they still support and promote the advocacy of vaccination.

R1"Gumagamit kami ng mga example sa mismong community. For example, ahh… nasa isang barangay kami, papasama kami sa barangay health worker then kagawad for health".(P1, Q12) "We make use of the examples in the community itself. For example, ahh….we belong to the same barangay, we would ask for the presence of the barangay health worker and the kagawad for health.

R2"Nagkaroon naman tayo ng tuloy-tuloy na mga program ng… kagaya ngayon nagkaroon tayo last time ng… Anong tawag dito? Yung 12 months to 23 months… kung sinu-sino yung mga bata… Nagkaroon ng survey noon eh , na naka-comply na ng kumpletong bakuna". (P1, Q14) "We had a continuous program like what we did last

time… What do you call this?… For children aged 12 to 23 months… We had a survey back then about children who had complied all the vaccines".

R3"Ngayon na tumagal na syempre nakakapag provide na kami ng information about sa vaccine na yun (measles vaccine". (P3, Q3) "As time goes by, of course, we had provided the information about that particular vaccine (measles vaccine)".

R4"During bumaba ng dengue yung nandun kami nag a-ano nag fi-field, so syempre explain kami, "ma'am ano" pero ang dala namin pang bakuna for measles, "ma'am ganyan po kami may outbreak tayo ng tigdas kailangan po nating bakunahan ang mga bata". (P3, Q7) "When the dengue cases got low, we're on the field. Of course, we talked to the people but we brought measles vaccine already. I was like "ma'am, we have a measles outbreak and we have to give vaccination for the children".

R5"Ah, bahay-bahay kami tapos as in health teaching. Yung sobrang health teaching na lang na "Mommy, kailangan talaga kahit ikaw may bakuna ka niyan. Alam mo naman kung anong magiging dahilan".(P5, Q5) "We went house-to-house for health teaching. We do it excessively like "Mommy, it's a must even for you as a mother. You knew the reason already".

R6"Pero ano man yung advocacy namin is inembrace naman namin yung passion namin as a public health sa community. So kahit ano man yun, explain lang talga tsaka patience".(P5, Q8) "But whatever our advocacy is, we embraced our passion as a public health in the community. So whatever it is, just explain and have patience".

R7"Proper health teachings again proper importance. In-explain namin from the start yung importance ng vaccine mga… And then, we also communicated sa mga barangays talaga to trust ulit".(P5, Q8) "Proper health teachings again proper importance. We explained from the very first start the importance of vaccines. And then, we also communicated to the barangays to trust the vaccine again".

R8"We just explain na ang bakuna ng measles is matagal na. Don't compare na sa Dengvaxia na bago lang. Measles vaccine kasi is almost 30 years nang pinag-aaralan at talagang subok na ibig sabihin, subok na siya ng Department of Health na since tayong mga generatrions ngayon nakuha din naman ng measles".(P6, Q5) "We just explain that the Measles vaccine is there a long time ago. Don't compare to the Dengvaxia that is just new. Measles vaccine is being studied for 30 years and it is proven and tested by the Department of Health since we, the today's generation, has experiencing measles already".

Burdened

A healthcare provider carries a serious responsibility that can lead to distress which largely portrays a negative impact causing them to feel burnout. Five (5) out of six (6) key informants expressed their burdens towards how people treat them during their mass immunization.

R1"Naka apekto sa akin, yung panahon na yung ang ayos ayos ko magsalita dun sa tao tapos bigla nya kong sasaraduhan. Nakakababa ng self-esteem. Nakakababa minsan ng… ng ano ba to, tama ba tong ginagawa ko?".(P1, Q7) "It got me affected during the time that I was dealing with the person politely, then he would shut their door off me. It makes my self-esteem low. To the point of asking myself "am I doing it right?"

R2"Hindi lang natatapos ang trabaho mo sa apat na sulok ng health center na kailangan mong iaddress holistically kung ano talaga yung problema ng tao para machange yung attitude nila towards health care". (P2, Q10) "Your job will not end in the four corner of the health center that you need to address holistically; that will deal with the real problems of the people for us to change their mindset towards health care."

R3"Mahirap sya, especially nung mga bago bago.As in talaga, syempre kami house to house may times na hindi kami kakausapin ng mga communities dito". (P3, Q3) "It was difficult for me especially when I still new. Of course, we need to go from one house to another, and there will always a time in the community where people will shut us off.

R4"*Ngayon na may issue sa dengue.. ah.. nahirapan kami kasi di namin, kahit anong gawing explanation hindi namin minsan kahit gaanong explanation ang gawin namin diba, hindi naman lahat ng tao pare-parehas, hindi lahat yun tinatanggap". (P3, Q6)* "Now that there is an issue about dengue, we are having a hard time to explain the benefits of acquiring the vaccine because no matter how we tried for them to understand the advantages from it … not all people were the same, not everyone will accept."

R5"*Sobrang hirap ngayon… kasi lahat ng tao, almost all of them ayaw na nilang magtiwala samin.. Sobrang hirap na mag gain ng trust nung nababalitaan lagi nila na may namamatay, na may issue". (P4, Q2)* "It is a hard time today, because most of them do not trust us. It is difficult to gain their trust again when the news circulated about deaths on vaccination."

R6"Mahirap sya ngayon… mahirap talaga simula palang mahirap na kunin ang tiwala ng mga tao lalo na't iba yung nababalitaan mo sa social media, iba yung pinapaliwanag namin". (P4, Q7) "For now it's hard. It is really hard to gain the trust of the people from the very first start especially when social media news are not responsibly disseminated to the public."

R7"*Tapos ganito ko na parang nagmamaka-awa sainyo… yun degrading.. nakakapagod na..nakaka stress na.. na kakatok ka sa bahay bahay hindi mo alam kung haharapin ka.. na para kang nagbebenta na". (P4, Q10)* "I was like, begging… I felt like it does not boost my feeling, I felt degraded…it's tiring and stressful when you try to knock in their houses and yet you are not sure if they will accommodate you…seems like you are selling something."

R8 "*Mahirap siya kasi iba-ibang klase tao ang nakaksalamuha namin. Iba-ibang reactions. Specially,mga masusungit sila". (P6, Q1)* "It is difficult because we encounter different kinds of people. They have different reactions. Some of them are rude".

Consistency

In a workplace, being consistent is challenging that takes a lot of effort towards achieving the goal. Three (3) out of six (6) participants shared how they managed measles outbreak consistently.

R1"*So during measles outbreak nagbakuna kami nagkaroon kami ng MRC na tinatawag so suyuran talaga yun, house to house conduction yun yung iba dinala ka sa health center yung lahat ng barangay na ang catchment ng barangay pupuntahan nyo which is more on the depressed area pero as much as possible buong barangay".* (P2, Q4) "During measles outbreak, we scheduled a mass vaccination where we had MRC that became useful in our house to house visit. Some of the patients were brought to the health centers. We went through different places in the community and we prioritized those who are in depressed area, although as much as possible the whole barangay should be submitted for vaccination."

R2"So mas maganda, makita ng tao yung uhm.. credibility mo as a nurse bilang health care provider kung bat kayo pumupunta kung bakit para san ba ang bakuna". (P2, Q8) "It is better for the people to see your credibility as a nurse, as a health care provider"

R3 "*Masasabi ko na we did everything we could na reach out, voice out, na suyod so nasa tao talaga yun kung magpapabakuna sila or hindi wala na talaga eh kahit na ano gawing naming lahat". (P2, Q9)* "I can say that we did everything we could to reach out in the community. It is now depend to the people if they want to be vaccinated or not"

R4 "*Nagbakuna..nagbakuna parin, pinush parin namin health education..more on health education.. sandamakmak na health education din". (P4, Q4) "*We still did the vaccination but we focused on health education. Still more on health education*"*

*R5"Mag he-health education parin kami.. pupush parin namin mag health education regardless kung may tiwala parin sila samin o wala.. ipapaliwanag namin hanggang sa abot ng aming makakaya namin.. ng knowledge". (P4, Q7) "*We will still conduct the health education regardless if the community will trust us or not… we will explain everything to the best of our knowledge."

R6"Di naman kami agad na susuko yung ieexplain naming kung para saan yun". (P6, Q1) "We never tried to give up that fast. We fully explain to them what is the use of the measle vaccine. "

Cognizance of Function

Every employee has a job description. Cognizance of function refers to the awareness of one's own duties and responsibilities. Four (4) out of (6) manifests awareness of their roles.

R1"Diba highly movable so may mga tao na galing probinsya so kailangan mo silang ireach out, kausapin mo yung mga barangay officials na "magkaron po kayo ng mga ganito, magkaron kayo ng rules sana bago sila magkalat ng sakit dito magpabakuna sila". (P2, Q5) "Is it highly movable because there are people who came from the province. There is a need to reach them out, talk to the barangay officials and tell them about the health regulations in your vicinity, that before they will live in the community, they need to have vaccination first."

R2 "Kapag nagkakaroon kasi ng measles outbreak automatic bumababa talaga kami so yun siguro yung mga nabigyan namin before kasi binibigay naman ang measles vaccine pag may outbreak nag s-start na kami". (P3, Q4) "When there is an outbreak, we automatically move out in the community to give this vaccination especially if there is measle outbreak."

R3 "*So kami, bilang public health nurse, nag po-provide ng mga health education hoping na sana dumating ulit yung time before na nagtitiwala talaga sila sa vaccine yung sila talaga pumupunta sa health center para magpabakuna". (P3, Q8)* "We, as a public health nurses, we provide health education hoping that one day people will trust the program on the importance of vaccination again, that they are the one who will voluntarily submit themselves in the health centers for vaccination."

R4 "*So kami yung nagbibigay ng mga vaccine, kami yung nag he-health care…ah.., nag he-health care education sa mga tao yun yung main role talaga ng community or yung mga nurses sa community". (P4, Q1)* "We are the one who gives the vaccine, we are promoting health education to the people. That's our main responsibility as community or public health nurses."

R5 "*Specially, DOH we conduct meetings every now and then para ma brought up yung mga issues naming and then gagawan naming ng paraan para maging mas better yung team namin". (P4, Q11)* "In DOH, we conduct meetings every now and then brought up the issues and we will do our best to improve the services of the team."

R6 "*Kami yung nag momonitor ng mga batang nabakunahan, kung for follow up na yan or kung sakali mang uhmm... kailangan nang puntahan yung bata or kaya naman kailangan na siyang i-booster". (P5, Q1)* "We are monitoring the children that have been vaccinated, if they're for follow up or for booster."

R7 "*Inaccept naming yung situation na kami din pala ang magbabakuna ng Dengvaxia and then kami din pala ang mag iinterview for monitoring". (P6, Q3)* "We anticipated the situation where we will be assigned to give the shot of dengvaxia vaccine and we will also be responsible to interview the recipient for monitoring."

Discussion

In the nursing profession, advocacy means preserving human dignity, promoting patient equality, and providing freedom from suffering. It's also about ensuring that patients have the right to make decisions about their own health. Being a nurse carries a certain amount of clout in society. It's a profession that continues to earn top honors for ethics and honesty. Nurses also have the power to change lives and make the world a better place, nurses can use their influence to shape and bring about change in our nation's health care system. After all, nurses have the most interpersonal contact with patients, putting them in the best position to act as liaisons between patients and families or patients and physicians. Many nurses think of advocacy as the most important role to play in patient care. The need to remember that to best serve the community, it must have to put the house in order. That house includes the other healthcare professionals with whom the patients are interacting, as well as the organizations providing those services and the policies and legislation that influence them.

The healthcare providers are carrying also the burden of the families in the community. They understand the adversities they are facing in those difficult times when their dilemmas will strike them to trust and submit themselves to vaccination as mandated by the department of health. The nurses are also affected who already have a hectic schedule that has gotten more intense amid the outbreaks. Despite the efforts of healthcare providers to improve health care quality, they can easily lose sight of the most basic questions and that is to consider evidence-based clinical guidelines, protocols, and pathways. This aims to make the delivery of care seamless by improving the consistency, continuity, and coordination of care. Consistency is a crucial component of nurse to take the leadership in the community to meet the effectiveness of the health programs. When a nurse in a community doesn't act or behave consistently, the patient don't know what to expect and need to prepare themselves to be able to react to a broader range of responses from the healthcare providers. This means that instead of instinctively knowing what actions to take themselves, they have to waste thought and energy waiting to see which way the wind will blow. Inconsistent healthcare providers that are assigned to handle the patients in the community also often go back and revisit topics that have been previously addressed, and others thought were resolved. When healthcare providers are consistent, patients will have their expectations and don't wait to take action in case things change. Delays due to not knowing how a healthcare provider will react can create risks, costs, and inconveniences for others. Nurses in all specialty areas must guard their personal safety while providing direct patient care. Many of the safety principles recommended for traditional health care facilities are standard procedure in the environment. Unfortunately, nurses often receive very little education on personal safety during initial nursing education. Professional boundaries frame the scope of nursing practice. In addition, fear of future assault and posttraumatic stress disorder can have a longstanding impact on the healthcare providers who have sustained or witness a physical or verbal attack.

Conclusion

This study concluded that the delivery of care can be achieved by improving the consistency, continuity, and coordination of care. Consistency is a crucial component of nurse to take the leadership in the community to meet the effectiveness of the health programs. When a nurse in a community doesn't act or behave consistently, the patient don't know what to expect and need to prepare themselves to be able to react to a broader range of responses from the healthcare providers. This means that instead of instinctively knowing what actions to take themselves, they have to waste thought and energy waiting to see which way the wind will blow. Inconsistent healthcare providers that are assigned to handle the patients in the community also often go back and revisit topics that have been previously addressed, and others thought were resolved. When healthcare providers are consistent, patients will have

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Conflicts of Interest

The author declares that there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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