The nursing profession and patient safety and healthcare provider influenza immunization: The puzzling stance of the American Nursing Association

Recently, the American Hospital Association endorsed a mandate for healthcare worker (HCW) influenza immunization [1]. This is notable, and adds to a long and continually growing list of public-health, patient-safety, and physician-specialty professional organizations calling for such mandates. Notably, the Centers for Medicare Services has signaled the intent to differentially reimburse hospitals based upon achievement of different levels of HCW influenza immunization – appropriately noting its significance as a patient safety metric. They too join a long list of other entities, including a number of bioethicists, who have endorsed such a patient safety imperative [2,3]. It is a testament to the importance of this issue that in the US, every major infection control society (Association for Professionals in Infection Control and Epidemiology), every hospital epidemiology society (Society for Healthcare Epidemiology of America), every infectious diseases society (National Foundation for Infectious Diseases, Infectious Diseases Society of America), major primary care medical societies (the American College of Physicians, the American Academy of Pediatrics, the American Medical Association, the American Academy of Family Physicians), and public health societies (American Public Health Association, American Medical Directors Association) that have addressed the issue, and the National Patient Safety Foundation and the National Business Group on Health Organizations have all independently examined the evidence and all come to the same conclusion: influenza immunization of HCWs is a patient safety issue and the only way to insure that the highest possible rates of HCW immunization are achieved is to mandate receipt of the vaccine.

In addition, a long list (too long to repeat here) of major US medical centers and clinics that have endorsed and require influenza immunization of their HCWs is available at www.immunize.org and includes such entities as Spectrum Health Hospitals, the Hospital Corporation of America, the Barnes Jewish Health System, MedStar Health System, the Hospital of the University of Pennsylvania, the Children's Hospital of Philadelphia, Emory University Hospital, the University of California-Davis Medical Center, University of California-Irvine Hospital, Cook County Health and Hospitals Systems, Children's Hospital of Orange County, CA, Creighton University Hospital, Johns Hopkins University Hospitals, Michigan State University Hospital, New York-Presbyterian Hospital, Loyola University Hospital, the University Hospital of Cincinnati, the University of Texas-MD Anderson Hospital, and many others.

Also encouraging is that calls for such mandates in other countries, particularly European nations, have begun to be published [4]. A recent nationally representative survey of acute care hospitals in the US demonstrated that 56% already had requirements for HCW influenza immunization, with 44% having consequences for non-compliance [5]. The authors noted that “…the cumulative number of hospitals with consequences for vaccine refusal has more than tripled over several seasons, particularly among larger hospitals” [5]. Clearly, eyes have been opened and provider and public pressure for safer hospital environments is resulting in the rapid acceptance of such measures – just as in earlier days when mandatory measures for rubella and measles immunization were implemented.

One striking—and puzzling—exception, however, stands out and that is some elements of the nursing profession. The major professional society representing nurses in the United States is the American Nurses Association (ANA). Given nursing’s historical role as advocates for patient safety and the only group with 24/7 coverage and close contact with hospitalized patients, one would have thought that the major professional organization representing nurses would be “first in line” and eager to endorse and promote such a patient safety maneuver. In fact, quite the opposite has happened; the ANA has declined to endorse mandatory influenza immunization policies, except in the narrow event that there would be no penalty for non-compliance – a political straw man that effectively negates the whole concept of a mandatory policy. While the ANA has, since 2005, promoted influenza vaccination among registered nurses, their position for the 2011–2012 influenza season continues to not include mandatory vaccination. Interestingly though, the ANA board states it is vital for caregivers be vaccinated as a patient safety strategy. It is thus highly enigmatic that a decision to comply with a validated patient safety strategy is left as optional for nurses.

This calls into question whose needs are being looked after – the patient, or the ANA membership. This concern is further heightened by an earlier statement made by the ANA that they consider the receipt of influenza vaccine to be “the ethical responsibility of every nurse.” If the ANA truly believes this is an ethical responsibility, why has the ANA not acted on this belief? Does the ANA possess information about HCW influenza immunization that all the above professional organizations and academic medical centers do not have access to? Similarly, nursing unions have also abdicated this responsibility and generally protest loudly and vigorously against such patient safety mandates.

Among the concerns cited in support of opposing mandatory vaccinations are that it will lead to negative attitudes, resistance and dissatisfaction among HCWs who in turn may be less aggressive ensuring that their patients get appropriately vaccinated.
[6]. Other arguments are that it violates the individual's rights to decline for religious, medical or philosophical reasons, and may lead to legal disputes between employers and employees [6,7]. Alternate recommended strategies include that institutions (not individuals) be mandated to offer vaccination programs, educate staff, and ensure vaccination access. Another recently recommended strategy is for theory-based and interactive educational approaches that help HCWs to fully understand the risks and implications for themselves and their patients [6].

Unfortunately, however, existing data do not support that such alternate approaches will result in any further progress toward increasing influenza vaccination rates. Instead, the literature demonstrates that nurses nearly always have lower influenza immunization rates than all other categories of HCWs [8,9]. Multiple studies, including those conducted by our team, demonstrate that nurses have high rates of misinformation and misperceptions about influenza vaccine safety and effectiveness despite delivery of comprehensive multifaceted educational programs [10,11]. Moreover, in-depth interviews of nurses refusing influenza vaccine readily reveal their misperceptions and the notable finding that they do not read the primary literature; rather, these misperceptions are beliefs formed absent the data [10]. In the case of our survey, such beliefs included the ideas that they were healthy and did not need vaccine, or that hand washing was sufficient, or that vaccine was not protective and caused harms. Such belief-dependent realism is common, which represents a cognitive bias, and leads to an unwillingness to dispassionately examine the data and then make reasoned decisions [12].

More compelling is that despite readily available knowledge, and despite the reality of an influenza pandemic, only 37% of US HCWs received both seasonal and monovalent pandemic vaccines in 2010, and only 34% received the pandemic H1N1 vaccine alone [13]. A recent report demonstrated that in the 2010–2011 flu season only 62% of all US HCWs received seasonal influenza vaccine [14]. Clearly, HCWs, when left to choose on their own, insufficiently understand and value the compelling duty to be immunized against influenza to protect their patients, themselves, and their fellow workers. As a result, as well demonstrated in the literature, vulnerable patients are harmed. [15] Thus, putting more effort (and cost) into educational programs and creative strategies to influence nurses’ decisions as a method to increase influenza immunization rates ignores the reality that such programs have failed and that patient safety is being compromised.

Given these consistent research findings, it is notable, puzzling, and out of sync with its historical role for the ANA, to actively resist such a patient safety imperative. In fact, wherever such mandates have been presented at the state or institutional level, it has prominently been nursing unions who have opposed this patient safety measure. Rather, one would have hoped that the data would trump anecdote and reason trump misperceptions; culminating in the ANA seriously evaluating the data, taking into consideration the recommendations of all other professional societies and content experts, upholding nursing’s historical and important role as advocates for patient safety, fulfilling the ethical tenets of the healing professions where self-effacement and service in the interests and well being of the patients they are privileged to care for dictates behavior and policy, making explicit their decision making, and then issuing a policy. These components of professionalism, including altruism and the best interests of others, accountability, excellence, duty, honor and integrity, and respect for others, are foundational to the credibility of the nursing profession. To fail to endorse such attributes rejects the basic tenets of the profession and the notion of a culture of patient safety, and will erode trust among the public toward the nursing profession. Multiple media reports and editorials have commented on this puzzling stand by nurses and published editorials on this issue of nurses refusing flu vaccines with headlines such as “Shame on You,” “Just shut up and get your flu shot,” “Mandate flu shots for health workers,” “Are health care workers who decline flu shots irresponsible?,” “Selfish nurses urged to have winter flu jab,” and others, have resulted and as a result, the credibility of organized nursing diminished. This seems counter to even the self-interests of the nursing profession [16–21].

Our collective experience is that the majority of practicing nurses do in fact understand the need for, and wisdom of, such a mandate, and are accepting such a mandate [22], and the concerns related to mandatory vaccinations are not borne out in reality. Indeed, as pointed out in the accompanying editorial by Bennett and Block [23], multiple professional nursing societies have taken leadership positions for patient safety and vigorously supported such mandates. Instead, it appears that the resistance lies with a smaller, but vocal, minority of nurses in the ANA leadership and membership, and some nursing union leaders, who do not have an evidence-based argument for rejecting this patient safety imperative. Indeed, the National Vaccine Advisory Committee recently convened the Health Care Personnel Influenza Vaccination Subgroup of the National Vaccine Advisory Committee Adult Immunization Working Group (NVACAIWG), to examine the evidence and provide a recommendation to the Assistant Secretary of Health on the issue of influenza vaccine requirements for HCWs. The ANA opposed the final recommendation calling for national influenza vaccine requirements endorsed by this working group [24]. For this reason we call upon the ANA in its role as professionally representing nurses and as historical advocates for patient safety, to re-evaluate their current position, make explicit the methods used and the outcomes of their evaluation of the data, and join the medical profession, multiple professional societies expert in this area, and the many academic and private institutions who have already adopted this patient safety requirement. Absent this, the ANA will need to present a compelling and evidence-based argument as to the lack of support for mandatory influenza vaccination to protect their patients, given the support of so many other professional societies who have readily done so. More importantly, they will have to answer to a public increasingly mistrustful of whose interests are being protected by those they entrust to care for them.

N.B. After the submission of this article, the National Business Group on Health has called for mandating influenza immunization for all HWs [25,26].

Disclosures

Dr. Poland has provided consulting advice on novel, non-licensed influenza vaccine development Avianax, Theraclove Sciences, MedImmune LLC, Liquidiad Technologies, Inc., Novavax, Novartis Vaccines and Therapeutics and PAiXVAX, Inc. Dr. Tucker has no disclosures.

References

[23] Bennett J, Block D. Nursing leadership to ensure patient and health worker protection from influenza. Vaccine 2012 [Complete bibliography to come].

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23 January 2012
23 January 2012