

# Employer Impact on Covid-19 Vaccine Willingness

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## Background & Research Aim

Since becoming available in December 2020, vaccines against COVID-19 have been a focus of public debate. While many welcome vaccines as an effective tool against the pandemic, a crucial minority view them critically and cite numerous concerns as reasons against getting vaccinated. This is particularly relevant among healthcare and social workers, who interact with vulnerable patients and clients on a daily basis. With employers implementing educational programs and offering incentives to raise vaccine willingness among their staff, it is crucial to understand drivers of vaccine acceptance and hesitancy as well as the impact employers can have on vaccine decision-making.



Ever since vaccinations for COVID-19 became available in December 2020 they have been a focus of public debate. Following initial excitement about finally having an effective tool against the pandemic and an initial focus on protecting healthcare workers and vulnerable populations, it quickly became apparent that many did not view the vaccine as the panacea it set out to be. With discourse around the safety and efficacy of vaccines becoming increasingly heated, compulsory vaccination mandates and other measures to increase vaccination rates were discussed as possible public health measures. Meanwhile, healthcare and social care providers sought different methods of encouraging employees to get vaccinated, arbitrating between notions of freedom of personal choice on the one hand and, on the other, employees' personal protection as well as that of their patients and clients.

Against the backdrop of this increasing tension, our study focuses on vaccination attitudes amongst employees of one large nursing and social care NGO based in Vienna and Lower Austria. As of October 2021, over 80% of the 6,000 nursing and social care employees had been voluntarily vaccinated against the virus and, with COVID-19 cases on the rise, the institution was looking for ways to increase this number. At the time, Austria's vaccination rate was lagging behind that of many other European countries: 75% of people in Austria had received at least one dose compared to 93% in Portugal, 84% in Spain, 83% in Italy, 82% in Denmark, and 80% in Norway and Ireland. Austria was about to enter its third national lockdown and gained international press attention for ending the lockdown early for people who had been vaccinated or had recently recovered from COVID-19, issuing a de-facto penalty for the non-vaccinated. Unvaccinated healthcare workers were especially harshly criticized, making the topic of getting vaccinated for the sake of patient and client safety the focus of debate.

Our survey, conducted in December 2021, explores the reasons and justifications given by nursing and social care employees at one Austrian healthcare NGO for receiving or refusing COVID-19 vaccination. In computer-assisted web and telephone interviews, we asked respondents which sources they used to gather information, and what might incentivize non-vaccinated employees to change their minds and get vaccinated.

## Method

We conducted a cross-sectional study via computer-assisted telephone and web interviews. We recruited from a pool of employees from nursing and social care institutions in Vienna and Lower Austria operated by one Austria-based healthcare NGO. Data was collected between December 20, 2021, and January 10, 2022. Variables included in the analysis were socio-demographic attributes, reasons for or against the vaccine, sources of information, opinions on mandatory vaccination, and whether respondents had previously been infected with COVID-19 or knew someone who had been.

## References

- [1] Lehner L, Gribi J, Hoffmann K, Paul KT, Kutalek R. Beyond the "information deficit model" - understanding vaccine-hesitant attitudes of midwives in Austria: a qualitative study. BMC Public Health. 2021 Sep 14;21(1):1671.
- [2] Kletečka-Pulker M, Parrag S, Doppler K, Völkl-Kernstock S, Wagner M, Wenzel T. Enhancing patient safety through the quality assured use of a low-tech video interpreting system to overcome language barriers in healthcare settings. Wien Klin Wochenschr. 2021 Jun;133(11–12):610–9.

## Results & Discussion

86.2% of respondents had received at least one dose of the COVID-19 vaccine. 13.8% were unvaccinated. Vaccinated respondents' main reason for getting the vaccine was to protect themselves (79.6%) as well as others (74.1%), while non-vaccinated respondents cited a fear of short- or long-term side effects (58.8% and 42.4%, respectively) as their primary reason for not getting vaccinated. 72.8% of unvaccinated people noted that no incentive would make them change their mind, while 17.4% specified abstract concepts or systemic change as effective incentives. Monetary incentives were not seen as a motivator. Unvaccinated respondents were significantly more worried about the future than vaccinated respondents (78.8% vs. 26.3%,  $p < .001$ ). They were also significantly more likely to view their employers' vaccine recommendations as 'manipulative' (50.6% vs. 12.4%,  $p < .001$ ), while vaccinated respondents were significantly more likely to view them as 'supportive' (68.0% vs. 25.9%,  $p < .001$ ).

Table 1: Reasons against getting the vaccine

Fear of long-term effects	58.82 %
Because it is fearmongering	42.35 %
Fear of short-term effects	42.35 %
No trust in experts	35.29 %
Alternative protection	29.41 %
Because the government uses it to control its citizen	28.24 %
COVID-19 is not a serious disease	22.35 %
Waiting for another vaccine	18.82 %
Pre-existing condition	9.41 %
Want to have a baby	8.24 %
Friends/family advised against	5.88 %
General rejection of vaccines	5.88 %
Lack of information	4.71 %
Physician advised against	4.71 %
Afraid of needles	1.18 %
Pregnancy	1.18 %
Other	43.53 %

Note. Data is presented as frequency and percentage of a total n of 533 (for the vaccine) and 85 (against the vaccine).

## Summary

Vaccine hesitancy and vaccine refusal are complex phenomena and more complicated than a mere "yes or no" choice [1]. While employers have the means to mediate public health decision-making by providing their employees with information, deciding to become vaccinated is a multifaceted process that relates to public debate, worldviews, political influences, and the uptake of information. Employers can act as mediators for public health decision-making, moving policy measures beyond an individualized view of health choices and health literacy towards more structural, systemic, and community-based efforts, and employer incentives should be seen as a "connected effort," one that intersects with a network of reasons behind vaccine-related decisions [2].

