



Vaccine Attitudes Focus Groups: Healthcare Workers

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The [Utah Health and Economic Recovery Outreach \(HERO\) Project](#) began in May 2020 as a collaborative statewide testing and analysis project to understand the community-based spread of Covid-19. The goal of the HERO Project is to collect and utilize high-quality local data to help inform decision-makers seeking to guide Utah's citizens and economy through a safe return to normalcy. One year later, the project team is wrapping up its reporting on community testing, impacts of Covid-19 on Utah businesses and consumers, school testing, and vaccine uptake, impact, and implications. This report summarizes and synthesizes focus groups related to vaccines. More information on the HERO Project's past and current work can be found in the project's [previous reporting](#).

Thirty nine healthcare workers, including primary care providers, nurses, and staff in long term care facilities, participated in six focus groups. Each was approximately an hour long and included between four and 10 individuals. The focus groups took place in the late spring and early summer of 2021. Researchers from the University of Utah Department of Internal Medicine's Qualitative Research Core worked on behalf of the HERO Project team to identify key themes from the focus group discussions, which formed the foundation for this report.

Key Takeaways

Healthcare workers had similar experiences providing care during the pandemic and generally similar thoughts on the Covid-19 vaccine.

Healthcare Worker Experience

- Healthcare workers described feeling overwhelmed and stressed with juggling responsibilities of work and home, as so much of their lives tied back to Covid-19 and the pandemic.
- Many nurses and staff in long term care facilities worried about the risks of contracting Covid-19 based on their work setting/environment and changing recommendations from the CDC.
- Primary care providers voiced confidence that their training gave them necessary skills and knowledge to protect themselves from Covid-19 from their work setting. However, they felt increased anxiety and stress amongst patients and staff.
- Most healthcare workers felt the pandemic directly impacted their care and interactions with patients—from mandatory masking policies, to changing guidelines from the CDC, to concerns about risks and exposure, to providing accurate information about vaccinations.

Vaccine Attitudes

- For most healthcare workers, the benefits of vaccination—including a return to “normal,” decreased anxiety, not having to wear masks, and protecting oneself and one's community—outweighed the risks of adverse side effects, such as sore arms or taking a sick day.
- Vaccine distribution—signing up and receiving the vaccine—was quick and easy for most participants, but they acknowledged the difficulties of appointment scheduling.
- Medical professionals, the CDC, and the University of Utah were the most trusted sources of information regarding the vaccine, while social media and consumer media were the least trusted sources.

Healthcare Worker Experiences and Perceptions of the Vaccine

Healthcare workers were asked questions regarding their experience teaching during the pandemic, as well as their perceptions of the benefits of risks of the vaccine, their sources of vaccine information, and logistics of receiving the vaccine. Thirty six healthcare workers had received both doses of their vaccine, while three had received neither dose.

Healthcare Worker Experience Providing Care During the Pandemic

During the pandemic, healthcare workers faced challenges balancing the stresses of work and home, as it related to the pandemic. Participants expressed difficulty supporting children with online learning, addressing mental health needs for family and patients, and changing recommendations around PPE and patient interactions. Staff in long term care facilities reported that it was challenging when patients, particularly elderly patients, were unable to receive visitors. This was amplified by the staff facing similar challenges in their personal lives due to guidelines regarding travel and social distancing. Nurses reported that with each wave of high cases came increased stress both at work and home with changing uncertainties, as described by one nurse:

"I think the biggest challenge is that fear that just kind of lives in your life and that unknown. We don't know what tomorrow holds. We didn't know if things would get worse or get better. We didn't know if our kids were going to go to school or not, if we were going to go to work or not. So that constant living with that unknown and that wondering and that fear just kind of takes its toll..."

Perceptions of nurses and staff in long term care facilities regarding exposure varied based on their work settings. Those in larger hospitals and facilities felt more susceptible than participants working in home healthcare or pediatric settings. Primary care physicians reported feeling that their skills and knowledge around epidemiology, patient care, and personal hygiene adequately prepared them to avoid getting infected by their patients. However, many physicians voiced difficulties around disconnecting from the pandemic:

"I just think it's been so consuming. It's consumed everything. It's a part of every conversation and facet of my life. Right? I mean, whether that's professional, personal, I mean, everything, I've kind of had to tie Covid into."

The difficulty of compartmentalizing work and life was evident as one primary care provider described their role as an often cited trusted source for information about the vaccines:

"I hope I have some success with the community I live in. I'm just hoping that they will trust a member of the medical community that has had the vaccine, has vaccinated her own family, and hope that it's infectious, my enthusiasm about it."

Many nurses and staff in long term care facilities shared that they worried about their exposure to Covid-19 for various reasons. Some worried about contracting the virus at work, while others were concerned about exposing patients in their facilities. One staff member at a long term care facility shared about the changing testing regimen for staff at their facility:

"My facility tested us every single week so for about seven weeks after our first outbreak, I was tested at least one time during those weeks. Sometimes I was tested twice. Sometimes I was tested three times. It just all depended on what was going on in our facility at the time and how many outbreaks our CNAs were having, but I came back negative every single time."

Naturally, the pandemic brought about many changes in work settings for healthcare workers. Physicians discussed seeing fewer patients, mandatory mask-wearing, and difficulties in connecting with patients with masks. Supplies and changing guidelines were a concern for many healthcare workers.

"...[I]t was scary because since there was so unknown and I was working directly with Covid patients, they didn't know. At the beginning, we were just going off CDC recommendations for PPE, which were constantly changing as well. So I think just the stress of not knowing, "Am I going to take it home to my family? Am I not wearing the correct PPE?" just things like that, there's just a lot of unknowns that you just had to be able to roll with it. And that compounded over a lot of months. It was just really stressful, at least for me, and I know for coworkers as well."

Attitudes on the Benefits and Risks of Getting the Vaccine

When asked about the benefits of the vaccine, nearly all participants felt confident that the vaccine would reduce severity of Covid-19 cases and deaths. Most participants stated that the benefits outweighed the risks, including a sore arm or needing to take a day off work. One participant noted that anyone working in healthcare is required to be vaccinated for a variety of diseases. In fact, the one individual who was not vaccinated and had no plans to be vaccinated reported willingness to do so if work made it a requirement.

Benefits of vaccination were generally shared across each group, including being able to be social and see loved ones, returning to "normal," decreased anxiety, not having to wear masks as frequently, protecting oneself and others (particularly high-risk individuals) and the ability to travel. Overall, each group focused more on the benefits than the risks of vaccination.

"I would say for myself, I am definitely a pro-vaccine. I get the flu shot every year. My children have all been vaccinated. To me, why would I—so if I have a choice to not get sick by something, why would I choose to not, or why would I have my kids get sick when there is an option for them not to?"

While participants noted that some vaccines were more effective than others, such as the Johnson & Johnson vaccine, they also mentioned that the "proof is in the pudding," in that with the existence of vaccines, there are fewer instances of diseases. Physicians spoke of this success as leading people to thinking diseases aren't as bad as they actually are. One physician noted the desire to protect patients by getting vaccinated:

"I think in our job, the worst thing that I can imagine would be, whether I got very sick or not from influenza or something else, Covid or something else, to then pass it on to one of my susceptible patients who got much sicker than I did and had a bad outcome. That would be among the worst things I could imagine."

Sources of Vaccine Information

Commonly cited trusted sources included the CDC, research-based organizations, websites for vaccine developers, and medical professionals. Each group felt that social media was not a trustworthy source. The media was a commonly mentioned source: some participants felt as though the media coverage of the vaccine was negative, particularly in regard to the Johnson & Johnson vaccine or an overemphasis on side effects as opposed to factual information. Some participants noted that trust in the CDC wavered because of mixed messages. However, one felt as though the University of Utah provided a way through the confusion.

“Well, honestly, our organization, The University of Utah, has done a fantastic job. As information comes up from the CDC, we have our own team of experts that reviews all that information before they get the [inaudible] out to us. At least, that's what I've experienced being in part of a lot of these Covid leadership meetings. And so, I really do trust whatever our organization comes out with, and I would say I'd lean towards the CDC versus things like what Pfizer is.”

One participant noted the local community could have done more to share information about the vaccine beyond logistics. This lack of information meant people had to seek out information on their own. One physician noted that the information that was available in the media led to patients coming to them with confusion around the science and risks of the vaccine.

While some primary care physicians found the amount of information about the vaccines overwhelming, as one of the trusted sources mentioned by many participants, they provided insight into how they assessed information to share with patients. While some found the amount of information overwhelming,

“What I'm looking for these days, I can come up with on my own sometimes, but I really like when I'm able to just get little tidbits that I can use as talking points with patients. I've read all the data and everything that's been disseminated to me and done my own research and things and thoroughly convinced about the efficacy and the safety of the vaccine, but coming up with creative ways to talk about this with those vaccine-hesitant patients is what really helped.”

“I'm not interpreting more risk with this vaccine than any other vaccine I've received, ever...”

“I would never counsel against vaccines unless there was a severe, true allergy.”

“The biggest conversation I've had with people in the community is about whether or not it will change your DNA. And I think a lot of people, they hear the words mRNA, it's hard to know what that means. So kind of explaining what that is has been a big part of my conversations.”

Logistics of Receiving the Vaccine

Most participants noted that the vaccine was accessible for most, though some had difficulties scheduling their first appointment due to limited availability or the roll out of the new system. A few participants noted difficulty for older or less technologically savvy patients to sign up for their appointments. Some physicians stated it took too long to get the vaccine into the hands of private physicians. Many participants felt as though most issues were resolved and the process became easier for those who wanted the vaccine.

“I've heard a lot of comments around with people getting the vaccine that have been really impressed with how fluid the process has been and just how smooth things have gone, which I agree. I think it's been well. It seems like anyone that wants a vaccine has been able to get it.”

Other Considerations

Primary care physicians shared thoughts around the awe and respect they had for the science and technology behind the vaccine development, calling it a “triumph of scientific integrity” and a “human achievement”.

“I just got more excited about the technology that’s been developed for this mRNA vaccine and even what we may be able to do with it beyond immunizing against viral infection. That’s really, really exciting to me. I’m really eager to see what comes out from this technology in the future.”

Physicians also shared ideas to get more individuals vaccinated, including distributing one-shot vaccines in high-traffic areas, such as grocery stores, using social media, using employer or cash-based incentives, or requiring vaccinations for certain public events (such as attending public schools or various forms of entertainment).

Next Steps

HERO Project will continue to publish reports summarizing focus groups held with Utahns of various communities and identities. These reports will help to inform the state’s reflection, evaluation, and adaptation of their pandemic response with regard to public perception, concerns, and experiences receiving the Covid-19 vaccine.

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