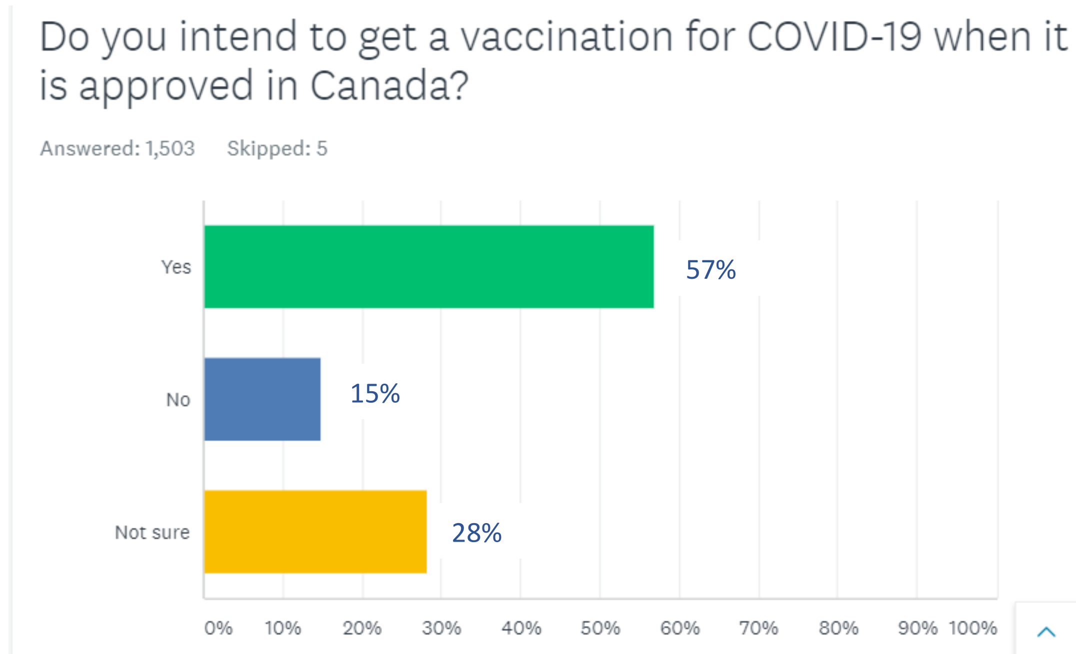
In December 2020, SafeCare BC surveyed workers in BC's continuing care sector on their attitudes to COVID-19 vaccination. This survey was disseminated to our members via email, and subsequently disseminated directly by our partners, including the relevant unions, to their continuing care members.

At closing, the survey has had over 1,500 responses from continuing care workers across British Columbia.

[Key demographics of respondents: 84% female; 67% live in cities; majority are frontline workers (48% healthcare assistants, and approx. 17% nursing staff and 17% support staff)]



- When asked if they intend to get a COVID-19 vaccine, over a quarter of respondents (28%) are 'not sure' and 15% do **not** intend to get vaccinated.
    - Those age 65+ were more likely to say 'yes'; those aged 24-34 group are the least sure, with around 20% answering 'No' and a further 30% unsure. (*This may be related to concerns reflected in the open text fields about impacts on pregnancy, fertility and breastfeeding).*
    - Men were more likely to say 'yes' (72% compared to 56%; this contrasts with flu vaccination rates, where we did not see similar gender-based differences).
    - Health care assistants were the most unsure (around 30% answered 'not sure'), while 71% of managers and 85% of senior leaders intended to take the vaccine. Almost 20% of nurses responded 'No' to this question, the highest of any group.
    - East and South Asian respondents were the most likely to respond 'Yes' (61% and 70% respectively); Latino and Black respondents had the highest proportion of 'no' responses (around 30%, though sample sizes were small). Respondents of indigenous background were the most likely to answer 'not sure' – almost 40%.

- For all demographic groups, possible side effects and the newness of the vaccine were by far the biggest reasons for their 'no' or 'not sure' response. The third (just under 150 respondents) was 'I don't trust the advice of government/public health officials/pharmaceutical companies'.
  - East/Southeast Asian respondents were the most likely to cite concerns about side effects (93%, compared to 84% of white respondents and 75% of indigenous respondents).
  - White and indigenous respondents were most concerned about the newness of the vaccine (72% and 62% respectively) while South and East/Southeast Asian respondents were a little more concerned than their peers about the vaccine's efficacy.

Response Selected	% of Responses
I'm concerned about possible side effects.	84.6%
I'm concerned about how new the vaccine is.	64.6%
I don't trust the advice of government/ public health officials/ pharmaceutical companies.	23.5%
I'm concerned the vaccine won't work.	16%
Other (please specify)	12%
I prefer natural medicines or remedies.	10.5%
It's against my person or religious beliefs	8%
I've had a bad experience(s) with vaccinations in the past.	8%
I don't like needles.	4%
I don't need a vaccine – I'm healthy.	4%
I don't believe vaccinations work.	2.7%
I don't trust the recommendation of my healthcare provider.	2.2%

- Leaders and managers were more likely to agree with statements relating to the need to be vaccinated to protect others, and to trust the government and health authorities.

- White and indigenous groups were most likely to cite mistrust in the recommendations of government and pharmaceutical companies (28% and 25% respectively) – this was not a major concern for South or East/Southeast Asian respondents.

- Among **frontline** workers who answered 'no/not sure' to COVID vaccination, 85% were concerned about possible side effects; over 60% were concerned about its newness; around 25% didn't trust the advice of government or pharmaceutical companies. Almost 20% of healthcare assistants were concerned the vaccine wouldn't work (this drops to 11% for nurses).
  - Very few didn't believe in vaccines in general, felt they 'didn't need it as they were healthy', or cited personal beliefs or mistrust in their healthcare provider.
  - This implies that for those who are unsure, the primary concerns are **safety** (associated with it being a new and quickly developed vaccine, and perceptions that a year isn't long enough to truly understand the risks and potential side effects); and the **trustworthiness/motivations of the government and pharmaceutical industry's recommendation.**

- Frontline workers were also less likely to believe staff and visitors to long-term care should be vaccinated, as opposed to managers, leaders and administrative staff (55% vs 65%).

- Across the board, views on whether people should be required to be vaccinated were mixed (around a third for, a third against and a third unsure). However, very few disagreed with statements that people should be vaccinated to protect others in their community or their workplace.

- In general, people were not concerned about challenges or difficulties in getting vaccinated (although nearly 20% of healthcare assistants and frontline support workers thought that it would be difficult or inconvenient). This did not vary significantly depending on whether respondents live in a city, small town, or rural/remote area, (*NB neither did flu vaccination rates, which may indicate past experience with being able to get a flu shot tracks to low concern about vaccine availability*).

- For those who administer or recommend vaccines, the biggest perceived barrier to administering the vaccine was storage and handling constraints (66%).
  - Just under 25% were also concerned about maintaining COVID-19 safety protocols and having adequate PPE; upfront costs of ordering the vaccine; and having sufficient numbers of trained staff to administer vaccines.

- **Those who didn't get a flu shot were less than half as likely to want to take a COVID-19 vaccine.** Most popular reasons for not getting a flu shot were negative previous experiences with side effects, and a perception that it isn't needed (either because of mask-wearing and COVID-19 safety precautions, or a stated preference to rely on one's own immune system). Less than a quarter of those who did not get a flu shot had confidence in information from government and public health officials, and few had high confidence in mainstream health professionals such as physicians and pharmacists.
  - Those who did not get a flu shot were the only sub-group where the majority would not expect staff and/or visitors to be vaccinated before entering a care home.

- In response to the question 'what else would you want to know', a few key themes emerged:
  - Side effects (especially long-term)
  - Regularity of shot/duration of immunity
  - Effects on fertility, pregnancy and breastfeeding
  - Whether being vaccinated prevents you from inadvertently infecting others
  - Availability in remote areas, on the Island etc.
  - Culpability - assurances that if long-term side effects occur, health care workers will be supported

- For those who administer or recommend vaccines, when asked what information they needed to be confident in doing so, they prioritized:
  - Understanding the vaccine's side effects and the extensiveness of the testing/development process.
  - Efficacy of the vaccine.
  - Confidence in the transparency around and reporting of adverse reactions to the vaccine.

- Nurses were more interested in information about the efficacy of the vaccine and the susceptibility of the individual to the virus as compared to other staff. Nurses and senior leaders also had less

trust in information from co-workers (levels were higher among care aide and frontline support staff).

- Most respondents stated that they would most like to see transparency and/or education as further resources to build confidence. Around half of managers and senior leaders also favoured peer support.

  - **Frontline workers** were most likely to trust mainstream healthcare providers (85% rated them 3 or more out of 5); Government/public health officials (75% rated them 3 or more out of 5; and sector-specific organizations (around 80% rated 3 or above). Unions were rated in the middle, with few rating them as either highly trusted or mistrusted.
    - The lowest levels of trust were in social media and leaders of cultural/religious groups, where a large majority – especially nurses – rated them 1 out of 5. There is also low trust in pharmaceutical companies and news media.
    - Family and friends, and managers and coworkers, also ranked relatively low as trusted sources of information – again, especially among nurses.

  - There was also a small amount of variation in trusted sources for **racialized groups.** For example:
    - While the most trusted information sources for **indigenous respondents** mirrored the overall rankings, overall levels of trust in all information sources were lower than for other racialized groups. This group was also the least likely to trust mainstream healthcare providers (27% rated 1-2, as opposed to 17% for white respondents).
    - White respondents were more likely to mistrust peers (family/friends, coworkers), cultural/religious leaders and social media – this group had more trust in 'authority' or expert sources.
    - Other racialized groups with large sample sizes (East/Southeast Asian and South Asian) **had higher levels of trust in vaccination information** overall, again with mainstream healthcare providers, government/public health and sector bodies scoring most highly.