Dealing with COVID-19 vaccine hesitancy among health care workers

MAR 4, 2021

Timothy M. Smith
Senior News Writer

Some health care workers may be hesitant about getting vaccinated against COVID-19. Whether this hesitancy is reasonable, it needs to be addressed if we hope to mitigate occupational harm and achieve herd immunity.

During a recent “Ethics Talk” videocast from the AMA Journal of Ethics® (@JournalofEthics), Arthur Caplan, PhD, head of the medical ethics division at NYU Grossman School of Medicine, outlined the steps health professions and health care organizations can take to boost vaccination rates among skeptical staff and to support a healthy workforce at a critical time.

Misinformation or misgivings?

One of the challenges for health care leaders is to discern where workers’ vaccine hesitancy is coming from. An obvious source is falsehoods about vaccines stoked by career anti-vaxxers and amplified by the internet.

“I don’t think the health care workforce is as amenable to anti-vax propaganda, but, you know, it’s omnipresent,” Caplan said. “So it could be corroding some of the trust that health care workers have in vaccination.”

Many workers are more judicious in their consumption of information but still have reasonable fears. Women in health care, for example, may worry that vaccines could harm their babies during pregnancy.


Copyright 1995 - 2021 American Medical Association. All rights reserved.
“It’s understandable that they’re concerned,” Caplan said. “They say, ‘These vaccines have not been tested adequately on pregnant women.’ Still, we know it’s better to get vaccinated against viral diseases when you’re pregnant than not because [viruses] can harm the fetus.”

Learn why the AMA and many other health professional societies say COVID-19 vaccines shouldn’t be denied on account of pregnancy.

Some on the front lines think they’ve already been exposed to the virus—maybe multiple times—and figure they must have developed protective antibodies. But there’s no knowing this without a blood test, and even then, it’s not known how long antibodies last.

Others worry that the development and testing of COVID-19 vaccines was rushed.

“People hear ‘warp speed’—they hear that the president pushed to get these vaccines approved and was trying to arm twist—and they don’t like that,” Caplan said. “They worry that corners were cut, studies were stopped prematurely to give emergency use, and it makes them nervous.”

To promote factual information around COVID-19 online, the AMA’s COVID-19 vaccines guide for physicians contains background and actions, evidence-based messaging guidance and best practices for consideration in external communications on COVID-19 vaccine topics.

**Practical strategies**

Tackling falsehoods and fears can seem a daunting task, but Caplan laid out several concrete measures to encourage workers to get vaccinated and prevent them from leaving the workforce.

**Educate, educate, educate.** Create more webinars and seminars to explain what is known and what isn’t.

Workers will respond to messages of “‘here’s what we know, here’s what we don’t know, but this is why we’re certain that vaccination is better,’” Caplan said.

**Monitor social media.** See what erroneous claims are out there and refute them.

You might say, “‘We’ve seen, for example, a lot of stuff on the internet about fertility, and it’s bogus. … The current vaccines aren’t going to get in your DNA. They can’t modify anything in your embryo or your child,’” Caplan said. “It may seem unnecessary to say that, but it is necessary to say that.”

**Find the right spokespersons.** Workers’ contemporaries are most effective at addressing concerns.
“There’s more trust sometimes in someone who seems to be a peer than someone who seems to be perhaps—and I’ll indict myself here—a gray-bearded old expert telling you what to do,” Caplan said.

**Emphasize the ethical responsibility.** Make it clear that workers are expected to get vaccinated. Some workers might cite religious reasons for refusing vaccination, but religious figures can, and will, explain why vaccination is a duty.

“The burden is on those who don’t want to—to say so and to explain why,” Caplan said.

Find out more about why physicians are obligated to get vaccinated against COVID-19, and learn about answering health professionals’ COVID-19 vaccination questions.

**More on this**

Caplan also talked about how to accommodate staff who refuse to get vaccinated, the problems with offering financial incentives for vaccination, and how to respond to workers from minority populations who have a history of distrust with the health care system.

Check out previous episodes of the “Ethics Talk” podcast or subscribe to the series in iTunes or other services.