Identifying COVID-19 Vaccine Hesitancy Among Providers

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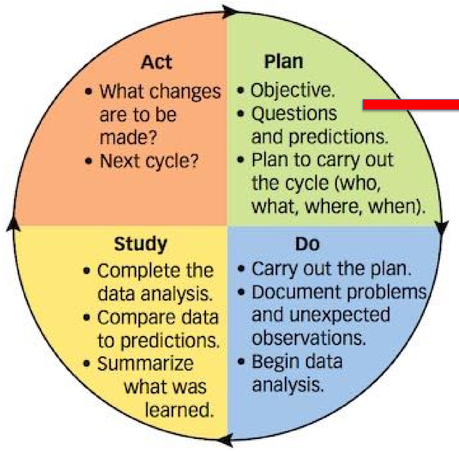
BACKGROUND & SIGNIFICANCE

- The COVID-19 pandemic has profoundly affected society on a global, national and local level.
- COVID-19 has led to an increase in morbidity and mortality rates.
- Age and medical comorbidities such as chronic cardiac or lung disease, diabetes and obesity increase the risk of severe disease, hospitalization, intubation and death.
- Vaccination is a safe and effective tool in preventing disease and improving public health.
- COVID-19 vaccine is an essential tool in eliminating the pandemic.
- Healthcare providers are hesitant on getting the COVID-19 vaccine.

SPECIFIC AIM

To examine the relationship between providers' knowledge of the COVID-19 vaccine and concerns they had prior to vaccination

PLAN-DO-STUDY-ACT CYCLE



- PDSA Cycle used as the underlying framework
- QI project focused on the planning stage

METHODS

- **Design**: Quality Improvement (QI)
- **Sample**: 30 providers (NPs/PAs)
- **Setting**: Retail health organization
- **Implementation:** 11-question SurveyMonkey distributed via work email.
- **Data Collection Tool**: Quantitative survey
- **Data Analysis**: Descriptive statistics, Chi-square analysis.

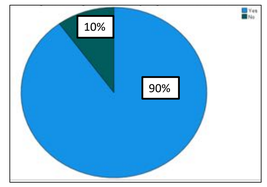
CONCLUSIONS & IMPLICATIONS

- A reputable survey can identify knowledge, attitude, beliefs and perception of COVID-19 vaccine hesitancy among providers.
- Impact future practice protocols and interventions to influence vaccine uptake.
- Studies that evaluate vaccine hesitancy among providers working in a retail health setting beyond the one-month period and with a larger sample size is needed.

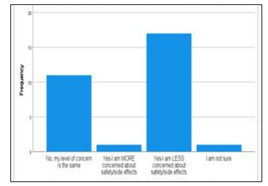
RESULTS (UNIVARIATE ANALYSIS)

Demographics		N	%
Age Group	18-24 years	0	0.00%
	25-34 years	15	50.0%
	35-44 years	10	33.3%
	45-54 years	4	13.3%
	55-64 years	1	3.33%
	65+ years	0	0.00%
Sex	Female	29	96.6%
	Male	0	0.00%
	Rather not disclose	1	3.33%
Race/Ethnicity	American Indian/Alaskan Native	0	0.00%
	Asian/Pacific Islander	5	16.6%
	Black/African American	9	30.0%
	Hispanic	2	6.67%
	White/Caucasian	12	40.0%
	Prefer not to answer	1	3.33%
	Multiple ethnicity	1	3.33%

Do you consider yourself to be adequately informed about the COVID-19 vaccine?



Has your level of concern changed about the COVID-19 vaccination between January 2021 and now?



RESULTS (BIVARIATE ANALYSIS)

*Do you consider yourself to be adequately informed about the COVID-19 vaccine? *Has your level of concern changed about the COVID-19 vaccination between January 2021 and now?*

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.441[a]	3	.024	.193		
Likelihood Ratio	5.197	3	.158	.234		
Fisher-Freeman-Halton Exact Test	6.036			.234		
Linear-by-Linear Association	.518[b]	1	.472	.569	.285	.080
N of Valid Cases	30					

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is .10.
b. The standardized statistic is .720.

- Chi-square test
- No statistical significance between providers' knowledge and level of concern, (*p=0.234*)

*Do you think that the COVID-19 vaccine should be required for all health care providers (barring contraindications)? *What is your perceived risk of getting the COVID-19 infection?*

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	6.225[a]	3	.101	.106		
Likelihood Ratio	7.867	3	.049	.080		
Fisher-Freeman-Halton Exact Test	5.948			.088		
Linear-by-Linear Association	4.521[b]	1	.033	.043	.024	.017
N of Valid Cases	30					

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is 1.33.
b. The standardized statistic is -2.126.

- No statistical significance between providers' perceived risk and COVID-19 vaccine mandate, (*p=0.088)*

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