

Hellenic Observatory Research Calls Programme

**Vaccination mandates for hesitant healthcare workers
and the science advice system in Greece: A hermeneutic
approach to public policy**

Policy Brief

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Vaccination mandates for hesitant healthcare workers and the science advice system in Greece: A hermeneutic approach to public policy

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Executive Summary

THE PROBLEM

- The World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic in March 2020. Novel vaccines were given regulatory authorization in December 2020 and vaccination of populations was promoted as the primary way to end restrictive measures around the world. Vaccine hesitancy, defined as delay in acceptance or refusal of vaccination despite availability of vaccination services, was identified as a major obstacle to achieving this goal. It is notable that a significant percentage of healthcare workers (HCWs) prove to be hesitant around the world. In Greece, as of August 2021, the vaccination rate of health personnel (medical, nursing, laboratory staff) in public and private health care facilities was 70% and for this reason vaccine mandates were introduced for HCWs on 1 of September 2021. As a result, thousands of HCWs were suspended from work. Mandates ended in November 2022.
- Although mandates increased the number of vaccinated HCWs, still, with the anti-vaccine movement on the rise, often tied to antisystemic voices, one should be mindful of the long-term effects of mandates (WHO 2021).

OUR THESIS

- We argue that it is important to understand the reasons behind HCWs hesitancy. It is possible that rather than irrational or anti science, they construct risk of infection and transmission in a different way from the official account.
- We collected new representative data so that we understand both the Greek government's and HCWs' positions. We conducted 38 interviews with HCWs who vaccinated as a result of mandates and 36 interviews with HCWs who were suspended as a result of refusing to vaccinate. We used thematic analysis and hermeneutic analysis to understand their position. We also collected and analysed transcripts of weekly press conferences held by government during the pandemic. These press conferences were televised and transcripts are stored on government's official sites offering us a unique opportunity to use content analysis to derive themes and deploy hermeneutic analysis to understand government's position.

MAIN RESULTS

HCWs' PERSPECTIVE

- We found that hesitant HCWs indeed have their own conception of risk. They minimised the severity of COVID-19 and/or underestimated the likelihood of contracting it.
- We found that HCWs did not consider themselves as belonging to a high-risk group and avoided vaccination even for the flu jab, displaying a preference for innate immunity.
- We found that 21/38 of our interviewees who vaccinated as a result of mandates had already started gradually changing their minds as they became exposed to new experience and information from their immediate social and professional environments.
- We found that mandates strengthened hesitancy of unvaccinated HCWs (the ones who were suspended).
- Moreover, hesitant HCWs had very low levels of trust towards the system of decision making and they explicitly questioned the lack of public debate on dissenting views on safety and effectiveness of Covid-19 vaccines.
- Previous to Covid-19 pandemic, HCWs had to work longer hours in extremely difficult conditions, with more patients and lower pay in an understaffed and underfunded system. They are deeply distrustful of politics for this reason too.

GOVERNMENT'S PERSPECTIVE

- We also analysed the science advice system in Greece during the Covid-19 pandemic. We found that the newly established science advice system admittedly presents a serious effort to establish evidence-based policy in Greece.
- The chief science advisor, Prof Sotiris Tsiodras, presented a distinctive and very popular advice style (protect the vulnerable and save the public health system) putting compassion and protection of vulnerable populations squarely into statements about what needed to be done.

- From the government's perspective, mandates made sense in light of previous recommendations of the national vaccination committee with regard to mandates for the flu vaccine for HCWs. HCWs are hesitant with respect to the flu jab too, and for this reason they were already defined by the Ministry of Health as a high-risk group both for transmitting the virus and catching the virus. Introducing mandates had already been discussed as an option.
- The stark reality of a crumbling healthcare system was a major factor influencing decisions with regard to mandates.

RECOMMENDATIONS

- If indeed it is a case of difference of perception with regard to risk of infection and transmission of the virus (rather than a moral failing on the part of professionals who fail to adhere to the principle of 'do no harm' and show lack of solidarity) government may want to think about using persuasion rather than mandates so that the laudable goal of increasing vaccination of HCWs and the population alike is achieved.
- The science advice system in Greece and beyond could be improved to be more deliberative rather than asserting its credibility based on the image of scientific consensus. We recommend including dissenting voices and introducing public debate on controversial questions such as science courts (Pamuk 2021).

Key Findings

We show that the arguments that influenced the Greek government's decision to impose mandates can be interpreted as a desperate effort to keep the national health service from breaking down. Mandates also make sense in light of previous recommendations of the vaccination committee with regard to vaccine hesitancy. Statistics with regard to HCWs attitudes in relation to other vaccines (flu) and presentism (defined as working while being ill, which is common among HCWs, even in high-risk settings) prove crucial, as HCWs were defined as a high-risk group both for transmitting the virus and catching the virus. Pof Tsiodras distinctive style as a science advisor was also important, as he can be seen as a case of 'ethical scientist' setting the pace for a type of science advice particular to Greece which we term the '*view from inside*' putting compassion and protection of vulnerable populations squarely into

statements about what needs to be done. Apparently, his voice resonated with a society where suffering during the economic crisis in Greece encouraged solidarity.

The Greek government expected HCWs and the public health system to speak in one voice and follow the scientific consensus as articulated by the newly established science advice system in Greece. In other words, government expected HCWs to support the decisions of democratic institutions. HCWs on the other hand, explicitly challenged the democratic nature of the science advice system, since, according to them it did not give them voice and failed to address their concerns.

The primary narrative emerging from the interviews with HCWs is that mandates are in conflict with the right to self-determination and freedom of choice. Vaccination is a medical procedure and HCWs needed to give their consent. Although in principle public health reasons could trump individual rights, they think that public health reasons do not justify mandates in their specific case. The reason according to them is that they take extra care not to transmit the virus to patients, colleagues, and their environment. Moreover, vaccinated and unvaccinated carry similar viral load, therefore self-testing two or three times a week would be a way to address concerns. They emphasize that they do not violate professional codes of conduct (do not harm) and do not fail to show social solidarity with the public health system exactly because they take care not to transmit the virus and they are willing to do frequent self-testing. Moreover, they have serious doubts about safety and they attribute their hesitancy to fear of side-effects of the COVID-19 vaccine (although they explicitly said that they do not identify with anti-vaccine movement in general). For some of them, mandates strengthened their hesitancy while others said that they vaccinated so that they do not lose their jobs. Yet, almost half of our interviewees who had been vaccinated after mandates have been introduced said they would have changed their mind and vaccinate anyway.

We further show that HCWs' have different perceptions of risk. They underestimate the chances of getting seriously sick and they are optimistic about innate immunity. These findings align with other studies (Larsson, Lin and Goble 2022) showing that individuals minimized the severity of COVID-19 and/or underestimated the likelihood of contracting it, either because no one in the social circle had been affected, or because those affected did not develop serious symptoms. Moreover, HCWs were not only afraid of side effects of the Covid 19 vaccine but also side effects of the flu vaccine. They underestimated the risk of catching and spreading the virus for seasonal flu and COVID-19 alike and avoided vaccination exhibiting false optimism.

Our findings also align with studies showing that HCWs have a different perception of risk and that attitudes with respect to the flu vaccine influenced attitudes towards Covid-19 vaccine (Alasmari, Larson & Karafillakis 2022). Health workers who believed they had a high risk of disease were vaccinated for Covid 19 at a higher rate (Nyamuryekung'e et al, 2023). Similar to Papazachariou and colleagues (2022) we also found that those who were vaccinated against the flu before and during the pandemic were more likely to be vaccinated against Covid-19. In short, given past practice of avoidance of immunization for all the reasons discussed here, changing perceptions about innate immunity and perceptions about the seriousness of catching Covid-19 seems to be the key to a successful policy.

A key finding concerns reasons for which HCWs changed their mind. We found that those hesitant HCWs who voluntarily changed their mind and decided to vaccinate reviewed their initial conception of risk in light of new experience shared with others such as people who fell ill or died in their social circle or at the hospital. Therefore, we see that for those who decided to vaccinate it was a socially embedded decision-making process which led perceptions change over time due to respective changes in individuals' networks and influences (also see Paul et al., 2021). Our finding that perceptions change in light of lived experience (people getting seriously and dying in one's immediate social circle or discussions with trustful persons about harms) makes more sense in light of the false optimism we identified previously.

Finally, lack of trust of the political system strengthened hesitancy. HCWs expressed distrust towards political institutions and the decision-making process. They are deeply distrustful of government after years of continuing crises which created working conditions of extreme pressure in an understaffed and underfunded system. They consider that governments deliberately devalued the common good of public health. Moreover, they did not trust the science advice system because it did not include dissenting opinions and it did not allow public discussion. Lack of trust has been further strengthened as HCWs said they feel that they belong to a professional group that has been stigmatized and faced social exclusion in a society divided into vaccinated and unvaccinated.

Punishing makes sense for people who do not conform to professional standards because they are selfish or lazy, yet in cases there is difference of perception, or profound lack of trust towards decision makers, a different approach based on persuasion is preferable, so that the worthy goal of increasing vaccination of HCWs and the population alike is achieved in the long term.

In light of the above, we make specific policy proposals to improve the science advice system in Greece so as to make it more deliberative. We review discussion by Pamuk (2021), McKee and colleagues (2022) and Jarman and colleagues (2022) who make suggestions so that existing institutions are reformed to accommodate dissent and new institutions can be built so that open dialogue is encouraged. In short, the problem of hesitancy is fundamentally a problem of trust in democracy and solutions need to address ways in which institutions can become more democratic. Moreover, the problem of hesitancy is a problem of difference in perception about risk. This too needs to be addressed in a system that encourages discussion and the sharing of lived experience.