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Discussion of Health Care Workers Attitudes Toward COVID-19 Vaccination and its Impact on Their Personal and Professional Life

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We read with great interest the recently published article by Haddaden et al. (2021) tracking the positive impacts of the COVID-19 vaccines on healthcare workers' (HCW) mental and physical wellbeing. In this article, the authors provided the results of a cross-sectional study in which HCWs self-reported their comfort levels in caring for non-COVID-19 and COVID-19 patients as well as their mental well-being post-vaccination.¹ We applaud the authors as this study highlights the importance of widespread HCW's vaccination from both personal and professional perspectives.

However, we think that there are certain aspects of this article that warrant further consideration. Firstly, the sample group was very young, limited to a mean age of 37.2 years, and 75% of the individuals were considered to have no comorbidities.¹ The overall young, healthy sample population may limit a generalized reflection of the public's thoughts and physiological response to the COVID-19 vaccine. Secondly, the majority (75.7%) of the sample received the Pfizer vaccine, whereas only 15.7% of the sample received the Moderna vaccine, 0% received the Johnson & Johnson vaccine, and 15.7% refused the vaccine.¹ According to the Centers for Disease Control and Prevention "COVID Data Tracker," of the roughly 190.6 million Americans fully vaccinated against COVID-19 (as of October 24, 2021), 55% received the Pfizer vaccine, 37% received Moderna, and 8% received Johnson & Johnson.² There are clear

disparities between COVID-19 vaccine representation in this sample of HCWs compared with the general U.S. public. This could partly be due to HCWs receiving their vaccines earlier in the pandemic, although other reasons could also play a role (i.e., disparate general public attitude toward different vaccines in comparison with HCWs). Further research using a more representative and diverse sample both from the general public and HCWs are required before drawing a more concrete conclusion. Lastly, this study reported that the 15% of HCWs who refused the vaccine felt higher comfort levels when caring for COVID-19 patients compared with their vaccinated peers.¹ Vaccine hesitancy is not limited to U.S. HCW but is also witnessed around the world and could be addressed through more informative and clearer policy measures.³ Regardless, this result is particularly surprising, and it might be useful to compare the comfort levels of these groups again when the vaccinated HCW are 6+ months post-vaccination.

As the COVID-19 pandemic continues to evolve, it is important for HCW to stay up to date with current regulations. This study was conducted in early 2021, prior to the discussion and implementation of the COVID-19 booster vaccine in responses to COVID-19 variants. Since then, research has shown that vaccine antibodies are significantly decreased 6 months post-vaccination and that booster vaccines are effective at quickly reactivating the body's

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immune response.⁴ HCW will continue to be on the front lines in the fight against COVID-19; as a result, they may be exposed at higher rates to the virus and thus may benefit from receiving a booster dose. As time has lapsed and with higher number of individuals being safely vaccinated, initial doubts and hesitation of HCWs and the general public seem to have decreased. Further research into the positive impacts of the vaccination on the professional and personal life of the recipients, as well as the protection against potentially lethal COVID-19 infections, may help to support one's position when advocating for vaccination.

Finally, it's important to also provide suggestions for positive coping strategies when discussing the mental wellbeing of HCW. The COVID-19 pandemic has been stressful for all but is likely even more so for HCW and will continue to be stressful in the foreseeable future. One way for HCW to positively impact their mental health during this time is by boosting their emotional connectedness.⁵ There are numerous ways for HCW to do this, including through longer break times, physical activity, and other bond-forming activities.⁶

The mental and physical health of HCWs must continue to be a priority as the COVID-19 pandemic continues. Going forward, we suggest adjusting studies to research a more representative population, adding additional studies to assess personal

and professional outcomes in HCW following booster vaccines, and providing tangible means for HCWs to promote mental wellbeing.

Conflict of interest

None.

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