Mandatory COVID-19 Vaccine Mandates for Healthcare Workers

Joseph Flores

Grand Canyon University

COM 475 Communication Campaigns

Doctor Edward Wagner

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Mandatory COVID-19 Vaccine Mandates for Healthcare Workers Ladies and gentlemen,

It is a great honor to stand before you to address a global issue that has affected our livelihood and the well-being of the entire community: the resumption of mandatory COVID-19 vaccines for healthcare workers. Although the impact of COVID-19 is less severe now than in 2020, the pandemic is still with us. Between July 10 and August 6, 2023, The World Health Organization (WHO) reported 1.5 million new cases of COVID-19. The WHO says the total number of deaths due to COVID-19 has risen to 6.9 million (World Health Organization, 2023). Among the most affected groups are the healthcare workers. The WHO reported approximately 180,000 healthcare worker deaths related to COVID-19 from January 2020 to May 2021 (World Health Organization, 2023). These deaths were a tragic loss in the healthcare community, and we are yet to fill the gap. Thus, COVID-19 persists as a threat to the healthcare community, calling for urgent interventions to enhance the safety of healthcare professionals.

Studies present vaccines as the most potent preventative weapon against COVID-19. However, mandatory vaccination for healthcare workers continues to face significant resistance among practitioners. Data show that only two out of every five healthcare workers are vaccinated against COVID-19 globally. This hesitancy to get vaccinated among healthcare workers leads to low vaccinations among members of the public. Healthcare practitioners are the most trusted source of information for COVID-19 vaccines. Research finds that healthcare workers positively influence patients to receive vaccines. Rutten et al. (2021) found higher vaccination rates and vaccine acceptance among communities that received recommendations from healthcare workers. Latkin et al. (2021) also found that clinicians significantly influence health-related social norms and perceptions likely to impact vaccine acceptance positively. These research works help illuminate the need for healthcare providers to receive COVID-19 vaccines to protect the community against the pandemic and its related effects.

Thus, we need to accelerate vaccinations for all healthcare workers. Doing so does not protect healthcare providers only but the broader community at large.

Vaccinations ensure that practitioners cannot contract the virus from or transmit it to the patients. That implies practitioners receiving the vaccine is not a personal choice. Instead, it is an ethical and professional obligation (Rutten et al., 2021). Remember, as healthcare workers, beneficence and nonmaleficence guide our actions. Beneficence calls us to perform actions that benefit our clients and promote actions that affect community health positively (Jalilian et al., 2023). We find the COVID-19 vaccine beneficial to safeguarding our health and the community we serve. Nonmaleficence calls us not to cause harm to our clients (Jalilian et al., 2023). Failure to take the vaccine risks practitioners contracting the virus, which we can transmit to vulnerable patients such as older adults, patients with underlying health conditions, or immunocompromised individuals. Thus, accepting the vaccine fulfills our responsibility to promote and safeguard public health.

In addition, mandatory COVID-19 vaccines for healthcare workers call for collaboration between research and healthcare departments. The COVID-19 virus continues to emerge in different variants, the most recent being Omicron (Latkin et al., 2021). These variants reduce vaccine effectiveness in the fight against infections. The challenge poses the need for the development of additional vaccines that will enhance protection against the virus. The development of these doses calls healthcare providers to share their experience with the existing vaccines. Their contribution will allow the development of more effective vaccines in safeguarding public health. As we embark on this initiative, the vaccines are safe, contrary to misconceptions spread against them. Center for Disease Control (CDC) ensures that each vaccine type meets quality and safety standards (World Health Organization, 2023). In addition, we respect individual cultures and beliefs that hinder the acceptance of the vaccine among healthcare workers. We are open to education, opinions, and your contribution to developing an acceptable strategy for all. No one should be forced to take the vaccine. Instead, we want the process to be voluntary to be more effective. We have considered accommodation for individuals with legitimate medical, cultural, or religious exemptions. To strike a balance, we weighed vaccines' health benefits and found them to outweigh the challenges by far. Healthcare workers on the front line in using the vaccine to prevent the spread of the virus send a clear message that safeguarding our public health is nondebatable. We should make decisive directions and lead by example.

Further, we find mandatory vaccination against COVID-19 for healthcare workers as an effective means to cut the running cost of the healthcare system by government or medical facilities. Vaccination will ensure that all healthcare providers remain at work attending to patients' needs (Latkin et al., 2021). Further, it will reduce death rates in the healthcare environment, reducing the need to train more nurses to replace the ones we lose through death. For example, the cost to train a nurse annually is approximately \$10,000 (Latkin et al., 2021). We can invest the money to boost the healthcare systems when we accept to receive vaccination. In addition, we shall ensure that we retain experienced healthcare workers, boosting our healthcare services.

We acknowledge that this initiative poses several logistical challenges. We offer education and training across all healthcare departments to address these challenges. Education and training will ensure that healthcare providers understand the need to receive the vaccines. In addition, we shall collect concerns from healthcare workers to ensure modification of the initiative to accommodate genuine concerns raised. We aim to develop a culturally acceptable implementation strategy among all healthcare providers. Further, we have support systems to ensure vaccine accessibility and assistance whenever required. Addressing healthcare worries about COVID-19 vaccines will save lives and accelerate our efforts toward ending the COVID-19 pandemic to return our lives to normalcy.

In conclusion, I call for collaborative efforts among stakeholders involved, healthcare leaders, policymakers, and the public, to support the implementation of mandatory COVID-19 vaccines for healthcare workers. Our efforts are guided by scientific evidence, empathy, healthcare principles, and collective responsibility to safeguard our public health. Failure to take this action will undermine our physical, mental, and social well-being as healthcare professionals. More than awards, commemoration, and recognition are needed to appreciate those on the frontline in the fight against COVID-19. Thus, we must work together to protect and invest in our current and future healthcare workers.

Campaign Message Distribution Methods

I will use emails as the primary method to distribute the campaign message. Emails in healthcare help providers send or receive messages in real-time (Liu et al., 2020). Emails will help reach a broad audience more efficiently. In addition, emails will increase communication convenience, as the recipient can receive them from where they are and open them at any time (Liu et al., 2020). Convenience is an aspect that allows the target audience to engage with the message at their own pace. Further, emails will enable cost-cutting as the expenses involved are minimal. A valuable effect of emails is that they allow the personalization of campaign messages (Liu et al., 2020). The use of emails will enable modification of the message to suit individual

needs while respecting their culture and beliefs. The effect will increase the recipient's engagement with the campaign.

We shall also use social media to drive the campaign. Data show that at least 5.35 billion internet users existed by January 2024, which is 66.6% of the world's population (Smailhodzic et al., 2016). The use of social media will enable us to disseminate the campaign to a broader audience. With social media, the recipient can access the message at a time or place of their convenience (Chen, 2021). Everyone is required is to have to access the internet and a computerized gadget like a smartphone. In addition, social media will allow conversation with the target audience for immediate response (Smailhodzic et al., 2016). It will allow the communication team to stay in touch with the target audience to track their concerns. Consequently, social media will make the campaign message compelling and engaging to the audience, making it an excellent distribution method of choice.

References

- Chen, Junhan, and Yuan Wang. "Social media use for health purposes: systematic review." *Journal of medical Internet research* 23, no. 5 (2021): e17917. https://preprints.jmir.org/preprint/17917
- Jalilian, H., Amraei, M., Javanshir, E., Jamebozorgi, K., & Faraji-Khiavi, F. (2023). Ethical considerations of the vaccine development process and vaccination: a scoping review. *BMC Health Services Research*, 23(1), 255. <u>https://doi.org/10.1186/s12913-023-09237-6</u>
- Latkin, C. A., Dayton, L., Miller, J. R., Yi, G., Jaleel, A., Nwosu, C. C., ... & Falade-Nwulia, O. (2021). Behavioral and attitudinal correlates of trusted sources of COVID-19 vaccine information in the US. *Behavioral sciences*, *11*(4), 56. <u>https://doi:10.3390/bs11040056</u>
- Liu, M., Cheng, S. Z., Xu, K. W., Yang, Y., Zhu, Q. T., Zhang, H., ... & Xiao, H. P. (2020). Use of personal protective equipment against coronavirus disease 2019 by healthcare professionals in Wuhan, China: cross-sectional study. *Bmj*, 369. <u>https://doi.org/10.1136/bmj.m2195</u>
- Rutten, L. J. F., Zhu, X., Leppin, A. L., Ridgeway, J. L., Swift, M. D., Griffin, J. M., ... & Jacobson, R. M. (2021, March). Evidence-based strategies for clinical organizations to address COVID-19 vaccine hesitancy. In *Mayo Clinic Proceedings* (Vol. 96, No. 3, pp. 699–707). Elsevier. <u>https://doi:10.1016/j.mayocp.2020.12.024</u>.
- Smailhodzic, E., Hooijsma, W., Boonstra, A., & Langley, D. J. (2016). Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals. *BMC Health Services Research*, *16*(1), 1-14. https://doi.org/10.1186/s12913-016-1691-0

World Health Organization. (2023). COVID-19 weekly epidemiological update, edition 134, March 16, 2023. <u>https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---10-august-</u> 2023?adgroupsurvey={adgroupsurvey}&gad_source=1&gclid=CjwKCAiAivGuBhBEEi

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