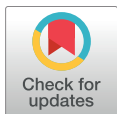




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Lead by Example by Getting the COVID-19 Vaccine



Julee B. Waldrop
DNP, PNP-BC, FNP-BC,
FAANP, FAAN

I am hopeful that by the time you read this, a vaccination for coronavirus disease 2019 (COVID-19) will be a reality for at least some people. If not, then I am hopeful it will happen soon. For your own health and everyone else's in the world, it is absolutely necessary that you take your role as a nursing leader seriously and advocate for vaccination.

Why am I worried about vaccine uptake? Because surveys are reporting that far too few of us are considering it. Only 51% of the general public surveyed say they are very or somewhat likely to get the vaccine as soon as they can.¹

What really concerns me, though, is how nurses feel about the vaccine. According to a survey of 13,699 nurses by the American Nurses Association (ANA)²:

- 40% of nurses are not confident in the vaccine development process
- 50% expressed mistrust of information about vaccine development
- 44% are not comfortable discussing the vaccine with patients
- 60% are personally very or somewhat confident in the safety and effectiveness of a COVID-19 vaccine.
- ONLY 34% would get the vaccine, 31% were unsure, and 36% would not get the vaccine voluntarily.²

And the most distressing result of all is that Black and Native American nurses are 2-times less likely to report they would get the vaccine if it was not mandated by an employer.³

As the most trusted members of the health care system, nurses shoulder a huge responsibility.⁴ If the health care system and the nation are going to beat COVID-19, nurses must take this responsibility seriously. What can you as a nurse practitioner and nurse leader do about it?

The ANA survey also reports that 63% of nurses get their information about the COVID-19 vaccine and its development from the mainstream media, with only 54% reporting that they get their information from professional associations, such as the ANA, and 46% from government agencies. As evidence-based practice leaders you can be observant, and if you overhear misinformation or questions and concerns from your fellow health care providers or patients, seek to find the highest level of evidence available together and make communicating this a priority.

For many, finding this evidence will be enough to translate into action. However, it will be harder to change historical beliefs that are present in some groups, such as Black and Indigenous people, from prior government-sanctioned mistreatment and continued inequities in our health care system.

There are many strategies for motivating behavior change, and you may have one that you are comfortable with. The ANA advocates honest discussion with patients about their concerns using the triple A approach:

- **Ask** what they know about the vaccine
- **Acknowledge** their concerns and feelings

- **Advise** by giving clear messages about what you recommend for the patient's individual circumstance³

As I have said before in my editorials, actions speak louder than words, so I also encourage you to personally get the vaccine and share that you have done so voluntarily. Follow the example of ANA President Ernest Grant, who participated in phase 3 vaccine trials at the University of North Carolina at Chapel Hill, and share his story.⁵ He believes that if more people of color know that people like him participated in the trials, they might consider that it is safe for people like themselves and consider getting it.

And don't forget to advocate for the influenza vaccine and all other vaccines while you're at it. I got my influenza vaccine in early October, and I will get the vaccine for COVID-19 as soon as I possibly can. I hope you will too.

References

1. Ipsos. Cliff's Take: Our First – And Hopefully Last – COVID Thanksgiving. November 25, 2020. <https://www.ipsos.com/en-us/cliffs-take-our-first-and-hopefully-last-covid-thanksgiving>. Accessed November 29, 2020.
2. American Nurses Association. ANA Enterprise. COVID-19 Resource Center. Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Vaccine. COVID-19 Survey Series 4: Vaccine Development, October 2020. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccine-survey/>. Accessed November 29, 2020.
3. American Nurses Association. ANA Enterprise. COVID-19 Resource Center. Webinar: The State of COVID-19 Vaccine Development: What you Need to Know. November 2020. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/education/ana-covid-19-video-education/COVID-19-Vaccines/>. Accessed November 29, 2020.
4. Reinhart R.J. Nurses Continue to Rate High in Honesty, Ethics. January 6, 2020. <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>. Accessed November 29, 2020.
5. National Public Radio. ANA President On Why People of Color Should be Involved in Vaccine Trials. November 24, 2020. <https://www.npr.org/2020/11/24/938326553/ana-president-on-why-people-of-color-should-be-involved-in-vaccine-trials>. Accessed November 29, 2020.

Julee B. Waldrop, DNP, PNP-BC, FNP-BC, FAANP, FAAN
Editor in Chief