

# Vaccination decision-making in long-term care: Staff and volunteer survey



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October 2023

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Centre on Aging. (2023). *Vaccination decision-making in long-term care: Staff and volunteer survey*. Winnipeg, Manitoba.

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## Vaccination decision-making in long-term care: Staff and volunteer survey

The Centre on Aging conducted a study of COVID-19 vaccination decision-making in personal care homes (PCH) in Manitoba. This research project focused on residents who were not able to make their own decisions about being vaccinated, and the aim of this study was to learn more about the perspectives and experiences of employees, volunteers, and families and friends of residents regarding vaccination decision-making specifically related to the COVID-19 pandemic. Eligible participants had to be 18 years of age or older, someone who either worked or volunteered at a PCH during the pandemic, and/or a family member or friend of a PCH resident in Manitoba during the pandemic who was not able to provide their own consent to be vaccinated against COVID-19.

The first three questions of the survey were asked to all participants, while the remaining questions were asked based on the respondent's role: family/friend or staff/volunteer. A total of 98 individuals responded to the surveys overall. Of these, 11 were removed from analysis for the following reasons: five were neither family/friend nor staff/volunteer, four provided consent only and then withdrew from the survey, and two did not provide consent to use partial data and then withdrew from the survey. As a result, 54 individuals responded to the family/friend survey and 33 completed the staff/volunteer survey, although not everyone answered every question. Thirty-one questions were asked in this survey of staff/volunteers. Note, that for many questions multiple options could be selected so percentages could be more than 100% in total for these questions.

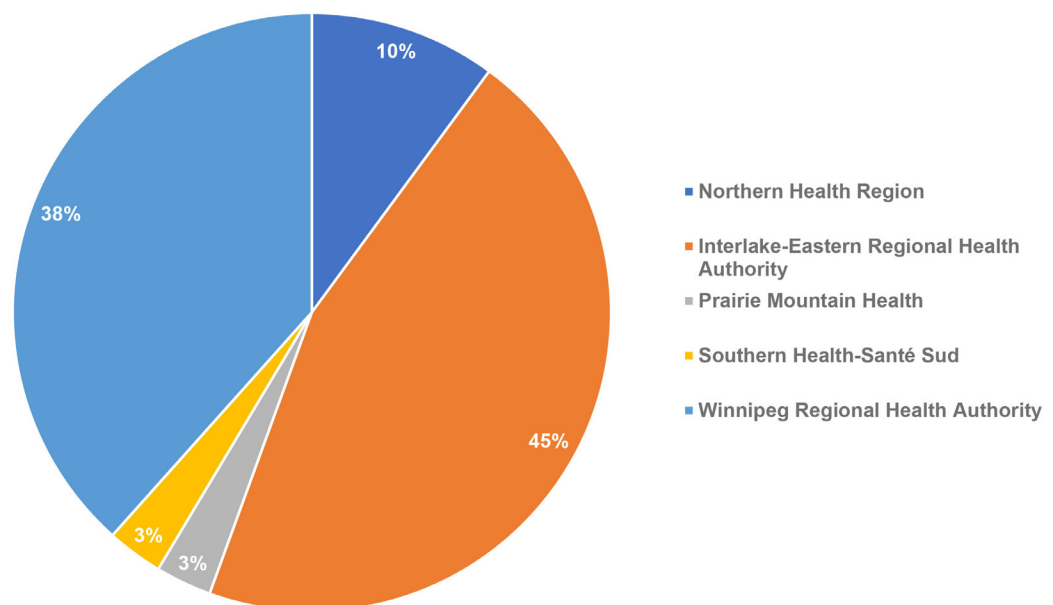
### Staff/volunteer characteristics

Of the 33 respondents, 13 (59%) of them were women, eight (36%) were men, one preferred not to say, and the rest skipped the question. Respondents' ages were spread out as follows: 43% were between the ages of 30–39, 22% were between the ages of 40–49, 22% were between the ages of 50–59, 9% were between the ages of 18–29, and the rest preferred not to say.

The respondents for the staff and volunteer survey were from different health regions of Manitoba. When asked in which Regional Health Authority their PCH was located, 45% selected Interlake-Eastern Regional Health Authority, 38% selected Winnipeg Regional Health Authority, 10% selected Northern Health Region, 3% selected Prairie Mountain Health, and 3% selected Southern Health Santé Sud (Figure 1).

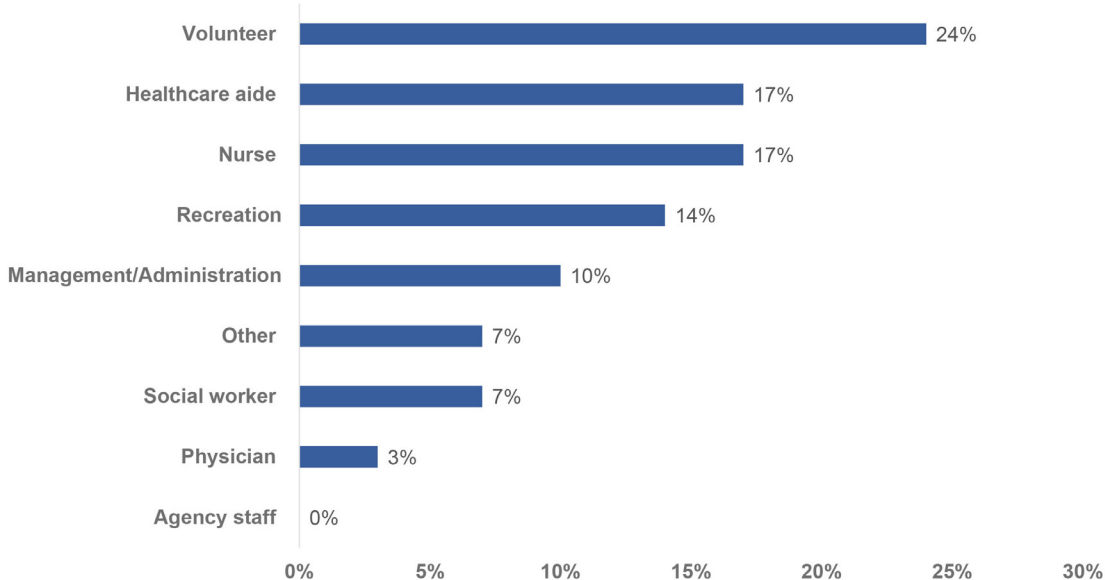
Participants were asked how long they had been involved at their PCH. The majority (52%) had been with the PCH for 1–4 years, 17% selected 5–10 years, 14% selected less than a year, and 10% selected 16–20 years. When participants were asked how many resident beds are available at their PCH, 62% selected 51–100, 21% selected 151 or more, 14% selected 101–150, and up to 50 was selected by 3%.

**Figure 1: Participant distribution among the health regions of Manitoba.**



Respondents held a variety of roles in their PCH. Many (24%) were volunteers followed by nurses (17%) and healthcare aides (17%). See Figure 2 for all roles. Those who indicated other included food services and RN/resident care coordinator.

**Figure 2: Respondent’s role in the PCH**

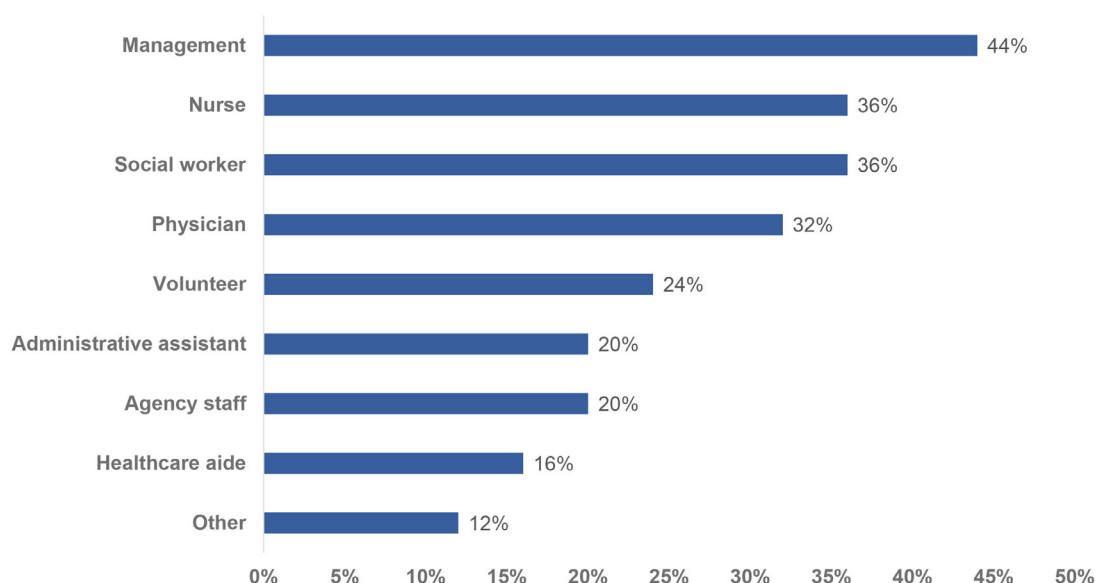


## Consent process

Most respondents (76%) indicated all residents who were able to communicate engaged in a conversation about consenting to receive the COVID-19 vaccinations, while 24% said no. Of those who said no, the reasons given (with multiple options being possible) that resulted in an alternate decision-maker being contacted to make the decision regarding COVID-19 vaccination, included: a dementia diagnosis (50%); the resident did not understand the conversation about the COVID-19 vaccine (50%); the resident could not communicate (17%); and/or there was a history of asking another decision-maker about medical decisions for the resident (17%).

When asked who from the personal care home contacted residents' decision-makers for consent for residents to receive the COVID-19 vaccination, 44% had a role in management, 36% were social workers, and 36% had a role as a nurse. The other roles are identified in Figure 3. The 'other' responses included family members, resident care coordinator/RN, and infection control professional/educator. Respondents could select more than one role.

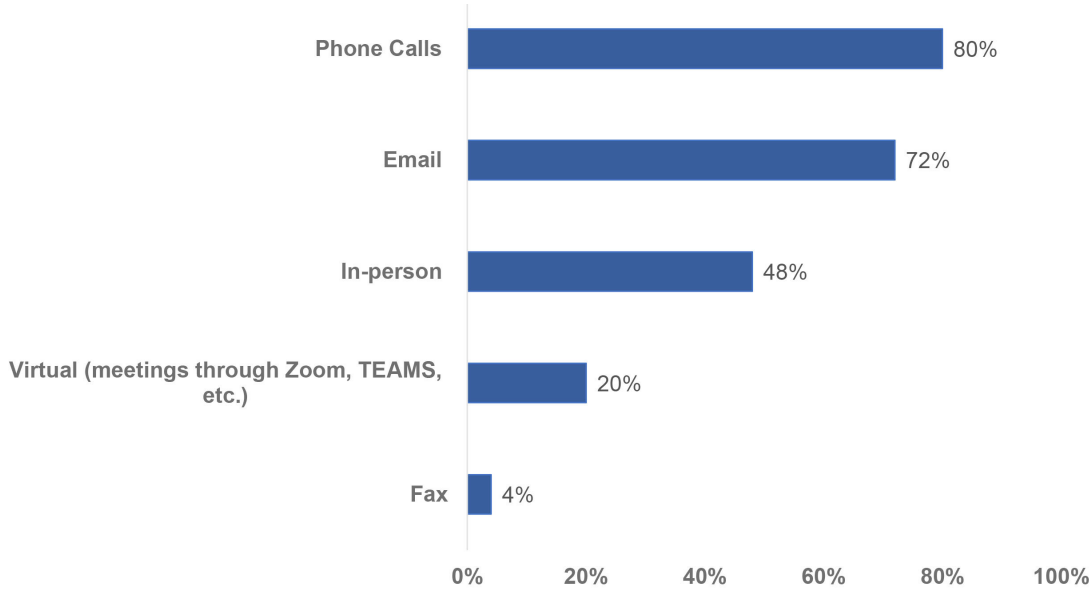
**Figure 3: PCH staff who contacted decision-makers for consent for residents to receive the COVID-19 vaccination.**



Most of the respondents (88%) indicated that resident healthcare directives documents were consulted when making the COVID-19 vaccination decision for each individual resident.

When asked how decision-makers were informed about the need to provide consent for the COVID-19 vaccination for residents, most responded with phone calls (80%), email (72%), in-person (48%), and virtually (20%; Figure 4). Please note, multiple options could be chosen.

**Figure 4: Ways decision-makers were informed about the need for vaccine consent.**



During the consent process, 84% of those provided consent for the resident by signing a standard consent form; 48% provided verbal consent; 12% were unsure; and 4% selected other. In the ‘other’ section, one respondent mentioned that they gave their consent through email.

## Vaccinations

Respondents were asked what proportion of residents at their PCH received the first and second doses of the COVID-19 vaccine. Nearly one-quarter (24%) selected 91%–100% and 20% chose 21%–30%. The remaining responses are listed in Table 1.

**Table 1: Proportion of residents who received first and second doses of the COVID-19 vaccine.**

Proportion of residents	Responses # (%)
0%	0 (0%)
1%–10%	0 (0%)
11%–20%	1 (4%)
21%–30%	5 (20%)
31%–40%	1 (4%)
41%–50%	1 (4%)
51%–60%	2 (8%)
61%–70%	0 (0%)
71%–80%	3 (12%)
81%–90%	3 (12%)
91%–100%	6 (24%)
I don't know	3 (12%)
<b>Total</b>	<b>25</b>



Over two-thirds (68%) of respondents indicated resident rates of COVID-19 vaccination changed from the first and second doses to the booster (third, fourth, fifth and possibly sixth) doses. Respondents were asked to explain the changes and possible reasons for the changes. Example responses are shown below.

- “Many residents and their families feel that by the 5th and 6th dose, a vaccine dose is not necessary. Some were off the ‘schedule’ of clinics in the building and opted to wait until the next clinic.”
- “Skeptical about vaccines”
- “Lack of attention”

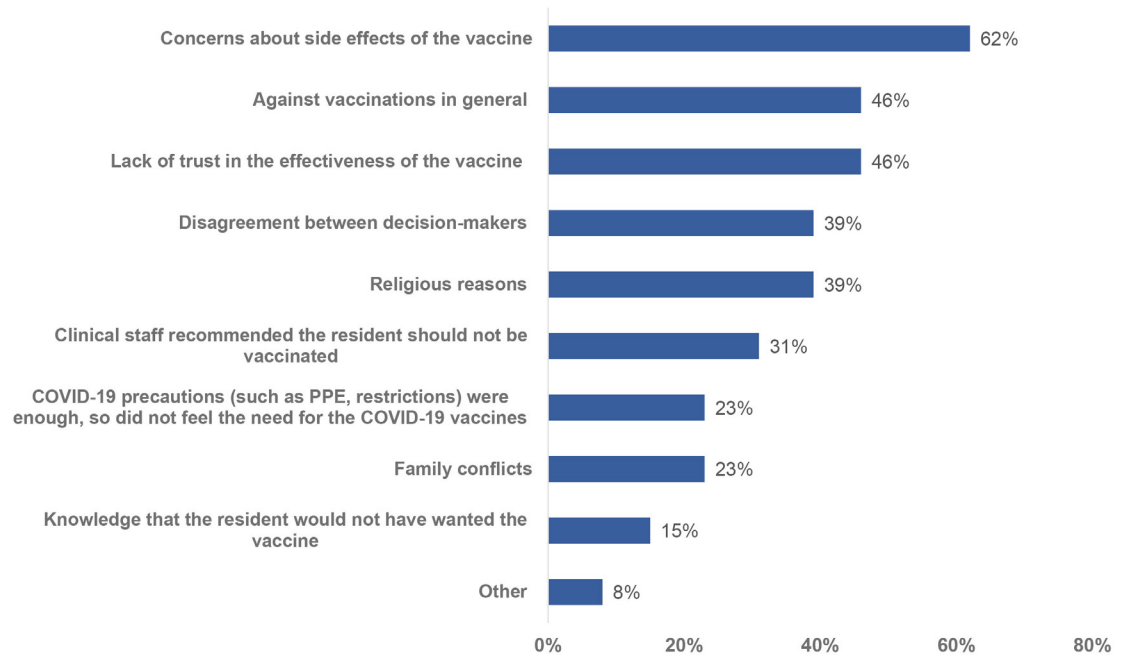
## Influenza vaccine

The majority of respondents (77%) indicated there were instances where a family or friend decision-maker provided consent for residents to receive the flu shot but did not provide consent for the COVID-19 vaccine. The majority (82%) of respondents said the PCH uses the same consent process for the flu shot and the COVID-19 vaccination.

## Decision-making process

Over half (57%) of the respondents thought there were residents in the PCH who did not get the COVID-19 vaccine due to family or friend decision-makers not providing their consent for a resident and 13% were unsure. Respondents, who could choose multiple reasons, stated that the reasons most decision-makers did not provide consent were concerns about the side effects of the vaccines (62%), a lack of trust in the effectiveness of the vaccine (46%), religious reasons (39%), and 39% indicated that there was disagreement between decision-makers (see Figure 5). One respondent selecting the ‘other’ category stated consent was not provided due to “diagnosis.”

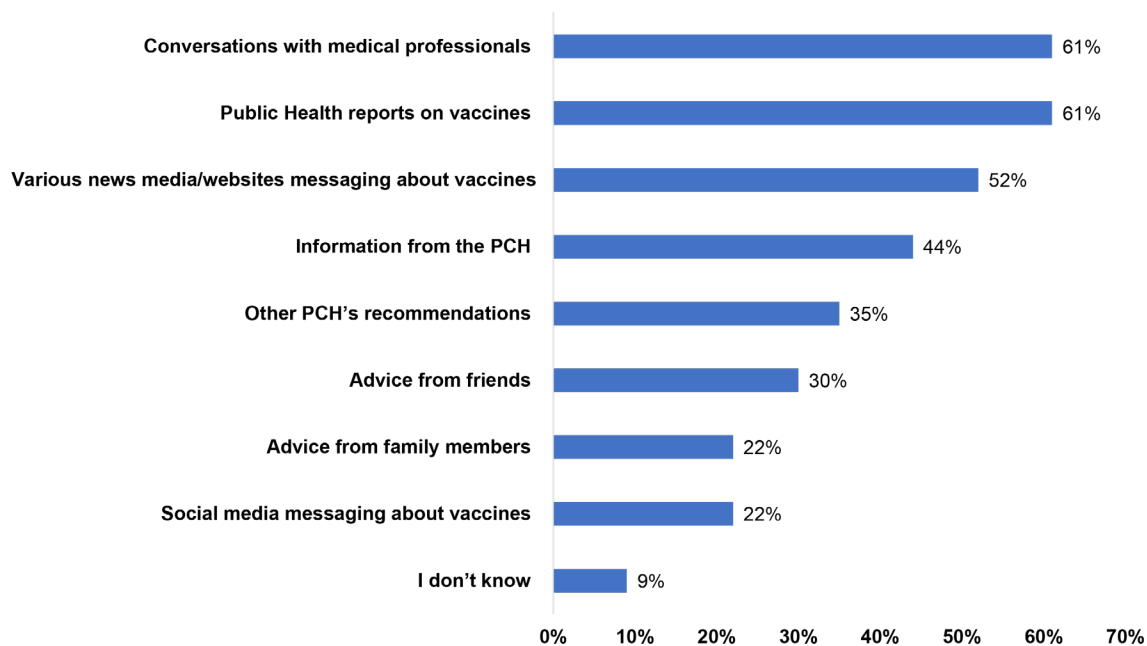
**Figure 5: Decision-makers' reasons for not giving their consent as per staff or volunteer perspectives.**



## Sources of information about the COVID-19 vaccine

Respondents were asked to indicate the sources of information that decision-makers used while providing their consent for the COVID-19 vaccine. Figure 6 shows the sources of information they thought decision-makers used during the vaccine decision-making process. Note that multiple sources could be selected. Responses included: conversations with medical professionals (61%); public health reports on vaccines (61%); various news media and websites that communicated about vaccines (52%); information from the PCH (44%); another PCH's recommendations (35%); social media messaging about vaccines (22%); and advice from friends and family members (22%). Some respondents selected that they don't know what sources of information were used by decision-makers during the COVID-19 vaccination consent decision-making process (9%).

**Figure 6: Respondents indicated the sources of information decision-makers used for the vaccine consent process.**



Almost two-thirds (63%) of respondents indicated there were family conflicts that arose surrounding the vaccination of PCH residents.

## Perspectives over time

Respondents were asked, from the beginning of the pandemic to now, have any decision-makers changed their thinking about COVID-19 vaccines for PCH residents? Fifty-nine (59%) percent of respondents responded yes, while 41% responded no. Example comments in response to this question are shown below:

- “Effectiveness and/or need for vaccine at this point due to repeated exposure”
- “Previously opposed decided to receive the vaccine after seeing someone they know passing from COVID.”

## Summary

With these survey findings, we learned about the vaccination decision-making situation in Manitoba PCHs from the perspective of those working or volunteering in this setting during the COVID-19 pandemic. Some of the important findings are described below.

For those residents unable to consent on their own behalf and who did not receive the COVID-19 vaccine due to consent not being provided by a family or friend decision-maker, the most common reason provided was concern(s) about the side effects of the vaccine, followed by lack of trust in its effectiveness, religious reasons, and disagreements between decision-makers. To make decisions about the vaccine, respondents thought decision-makers had conversations with medical professionals and looked at public health reports plus news media and websites. Almost two thirds of the staff/volunteer respondents indicated that there were family conflicts around vaccinations. According to the respondents of the staff/volunteer survey, most indicated that some family or friend decision-makers had changed their thinking around the vaccines since the beginning of the pandemic. Reasons included decision-maker reluctance due to repeated exposures, with another decision-maker becoming convinced the vaccine was necessary after experiencing a death of someone they knew from COVID-19. In conclusion, findings from this study will be important for making recommendations related to vaccination decision-making for residents of PCHs in Manitoba.





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