

22 *Background*

23 Toward the end of 2019, first cases of a new pneumonia of unknown aetiology started to appear,
24 causing severe respiratory distress syndrome. Soon after, a new coronavirus, SARS-CoV-2
25 (named COVID-19), was identified as the underlying cause. According to WHO data, in
26 January 2022 there were 373,229,380 registered cases worldwide and 5,658,702 deaths had
27 been attributed to the disease (WHO, 2021).

28 Prior to the COVID-19 pandemic, the advent of vaccines gained great attention in the media,
29 producing headlines with sometimes controversial undertones that barely concealed the
30 underlying agendas. Some media outlets used specific situations to appeal to their audience's
31 emotions and often presented controversial viewpoints. Healthcare professionals usually
32 employ science-based arguments to provide truthful information and disprove myths and false
33 beliefs (Tuells, 2016).

34 Anti-vaccination activism is nothing new and is as old as the vaccines themselves. In 2019, the
35 ((WHO), 2019) classified this movement as one of the greatest threats to global public health.
36 The reasons that attract parts of the population to these kinds of movements are manifold and
37 include philosophical reasons and religious beliefs, lack of or unproven effectiveness of the
38 vaccine, as well as (imagined) risks or consequences (Carrasco & Lozano, 2018). Especially in
39 the context of newly emerging diseases, the public is often sceptical toward new vaccines as
40 there are insufficient data to make informed decisions (Opel et al., 2020). The literature reports
41 that regardless of the variety of attitudes towards vaccination against COVID-19, hesitancy is
42 a universal problem (Küçükali et al., 2022; Lin et al., 2020). Fear of the secondary effects of
43 the vaccine, scepticism about its safety, the short duration of immunity, doubts about its
44 necessity and efficacy, lack of information and general rejection of the vaccine are some of the
45 factors that influence the acceptance or hesitation (Küçükali et al., 2022).

46 Nowadays, the information published on social networks have become valuable sources to
47 identify the beliefs and attitudes of the general public towards important health issues, as well
48 as to understand sociocultural contexts (Küçükali et al., 2022; Sinnenberg et al., 2017). The
49 Centre for Countering Digital Hate (CCDH) has produced a report warning of the growing anti-
50 vaccine movement and that it could undermine the use of any future COVID-19 vaccine. The
51 data shows 31 million similar people follow anti-vaccine groups on Facebook, with 17 million
52 people signing up for accounts on YouTube (Burki, 2020; Diseases, 2020). On the other hand,
53 the fact that future health personnel are vaccinated can contribute to better management of the
54 pandemic but can also serve as a role model for the general population to follow the same
55 attitude (Patelarou et al., 2021).

56 A report comparing levels of vaccine acceptance across Europe found that in Spain the level of
57 trust in vaccines was among the highest. However, the same report concluded that the age group
58 of young adults between 25 and 34 years old had the lowest level of trust in vaccines, followed
59 by those between 18 and 24 years old (Larson et al., 2018). On the other hand, health personnel
60 constitute a risk group for which vaccination is indicated. Before the outbreak of the pandemic,
61 immunization rates in this group were still significantly below WHO recommendations. The
62 most reliable data on vaccination levels among Spanish healthcare personnel is for influenza
63 vaccinations, where figures reached 39.4% during the 2018-2019 campaign (Sanidad, 2019).
64 In contrast, according to the European Centre for Disease Prevention and Control ((ECDC),
65 2022), the vaccination rate against COVID-19 among Spanish health workers reached 92.3%
66 in February 2022.

67 Several studies have shown that community interventions to inform and educate can improve
68 attitudes towards vaccination (Saeterdal et al., 2014). Specific recommendations include:
69 creating clearer communication strategies, establishing a therapeutic alliance, and improving
70 health literacy (Fernández-Basanta et al., 2021). Nurses, as frontline workers, are pivotal for

71 both providing vaccination advice and administrating the vaccine itself; they can perform
72 certain community interventions as part of their healthcare and health promotion activities
73 (Deem, 2018).

74 Health education is a fundamental part of nursing work and involves educating and raising
75 awareness in the population. The recent increase in anti-vaccine sentiment, often fuelled by
76 misinformation, stresses the important role played by frontline workers in countering this trend
77 with truthful information. In the field, professionals depend on health information and their
78 persuasive skills as their most powerful tools to address doubts and concerns in individual
79 consultations or as part of vaccination campaigns that aim to educate the general population
80 (Dubé et al., 2020; Fernández-Basanta et al., 2021).

81 *Aim*

82 Given the importance of frontline workers, this study aims to determine the attitudes and
83 perceptions of nursing students regarding COVID-19 vaccination in general and its social and
84 institutional management in particular.

85 The perceptions of this group can shed light on the desirable acceptance of vaccination in their
86 population group, within a scenario that is constantly changing. The study is set in a time when
87 the urgent need for mass immunization to control a pandemic is faced with rising anti-
88 vaccination sentiment. By involving students from various career stages, the collected data can
89 be used to assess the impact of the different theoretical-practical training modules on student
90 attitudes and perceptions, allowing us to gauge whether these courses have the desired effect in
91 the professional formation of students.

92 **DESIGN**

93 This qualitative study consisted of an exploratory phase involving semi-structured interviews
94 of students enrolled in their first and fourth (last) year of nursing training (Polit & Beck, 2009).
95 In a second phase, we employed the photovoice method, SHOWED mnemonic method,
96 followed by a discussion group, as a qualitative participatory action methodology in 2nd year
97 students (Wallerstein & Bernstein, 1988; Wang & Burris, 1997).

98 *Participants and data collection*

99 We used three methods for data collection: semi-structured interviews, participation in a
100 photovoice, and a discussion group.

101 During the exploratory phase, we interviewed four first-year students and nine fourth-year
102 students enrolled in nursing undergraduate degrees at X university. All 13 participants were
103 Spanish, 11 were women and 2 men. The sole inclusion criterion consisted of being a first- or
104 fourth-year nursing degree student. Students were contacted by email, using department mailing
105 lists, and invited to participate in the study. During a first video call (in-person meetings could
106 not be conducted due to pandemic-related restrictions), each volunteer was informed of the
107 objectives of the study. The actual interview was conducted by SLV in a second video call that
108 took place between March and April 2021 and lasted about 15 minutes. The interviews were
109 designed and conducted based on a previous literature review and existing experience. All
110 interviews began with three introductory questions to determine the student's general attitude
111 towards vaccinating against COVID-19, as well as their opinions on the management of the
112 pandemic and its portrayal in the traditional media and social networks and on how the issue of
113 vaccinating an entire population should be approached to achieve maximum success. Further
114 questions encouraged additional narration allowing participants to elaborate on their opinions.
115 The interviews were conducted in Spanish or Galician and were tape-recorded and transcribed

116 by the interviewer. To guarantee anonymity, student names were encoded using the letter “E”
117 followed by a sequentially assigned number, a symbol indicating the participant’s gender (♀ or
118 ♂), and the number 1 or 4 depending on their year of study.

119 A total of 57 second-year students participated in the photovoice study. All students enrolled in
120 “Community Nursing I” were invited to participate in the activity *Photovoice: A look at*
121 *vaccination against COVID-19*. Out of 62 enrolled students, 57 volunteered to participate, 51
122 were women, six were men, and all had the Spanish nationality. This activity began with a
123 group session where CC and SFB presented and explained the activity, the methodology, and
124 the objectives. Informed consent was obtained from all participants. The students had one week
125 to take photographs in relation to these three general questions:

- 126 • What is your opinion regarding vaccination against COVID-19?
- 127 • How do you see your role as a future nurse regarding COVID-19 vaccinations?
- 128 • How do you perceive the management of vaccination against COVID-19 in your
129 community?

130 Participants were given instructions that their photographs should identify neither people nor
131 places, respect the anonymity of the participant, and not be offensive or degrading to any
132 person.

133 Along with the photograph, students had to submit the SHOWED mnemonic method
134 (Wallerstein & Bernstein, 1988; Wang & Burris, 1997), requiring them to add a title to the
135 photograph and answer five questions: What do you see here? What is really happening? How
136 does this relate to our lives? Why does this problem or strength exist? What can we do about
137 it? (Catalani & Minkler, 2010; Wallerstein & Bernstein, 1988). As above, student names were
138 encoded, although this time using the letters DG, followed by a sequential number, the gender
139 symbol, and the number “2” to indicate their year of study.

140 A preliminary analysis of the individual photovoice reports was carried out by SFB and CC.
141 Thirty-two reports were selected based on the originality of the photograph, the profoundness
142 of the insight offered by the image, and the diversity of emerging themes. Then, a group meeting
143 was held to discuss the preliminary analysis of the 32 selected reports. Three facilitators (CC,
144 MJMF, and SFB) guided the discussion with the objective to encourage interaction and debate
145 among students. All 57 second-year students participated in the discussion group. The
146 discussion group was recorded as digital audio and transcribed by SFB. Three posters
147 promoting vaccination to young people were created using the students' photographs and
148 disseminated through the university's social media channels (Supplementary File 1).

149 *Data analysis and rigour*

150 The collected data were analysed using thematic content analysis (Braun & Clarke, 2012). The
151 first step involved an initial reading carried out by SFB and SLV. After this, we searched for
152 meaningful units to codify and group them into main categories. The emerging categories were
153 discussed among all authors to avoid bias in the interpretation of the data. The preliminary
154 results were sent to the participants to ensure that our interpretations matched their intended
155 meaning. Data sufficiency was achieved by using informant and methods triangulation.

156 **Ethical consideration**

157 The study was approved by the Research and Teaching Ethics Committee of University of X
158 (file number 2021-0008). Nursing students were provided with verbal and written information
159 about the study and written informed consent was obtained from each participant, pointing out
160 that their participation was confidential and voluntary. All data were anonymized, and the video
161 and audio recordings destroyed after transcription. Before their destruction they were stored on
162 a hard drive, and this in turn was kept in an office where only its members have access.

163 RESULTS

164 Thirteen nursing students participated in the exploratory phase through interviews, 4 first-year
 165 and 9 fourth-year undergraduate students. A total of 57 second-year students participated in the
 166 photovoice part of the project and in a discussion group to discuss the 31 submitted student
 167 reports.

168 Three main themes could be identified to represent the perception of nursing students of
 169 vaccination against COVID-19 and its community management: (i) Hope tinged with fear; (ii)
 170 Too much information generating fear, uncertainty, and mistrust; and (iii) Leaders without
 171 recognition or voice (Figure 1).

172 **Figure 1.** Emerging themes describing nursing student perceptions of vaccinations against COVID-19 and its
 173 community management.

174 *Hope tinged with fear*

175 Many student photographs and reflections revolved around the hope to recover their pre-
 176 pandemic lives and social relationships through vaccination. While all students were aware of
 177 the public health impact of the pandemic, the vast majority highlighted the impact on the
 178 psychological and social dimensions. For them, vaccination meant being able to recover these
 179 two dimensions as the impact of the virus goes far beyond the public health dimension (see
 180 Figure 2a and quotation from DG63♀_2 student on table 1).

181 **Figure 2.** Representative student photos from the themes 3.1, 3.2, 3.3. (a) DG24♀ theme 3.1, (b) DG63♀ theme
 182 3.1; (c) DG49♂ theme i 3.1; (d) DG60♀ theme 3.2; (e) DG18♀ theme 3.2; (f) DG1♀ theme 3.3.

183 Their photographs, reflections, and narratives showed the importance of social relationships for
 184 their well-being. The pandemic required physical distancing, which they understood as a
 185 necessary measure to protect their loved ones. Vaccination represented a means to overcome
 186 this restriction and regain the ability to express affection through physical contact (Figure 2b).

187 Being embedded in a clinical setting, they became aware of the adverse effects of loneliness,
188 as the DG19♀_2 student expressed (see table 1). In addition, by experiencing the impact of the
189 disease on people and their families first-hand, they uttered the wish to be vaccinated and did
190 not question the need to create group immunity to contain this pandemic.

191 Another prominent viewpoint was that the vaccine can protect loved ones and the community
192 as a whole, as reflected by the DG50♀_2 and E8♂_4 participants (table 1) and Figure 2c:

193 While fears associated with the vaccines' side effects were also palpable among the nursing
194 students, they stated that the benefits outweighed the risks. For some, vaccine-related fears and
195 doubts about getting vaccinated were also age related, in that older people would be more afraid
196 of getting sick and therefore less reluctant to become vaccinated, while younger people would
197 be more fearful of side effects when weighing the arguments about vaccination (see quotation
198 from E1♀_1 student on table 1):

199 *Too much information generating fear, uncertainty, and mistrust*

200 The SARS-CoV-2 pandemic has become a central element in people's lives and society as a
201 whole. This theme refers to the institutional and media management of COVID-19, and the
202 repercussions on the population's decisions to get vaccinated.

203 Participants perceived the Spanish institutional management of the vaccination programme as
204 having lacked a clear response which generated uncertainty. Some also criticised the constant
205 changes in the vaccination plan and discrepancies in the age-related indications of the different
206 types of vaccine against COVID-19. They also stated that they, and the general population, had
207 been exposed to an excess of information by the media. In many cases, this information was
208 contradictory (Figure 2d).

209 Some participants highlighted the overall mismanagement of the vaccination campaign which
210 lacked a global strategy and effective community approach which in turn resulted in inequalities

211 regarding access to and administration of the vaccine due to economic reasons (see quotation
212 from DG28♀_2 student on table 1).

213 Most participants held the view that the media contributed to the development of conspiracies
214 and distrust regarding COVID-19 vaccination by disseminating confusing and untrue
215 information. News often focused on the seriousness of side effects and perpetuated opinions of
216 people that were not based on evidence. This resulted in fear and distrust of the vaccination
217 which was not helped by the at times wavering and unclear institutional management (see
218 quotation from DG40♀_2 student on table 1).

219 Students stated that many people did not question the information coming from the media, that
220 the majority prioritized their personal well-being over that of the community, and that they
221 underestimated the risk of personally becoming affected by the disease. Likewise, E8♂_4
222 fourth-year student reported that they questioned their own vaccination (see table 1).

223 Participants also mentioned that large parts of the population appeared to give more credence
224 to opinionated discourses in the media, even if they contradicted evidence-based information
225 they received from their health professional. Students attributed this disconnect to the fact that
226 health professionals are not considered social references. In addition, students stated that the
227 media prioritized the dissemination of these unqualified messages due to the emotional
228 response they generated in the population. Finally, students stated that people were more
229 comfortable accepting fake messages over reality, even if this implied blaming health
230 professionals, as illustrated in Figure 2e and the DG38♀_2 student's quotation on table 1.

231 Participants stated that people often questioned the safety of vaccines because of the media
232 focus on their side effects, while being unaware of the side effects of available treatment options
233 (Figure 2e). However, some students felt that vaccination had received good media coverage
234 as information about serious side effects is part of balanced reporting.

235 Age was seen as factor that influenced where people obtained their news from, with older
236 people mainly following the news and opinion programs on public television, the radio, and the
237 printed press. Students considered these mainstream media as overly alarmist which contributed
238 to the fear and mistrust of the vaccine. They even suggested to impose government control over
239 the media to reduce the sensationalist and misleading reporting (see quotation from DG22♀_2
240 student on table 1).

241 On the other hand, young people accessed other types of information that allowed them to have
242 other viewpoints. However, for some, the social media were just as bad and contributed to being
243 ill-informed. The first- and fourth-year nursing students reported two different types of
244 information sources available on social networks: (i) social media profiles of health
245 professionals, which were characterized by truthful information and based on scientific
246 evidence, and which they considered more informative and useful to resolve personal doubts;
247 and (ii) "influencers" who often did not promote vaccination and did not set a good example
248 regarding COVID-19 prevention measures (see quotation from E5♀_4 student on table 1).

249 *Leaders without recognition or voice*

250 Healthcare professionals, and especially nurses, were seen by our participants as key to
251 vaccination and to restoring normality. They would preferably ask nurses for advice and support
252 regarding vaccination (see quotation from DG14♀_2 student on table 1).

253 Participants believed that as a result of the pandemic, people became aware of the importance
254 of health professionals and scientists as they were the only ones who could provide a solution
255 to this global crisis; or at least the significant efforts made by these professional groups to
256 overcome the crisis increased their visibility in society. Nevertheless, they believed that this
257 visibility has already started to fade and that the social status of researchers and health
258 professionals was largely the same as before the pandemic.

259 Nursing students highlighted the gap between health professionals/nurses and the community
260 (Figure 2f), as expressed by the DG21♀_2 second-year student (see table 1). As a solution,
261 students proposed to expand the outreach efforts of health professionals requiring an increased
262 presence in social media (see quotation from DG54♀_2 student on table 1).

263 **DISCUSSION**

264 Our study examined the perceptions of Spanish nursing students regarding vaccination against
265 COVID-19, its management at the institutional level, and its portrayal in traditional and social
266 media. To most students, the vaccine represented the hope of being able to recover their
267 previous lives, express affection, and rekindle social relationships. It also represented protection
268 of loved ones. Being embedded in a real clinical setting affected the students' perceptions of
269 vaccination. However, media and institutional management was seen as causing fear. The
270 absence of clear answers and the ubiquity of conflicting information regarding the vaccination
271 plan, combined with an individualistic rather than community-based approach, contributed to
272 uncertainty. This was exacerbated by the dissemination of confusing, untrue, and alarmist
273 information and the dominance of opinion-based discourses instead of evidence-based
274 information which resulted in distrust toward vaccines. At the same time, nursing students
275 perceived a gap between health professionals and the community, who did not consult them
276 despite their relevant expertise on vaccination.

277 Nurses are frontline workers and therefore play a fundamental role in the immunization of the
278 population. Apart from being the ones that administer the vaccine, they also have to inform the
279 population about the benefits, risks, and safety of vaccines (Deem, 2017, 2018; Hoekstra &
280 Margolis, 2016). Studies have shown that healthcare providers, including nurses, remain the
281 most trusted advisors and influencers with regard to vaccination decisions (Lin et al., 2021;
282 Paterson et al., 2016). This is in contrast to our results, where nursing students perceived a gap

283 between health professionals and the community of this age group. This could be because this
284 age group usually has much less contact with health professionals compared to older
285 individuals. In addition, health professionals may lack a sufficient presence in or engagement
286 with social media to constitute important reference points for the younger population.

287 According to Paterson et al. (2016), health professionals who are themselves vaccinated or open
288 to become vaccinated are more likely to recommend vaccination to their patients. Therefore,
289 vaccination acceptance among nurses is key to ensure that they can serve as good role models
290 for vaccination in both their professional and personal lives (Manning et al., 2021). In Spain,
291 health personnel were considered a risk group and their immunization was recommended and
292 prioritized. A high vaccination rate among health professionals is important, not only for their
293 own safety, but to serve as an example and share their experience with patients (DeRoo et al.,
294 2020). However, vaccination rates against influenza among health professionals usually remain
295 below 50% (Martínez-Baz et al., 2013) and are even lower among nursing students (Hernández-
296 García et al., 2015).

297 Our findings indicate that nursing students want to be vaccinated against COVID-19, especially
298 those who have been training in real clinical settings. The literature indicates that young health
299 professionals show a great willingness to become vaccinated, mainly to protect themselves and
300 patients. Those who refuse vaccination often do so out of concerns over the vaccines' efficacy
301 and a lack of information about SARS-CoV-2 vaccines (Belingheri et al., 2021; Ledda et al.,
302 2021; Manning et al., 2021). This high level of awareness and adherence to vaccination may be
303 due to contact with the disease through clinical learning and, therefore, to the perception and
304 appreciation of risk (Belingheri et al., 2021; Costantino et al., 2020). Previous research has
305 highlighted that the belief that vaccination can protect oneself and the community is important
306 to arrive at a decision in favour of becoming vaccinated (Böhm et al., 2019). However, the
307 literature also shows that nursing students who have worked in health centres are less positive

308 about getting vaccinated compared to those who have not worked. This may be due to a feeling
309 of confidence in the face of infection (Patelarou et al., 2021).

310 Currently, global communication in real time has a great impact on people's lives (Chen et al.,
311 2020). During the pandemic, information spread rapidly, including inaccurate and misleading
312 information (Balarezo-López, 2021). Many people feel that some information was withheld,
313 and that the information was confusing while considering information published on social
314 networks more trustworthy (López et al., 2021). Vaccine hoaxes disseminated by traditional
315 media outlets and social media can have serious consequences and can prevent societies from
316 reaching the necessary herd immunity. The misinformation about COVID-19 has repercussions
317 on the population and on the management of control measures (Cuan-Baltazar et al., 2020;
318 Tasnim et al., 2020).

319 The participants of this study reported that the institutional management of the vaccine
320 programme generated uncertainty in the population because there were no clear responses from
321 the government to address the doubts present in the population. Furthermore, the vaccination
322 plan was constantly changed without explanation and discrepancies and friction between
323 regional governments and the central government emerged regarding the age-indications of the
324 different vaccines. Our results show that our sample of nursing students placed the majority of
325 the blame for the anti-vaccination sentiment on the traditional and social media. Secondary risk
326 factors were the non-prioritization of societal well-being and an underestimation of the risk of
327 serious illness.

328 Health literacy involves the knowledge, motivation, and competence of individuals to access,
329 understand, evaluate, and apply health information in order to make judgments and decisions
330 regarding health care, disease prevention, and health promotion (Sørensen et al., 2012).
331 Specifically, vaccine literacy is not simply knowledge about vaccines but also the development

332 of a less complex system for communicating and delivering vaccines. Information about
333 vaccines tends to be complex which makes communicating information to patients challenging
334 (Lorini et al., 2018; Ratzan, 2011). When information about vaccination becomes overly
335 abundant, health professionals play an essential role to help people navigate this information.
336 This requires vaccine literacy campaigns and specific training of nursing students in health
337 literacy and in the new ways to disseminate information such as social networks.

338 The results presented here are novel because they focus on a group that is underrepresented in
339 the literature, illustrating the attitudes and perceptions of this group of an important and very
340 pressing issue. The research results provide new knowledge and can be useful in similar
341 contexts.

342 One of the main limitations of this study was the low participation of first-year nursing students
343 which may have been due to some of the restrictions imposed by the pandemic itself, making
344 it difficult for those students to become motivated and involved.

345 Nevertheless, by triangulating data collection (involving interviews, discussion groups, and the
346 photovoice method) and recruiting nursing students from different years of study, the results
347 are more robust.

348 Our findings can be extrapolated to their entire age group for a scenario that is highly dynamic.
349 The study took place at a time when anti-vaccination sentiment was on the rise while increasing
350 infection numbers required just the opposite, i.e., a greater willingness to become vaccinated in
351 order to contain the pandemic. By collecting data from students at different stages of their
352 training, we could illustrate the impact on their training on their attitudes towards vaccination.

353 CONCLUSION

354 We examined the attitudes and perceptions of Spanish nursing students regarding vaccination
 355 against COVID-19. They equated vaccines with the hope of being able to regain their pre-
 356 pandemic lives and of providing protection to their loved ones. Particularly the first-hand
 357 experiences of final year students who are embedded in real clinical environments aided the
 358 development of their own nursing role as active vaccination agents and raised awareness of the
 359 risks associated with severe COVID-19. Media coverage and institutional management of
 360 vaccination was perceived as having generated both fear and uncertainty. In addition, they
 361 attributed a perceived social distance between health professionals and their community as the
 362 main reason for the observed lack of trust and communication.

363 We recommend the use of informal social media to communicate with members of the younger
 364 age groups. While it is necessary to raise awareness of the importance of vaccination, this
 365 should be done without necessarily focusing too much on the seriousness of the disease to
 366 prevent fear.

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