BMC Health Services Research

RESEARCH

Open Access

"We should be able to make our own decision": transparency, dialogue, and equity as key values of Ontario based Personal Support Workers during the COVID-19 pandemic

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Abstract

Introduction This qualitative study explored how Personal Support Workers (PSWs) experienced COVID-19 vaccine policies in their workplaces and the ethical and social implications of these policies, aiming to inform future vaccine policy to better align with PSW's needs and values.

Methods Semi-structured interviews were conducted with 21 PSWs in the Greater Toronto Area following their participation in a dialogic facilitation session focused on equipping PSWs to lead conversations on vaccines and related policies. One-on-one interviews conducted with participants explored their motivations for joining the session, key takeaways, and perspectives on COVID-19 and vaccine policies. Data were analyzed using interpretive description identifying two major themes: (1) A continuum of perspectives on the vaccine and its rollout, and (2) Aligning policies with community values of transparency, dialogue, and equity.

Results The first theme describes participant's diverse perspectives on vaccine policies, which ranged from acceptance, to mixed/contradictory views, to a lack of acceptance/skepticism. The second theme highlights participants' recommendations for future vaccine roll-out initiatives to be grounded in PSW community values of transparency, dialogue, and equity.

Discussion Our research highlights that future vaccine rollout initiatives must be rooted in PSW community values of transparency, dialogue, and equity to provide space for PSW inclusion and dialogue on these matters. Policy makers must make concerted efforts to include PSW voices, needs, and experiences in future vaccine roll-out initiatives.

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Further, they must provide PSWs with the necessary information needed to make informed choices regarding vaccine policies, through education and opportunities provided by employers that include PSWs in workplace decisions.

Keywords COVID-19, Personal Support Workers, Vaccine hesitancy, Public health

Background

The COVID-19 pandemic highlighted the vital role that Personal Support Workers (PSWs) play in the functioning of Canada's healthcare system, and specifically in homecare [1]. It also demonstrated Canada's increased reliance on the care economy (the paid and unpaid economic activities that exist when caring for others) that exists within long-term care (LTC) and home care sectors, and the systemic issues that persist within these institutions [1–3]. PSWs provide personal care to those who require it, often including older adults, individuals with chronic illnesses, and those who are vulnerable. They assist with activities of daily living, ranging from from intimate activities, such as bathing and showering, to assistance in meal preparation, and household tasks [4]. Indeed, there have been long standing issues in the care economy, particularly, casual hours, perceived employment insecurity, labour market insecurity, leading to increased turnover and decreased staff retention [5]. It is important to note that the PSW workforce is largely unregulated, comprising a large population of immigrant and racialized women, further adding to the systemic issues that exist within the care economy [1, 3, 6]. These ongoing systemic issues were much more apparent during the pandemic, as home care PSWs grappled with their increased risk of infection, their workplace vulnerabilities and hazards, and the negative effects this had on their psychological well being. [1] During the COVID-19 pandemic, the need for PSWs in Canadian home care settings surpassed that of worker availability. In March and April 2020, service delivered in the home care sector dropped by 16% to what is was prior to the pandemic. [7]. By September 2020, these numbers returned to normal, but the number of PSWs available to work in the home care sector was not able to compensate. [7] In Ontario, Canada, the ability to meet homecare service requests fell from 95% pre-pandemic, to 60% by October 2021 due primarily to staff shortages [8]. These staff shortages were further increased due to undervaluing, a lack of support of, and continued exploitation of the care economy that exists within the PSW workforce, leading to poor retention, increased workplace injury, stress, and burnout [5, 9–12].

The COVID-19 pandemic also highlighted that vaccine policy is both complex and challenging, and requires a foundation of trust between governing bodies, the public, and health professionals; building such a foundation requires ongoing dialogue on vaccines and vaccine policies [13, 14]. Given the direct and essential role in care for our most vulnerable populations, PSWs must be a priority in dialogue around mandatory vaccine roll-out policy and (re)-building trust in science in Canada. Through facilitated dialogue (as described by Kumagai & Naidu, 2015) we aimed to understand how PSWs experienced COVID-19 vaccine policies, the resulting ethical and social implications of said policies, and how future policies could better align with the needs and values of the larger PSW community. In this paper, facilitated dialogue (henceforth, referred to as 'dialogue') refers to an open-ended, exploratory, and generative conversation that brings together different perspectives, creating opportunities to learn with and from each other, with the goal of generating new perspectives [15, 16] PSWs were trained in dialogic facilitation to support conversations about vaccination and vaccination policy with their colleagues and the communities they serve. After participating in a dialogic session, PSW participants were then interviewed by members of the research team to understand their unique experiences of the vaccine rollout, and the impact of COVID-19 policies. The team sought to explore the following questions:

1. How have vaccine policies impacted PSWs' trust in health science institutions (e.g. government, hospitals, university training programs, organizations)?
2. How can future vaccine rollout initiatives be grounded in PSW community values?

Methods

This study was carried out by the research team at Collaborative Advocacy and Partnered Education (CAPE) at the University Health Network (UHN) in Toronto, Canada. CAPE provides educational resources designed with and for PSWs (capelearning.ca). In late 2022, CAPE offered a dialogic facilitation training course that aimed to provide PSWs with skills to lead and engage in deep and meaningful conversations with colleagues, patients and community members regarding vaccines and vaccine policies. As part of the course, trained PSW facilitators led a series of dialogic sessions with other PSWs ('dialogic partners'). These conversations included opportunities to discuss how participants' trust was impacted when the COVID-19 vaccine policies were implemented across various health science institutions. The dialogic sessions were intended to be transformative educational experiences by and for PSWs, by enabling them to feel valued,

acknowledged and safe, while also facilitating access to relevant and reliable information sources [17],

Following their participation in dialogic sessions, and in order to answer the research questions, PSW dialogic partners were invited to participate in one-on-one semi-structured interviews to gain feedback on the dialogic facilitation sessions held between September and December 2022 and to explore their experiences with vaccination policies during the pandemic. This research was part of the broader educational program at CAPE. These interviews were conducted between January 19th and February 8th, 2023 by an experienced member of the research team (T.F.C.) who was external to the core CAPE team and had not participated in delivering facilitation training. An interview guide was developed and flexibly followed (See appendix A), which included questions on participants motivation(s) to participate in the dialogic sessions, their key takeaway/s from the dialogue or lesson/s learned, their further thoughts/feelings about vaccine policies, and how they felt about COVID-19 and the government rollout of vaccines. Interviews lasted approximately 45 min and were conducted virtually via Microsoft Teams. These interviews, transcribed verbatim, formed the dataset for our analysis.

Ethics approval and consent to participant

REB approval was granted by the University Health Network Research Ethics Board (REB#22-5245). All participants provided informed consent to participate in this study. This research was conducted in accordance with the norms and standards of the Tri-Council Policy Statement.

Recruitment

21 PSWs were initially recruited through their home agencies via an email outlining the dialogic facilitation course. All PSWs who participated in a dialogic facilitation session were eligible to be interviewed. PSWs who expressed interest in participating in the interviews were contacted after the sessions and scheduled to be interviewed by a member of our research team (T.F.C.).

Participants

21 semi-structured interviews were conducted with PSWs from across the Greater Toronto Area (GTA). All participants were PSWs who identified as women and have/had worked in the GTA. The majority of participants worked in home care. All participants were employed at 1 of 3 agencies (2 large home healthcare agencies and 1 smaller PSW agency). Participants were remunerated for their time by their respective employers via their hourly pay, the cost of which was reimbursed by CAPE to their respective employers.

Data analysis

Data were analysed by R.O., M.A. and M.F. using the method of Interpretive Description (ID). ID is a method of qualitative analysis that allows one to represent the subjective experiences of members of a population in order to inform practice by identifying themes and patterns present among subjective perspectives as well as accounting for variations between individuals [18]. To increase the rigour of the study and to ensure that the themes were aligned with the interview data, M. F. and M. A. further reviewed the transcripts and the codebook, and collapsed some sub-themes to better reflect the data. The two major themes identified will be outlined in the next section and will explore participant perspectives related to the research questions.

Results

The majority of participants in this study claimed they enjoyed participating in the dialogic sessions, regardless of their perspectives on COVID-19 vaccination. The dialogic sessions provided a unique opportunity for PSWs to voice their opinions on this matter and to speak with their peers in a safe space on what they believed worked well and what did not work well with regards to how the government/their organization handled the pandemic. They appreciated the opportunity to converse about the topic in a group of peers. Most participants agreed on the benefit of COVID vaccination and had chosen to get vaccinated. The first theme in this study, "*A continuum of perspectives on the vaccine and its rollout*" highlights the participants' perspectives on vaccine policies, which ranged from acceptance, to mixed/conflicting views, and to a lack of acceptance/skepticism of vaccine policies altogether. Their reflections on this subject are incorporated in the second theme, *"Aligning policies with community values of transparency, dialogue, and equity"*, which acknowledges the importance of including PSW community values of equity, transparency, and dialogue in future vaccine roll-out initiatives.

Theme 1: A continuum of perspectives on the vaccine and its rollout

This theme describes the diverse perspectives held by the participants in this study regarding vaccine policies and the subsequent impact these policies had on their trust in health science institutions, thus, answering the first research question, '*How have vaccine policies impacted PSWs' trust in health science institutions?* It illustrates the various ways in which participants understood and experienced vaccine policies, focusing largely on vaccine policies instituted by their employers. Participants' perspectives fell along a continuum from acceptance, to mixed conflicting views, and to a lack of acceptance/skepticism of vaccine policies altogether. The following

statements highlight participants' acceptance of vaccine policies.

> *You should be vaccinated, that's all there is to it. I believe in the fact of saying, if you want a job with us, you must be vaccinated, end of story. If you're not vaccinated, we're not hiring you. I get that they're all concerned about human rights and all that, but the people that they're working with, it's their human right to be protected as well (Participant 16).*
>
> *I've had four shots, and just hearing some other PSWs commenting saying I only got it because I needed a job. And I thought ooh, the reason why you're being forced to get it is because you're in healthcare, bottom line. That's my opinion, but that's what I took away, and I haven't forgotten how, I wouldn't say angry, but firm, some of the people were talking about not getting the vaccine, feeling forced to get that vaccine, and that kind of thing. Yeah, that was mine, I forgot. I forgot there were other opinions (Participant 15).*

Other participants had more mixed opinions regarding the vaccine policies, their decisions seemed to be influenced by various factors, such as, for example, travel restrictions, their health, employment, and educational requirements. The following quote displays the ambivalence of Participant 21 regarding the potential safety and efficacy of the vaccine.

> *So, they acted so fast, most especially because I know most of my colleagues who lost a job because of that mandatory thing. Because they're saying, if you're not vaccinated you cannot work. And some people were terrified or were fearful because of what had happened, how people reacted towards that medication, how people got strokes, how people died because of that vaccine. So, when they said it was mandatory, I myself I feared, but because I love my job, and also at the same time, you hear that it will help you. So, it's a mixed feeling. You can never know (Participant 21).*

Concerns regarding the safety profile of the vaccine were also relayed by Participant 19 who was enrolled in a PSW program at the time of the mandatory vaccinations at PSW workplaces.

> *I didn't appreciate being forced to. It caused a lot of uproar in my house. I actually thought of not finishing my course. I was actually already in my placement when they said it was mandated, and I only had I think it was a week left of placement when they said that so I was angry about it.*

Conflicted over whether or not they should have taken the vaccine, Participant 19 expressed concern regarding potential side effects they incurred from their decision to take the vaccine.

> *So, to be 100% honest, I would have waited. I wanted more information on the vaccines. I would not have been vaccinated if I hadn't been forced, and I have been sick. I've never been so sick in my life since I got vaccinated. Before I used to get one sinus infection or a cold once maybe twice a year, and that's even when my kids were little and always sick. But now, I'm constantly sick, and I'm the only person in my house that's vaccinated, and I'm the only person in my house that is constantly sick. I've had COVID-19 twice that I know of, and it's just I've had shingles now. I've had bronchitis. I've had pneumonia. I've got a cold every other week. It has just been ridiculous, and it's just me. Even when we had COVID-19, my husband is immune-compromised, and he's not vaccinated and he was sick. He had a minor cold for 1½ days, and I was full- blown flat on the couch for 10 days. He's a hypochondriac…. but I just got it 10 times worse than him.*

Even though most participants chose to get vaccinated against COVID-19, many felt that the conditions under which they had to base their decision were not ideal. In order to make an informed decision about taking the vaccine, participants wanted more information, more discussions, and more research/data. Since this information was not provided, participants expressed that they lacked autonomy in the decision to vaccinate as they were not included in conversations about the COVID mandate, thus impacting their trust in vaccine safety and efficacy and current vaccine protocols.

> *Yes, I think a person should make their own decision. I do feel, in my opinion, I know there are people who are promoting the vaccines and say that they had ample amount of time to produce these vaccines. To me, they were made awfully quickly, and I didn't want to inject anything into my body that I felt there wasn't enough scientific data behind it. And I didn't feel comfortable with it myself (Participant 11).*
>
> *The reason why I did not take the vaccine, I just think that they're using us as guinea pigs. I don't think there was a lot of testing done on the vaccine to make sure that it's safe. I've been hearing a lot of people complaining about, vaccinated people complaining about how the vaccine affected them and all that stuff, so I did not take it (Participant 8).*

This was also reflected by Participant 5, who had been working as a PSW but had chosen instead to not to get vaccinated because of fears and a medical condition:

> *Let's say if year or two years from now, you will, not you as in you, but I will reach the data that will have X-amount of people who, let's say when they got COVID … I'm looking at my situation and my heart situation. So, because I have a leaky valve and I now the way I felt once I had COVID. So, if I will have a data in people's testimony that, okay, I was in a situation when such and such, let's say similar symptoms to mine, and then if I have any evidence of that, by all means, you're going to see me line up for the vaccine. If I have more than 75% chances that it would not affect me and my heart, and I won't die from the blood clot or anything else, or a heart attack, or stroke, by all means I will consider and go and have the vaccination. But I have to hear and read people who went through that. I don't want to be just experimental bunny and lost[sic] my life in the process.*

Participant 2 expressed similar sentiment with regard to fears of infection:

> *Some of them [clients] don't inform the office, they don't call, let you get the…don't inform you yesterday my husband was tested. And also sometimes maybe it's too late to call. Maybe they just tested in the middle of the night or something, or in the morning, and you were there that same morning. They weren't able to call before you get there. I can not really say, maybe they don't want to, but I know the office didn't call me to let me know, oh, so-and-so person got COVID, we should prepare for (inaudible, recording glitch). So, it's maybe they got the results late or something.*

Theme 2: Aligning policies with community values of transparency, dialogue, and equity

As the previous theme highlights, many PSWs expressed concern regarding the way vaccine policies, specifically vaccine mandates, were carried out by their employers. The second theme of this study, *Aligning policies with community values of transparency, dialogue, and equity*, highlights key findings outlining participants' recommendations for future vaccine roll-out procedures to be grounded in PSW values of transparency, dialogue, and equity, answering the second research question of this study on, '*How can future vaccine rollout initiatives be grounded in PSW community values?*'.

As Participant 6 noted future vaccine roll-out policies should include input from frontline healthcare workers.

> *Yeah, they should have consulted the healthcare professionals and gotten some input from them. I'm not sure if that was done, but I'm just going by the minister of health passing on information to us. The frontline workers should have been contacted, get their opinions, and make their decisions from those out there actually dealing with the influx of this virus (Participant 6).*

To increase transparency and dialogue regarding vaccine roll-out procedures, some participants also expressed the importance of incorporating education on vaccines in future roll-out initiatives.

> *For future, they have to let people … they have to educate people in the early stage. Even right now, they still have to educate because a lot of people still have different ideas, so the education have to be more (Participant 13).*
> *As I was saying, education. Educate, educate, educate. The more people are informed and can be educated, I think they will make more educated decisions. That best suit their needs (Participant 1).*

Addressing inequities and structural barriers (such as shortage of staff, paid time off during sickness, vaccine accessibility) experienced by PSWs during the pandemic was also described as being important for future vaccine roll-out initiatives.

> *I think better staffing would be good, better staffing. More paid time off, at least paid time off if you get sick during a pandemic because right now, my company still if you're positive for COVID you have to be off for 10 days unpaid. And within a pay period that's a whole week's worth of pay and it can really impact your living situation if you miss a whole week of work (Participant 20).*

The below quote from participant 17 describes the perspective of inequity in vaccine rollouts in Ontario, Canada, as experienced by PSWs. Participant 17 describes how PSWs were the most vulnerable population to infection as they worked closest with vulnerable populations, yet vaccine rollout policies did not reflect this, and thus, contributed to their feelings of devaluation.

> *In that session too, we discussed that first of all when vaccine arrived, government did mandatory it for doctors, then it comes to nurse, then it comes to PSW workers, then it comes to home support workers and all. So, what I'm telling you, that if PSWs, home workers, and assistants, physiotherapy assistant, dentist assistant, they are spending more time*

> *with client, I really believe that they should start first with home workers and PSWs, not with doctors. They started giving vaccines to first doctors last time. I really want them to tell us by someone that now you should start with PSW and home worker instead of doctors, because doctors are spending just 10 to 15 min with client. Instead, PSW, home workers, and assistants are spending the entire day with clients (Participant 17).*

To conclude, the majority of PSWs interviewed supported vaccination against COVID-19, but took issue with the lack of informed choice pertaining to the decision to vaccinate. There were also a minority of PSWs who were against the COVID-19 vaccine due to a lack of knowledge in vaccine policies, which manifested in questioning the efficacy and safety of vaccines. The two major themes, *A continuum of perspectives on the vaccine and its rollout* and *Aligning policies with community values of transparency, dialogue, and equity* showcase the diverse feelings and opinions communicated by PSWs throughout the one-on-one interviews regarding vaccine policies and important considerations to consider in future vaccine-roll-out initiatives.

Discussion

This study aimed to explore how vaccine policies have impacted PSW's trust in health science institutions, and how future vaccine rollout initiatives can be grounded in PSW community values to better reflect the needs of the community served. Many of the participants disclosed the adversities that they encountered as they navigated COVID-19, and the subsequent impacts of institutional policies on their day-to-day lives. Our research found that PSWs exhibited diverse perspectives regarding vaccine policies, which subsequently influenced their trust in health institutions. Findings also revealed the importance of enacting and upholding PSW community values related to equity, transparency, and dialogue in future vaccine roll-out initiatives. Many of the PSWs interviewed felt that the COVID vaccines should not have been mandated, regardless of their personal views towards vaccination. This study demonstrates the need for inclusion of PSWs in workplace decisions, particularly regarding matters relating to their personal health and wellbeing, such as how vaccine policy and COVID protocols are enforced in their place of work. The following discussion outlines the importance of critical reflection in facilitating dialogue around these issues and for promoting greater inclusion of PSWs in discussions on vaccines and vaccines policies.

The dialogic session opened the door for discussion on these issues, welcoming diverse perspectives, and opportunities for learning for participants. It also provided participants with an opportunity to engage with their peers - to share, hear, and learn about their experiences during the pandemic. As Participant 15 expressed, PSWs are rarely provided with opportunities to talk about their care work and how they feel. Participants were able to engage in critical reflection and dialogue through critique of vaccine policies and procedures in place, formulating new insights and knowledge on this topic [19]. The dialogic facilitation sessions provided participants with a means to be included in knowledge production processes and education itself.

By listening to PSW needs and experiences, PSW organizations and employers can benefit through organizational critically reflective practice as well. Apramian et al. (2024) describe organizational critically reflective practice as, "a process that both precedes and accompanies decisions about principles and outcomes in reform initiatives grounded in social accountability" (p. 56) [20]. It involves critical reflection of workplace decisions, processes, and outcomes and aims to attend to and address inequities that may prevent the inclusion and participation of individuals in the process of change [20]. As previous research highlights, inequities experienced by PSWs have adverse effects on PSWs' health, their voice and agency, and economic integration in the workforce, especially since many PSWs experience barriers finding stable employment with appropriate pay [1, 21]. The findings of this study reaffirm the importance of PSW organizations to remain committed to social justice and equity to ensure that the voices, needs and values of PSWs are included in vaccine policies and mandates.

Fostering an environment where PSWs feel they can voice their experiences and needs is critical to achieving PSW inclusion. It is imperative that PSW employers strive to provide platforms that take into account the safety of PSWs in addressing and communicating their workforce needs. Many participants discussed the stressors and traumatic experiences they endured during COVID, which often related to their fears of COVID-19 infection, from the possibility of seeing a client who was COVID-19 positive without their knowledge, and infecting their other patients as well. In discussion, recalling these stressful moments was often painful for PSWs interviewed. It became evident that there were minimal opportunities for social support available to PSWs during this period, or a place for them to offload and have conversations with their employers and/or peers to see how others were managing. The fact that the session was led by a PSW offered additional comfort for many participants as they valued their expertise and understanding as colleagues. As one participant noted, having a PSW lead the dialogic facilitation session made them more inclined to open up and share their experiences because the facilitator was a colleague that shared many of their

experiences. We recommend more attention be placed on attending to the social and psychological implications of the pandemic and other related ongoing workplace stressors experienced by this workforce, perhaps through PSW peer support and dialogue. Resources that integrate PSW health and wellness should implement PSW needs, values, and dialogue regarding these issues.

A misalignment between organizational principles and practice can have deleterious outcomes for PSW morale, emotional safety, and foster mistrust on vaccine policies and mandates, which were required by PSW employers. Mistrust in vaccine mandates due to the lack of trust in the government, was also articulated by a small minority of participants in this study due to the speed at which the vaccine became available. Participants described feeling like they were being used as test subjects, and did not consider the vaccine to be safe as a result. Goldenberg, 2021 discusses why some people may turn to conspiracy theories and away from modern science in instances of distrust. It is important to note that the context of her book relates to parents and vaccinating children, but the conclusions/recommendations can apply to this context as well. Ultimately, the underlying reason for distrust in the government is due to concerns of justice and values. In the context of parents and childhood vaccines, Goldenberg explains that when parents approach physicians regarding concerns with vaccinations, they often feel silenced, which can lead them to turn to unconventional views [22]. The same can be said for PSWs, as they are left out of important conversations regarding healthcare decisions impacting their health and wellbeing, vaccine roll-out and protocols in the workplace. Therefore, when faced with uncertainty about important health decisions, people may reconsider their reliance on experts and expertise, and turn to unconventional views instead [14, 22]. As a result of not being included in the conversation and feeling used, this leads to poor trust in the government and scientific institutions. Therefore, PSWs should be brought into conversations regarding their healthcare choices, so that they have the autonomy for discussion and the ability to make informed choices.

By providing a space for PSW health and vaccine education in the workforce, this provides opportunities to build a collective and supportive environment for dialogue. Our research highlights the important role that employers can play in this regard by fostering an environment where PSWs are truly heard. As Larson et al. (2011) state, "trust is built through dialogue and exchange of information and opinion" (p. 533). Without effective dialogue and critical reflection, vaccine mandates only serve to reinforce top-down communication that minimises the voice and agency of the community/public. This form of knowledge exchange is more passive and does not acknowledge participants autonomy and power to engage in critical dialogue on these matters. It also diminishes the likelihood of opportunities for knowledge transformation to occur [19]. Although some participants were in favor of the vaccine mandates, there was a clear consensus amongst participants regarding how mandates were delivered. The lack of dialogue that occurred throughout the delivery of these mandates did not facilitate opportunities for inclusion of PSWs and ensure their voices and values were integrated. Thus, the findings of this study reaffirm that this approach to vaccine mandates does not support the autonomy of PSWs, but rather only contributes to their feelings of mistrust and devaluation, as it leaves them out of important discussions regarding their health and wellbeing.

Limitations

Participant demographic information was not collected for this portion of research; this information would have been useful to highlight and bring to light their specific experiences, including information regarding loss of income from participants who lost their jobs during the pandemic. However, all participants interviewed were employed in a homecare sector, and all came from the larger dialogic facilitation sessions. In future research, we would recommend gathering further information regarding workplace environment and social identity to further contextualize and provide a richer account of what PSWs went through throughout the pandemic. Another important limitation of our study is that our results come from a specific sample sub-set that engaged with our previous research project, and thus, there is self-selection bias which may prevent a holistic representation of the attitudes and perceptions of all PSWs in Ontario. Additionally, the sample is specific to the Greater Toronto Area, and may differ in more rural contexts. However, our findings align with what is accepted in the greater literature. Future studies should examine a more diverse set of participants, from a geographical, employment, and gender perspective.

Conclusion

This study aimed to explore how vaccine policies have impacted PSW's trust in health science institutions, and how future vaccine rollout initiatives can be grounded in PSW community values to better reflect the needs of the community served. We found that, in general, participants' perspectives ranged from acceptance, to mixed views, to skepticism regarding vaccine policies. Many PSWs expressed concern regarding how vaccine policies, more specifically, vaccine mandates, were carried out by their employers, and recommended that future vaccine roll-out procedures be grounded in PSW values of equity, transparency, and dialogue.

Future vaccine rollout initiatives should be grounded in PSW needs and values through centring PSWs as a vital healthcare workforce, allowing them to join the conversations regarding their healthcare decisions. We further recommend that more educational opportunities be provided to PSWs to better prepare them for the challenges that are associated with care work and address their care needs. Finally, we recommend that organisations increase support for their PSW staff to ensure greater inclusion and wellbeing for the workforce.

Abbreviations

COVID-19	Coronavirus SARS-CoV2
PSWs	Personal Support Workers
LTC	Long-term care
CAPE	Collaborative Advocacy and Partnered Education
UHN	University Health Network
REB	Research Ethics Board
GTA	Greater Toronto Area
ID	Interpretive Description

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12913-026-14207-9.

Supplementary Material 1

Acknowledgements

We would like to acknowledge Tiyondah Fante-Coleman, Victoria Boyd, Yasmin Dini, and Gregory Collins for their contribution to this project.

Author contributions

S. N. and N. N. W. conceived the idea for this study. M. F and M. A contributed to data analysis and manuscript writing. R. O contributed to data analysis. E. A. contributed to study design and manuscript editing. S. M. M., M. J. G., and C. B. provided field expert advice and contributed to manuscript editing.

Funding

Public Health Agency of Canada, Richard and Elizabeth Currie Chair for Health Professions Education Research at UHN.

Data availability

N/A.

Declarations

Ethical approval

REB approval was granted by the University Health Network Research Ethics Board (REB#22-5245). All participants provided informed consent to participate in this study. This research was conducted in accordance with the norms and standards of the Tri-Council Policy Statement.

Consent for publication

All authors consent to the publication of this manuscript.

Competing interests

The authors declare no competing interests.

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Received: 22 August 2025 / Accepted: 11 February 2026
Published online: 28 February 2026

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