

LETTER FROM THE EDITOR

Vaccine Resistance Among Hospital Workers and Health Care System Leadership Bonuses

Bradley P. Knight, MD, FACC, FHRS, Editor-in-Chief

Dear Readers,

For health care workers, the COVID-19 pandemic has had an undeniable impact, including physical, psychological, and financial effects. While the pandemic continues on, the next challenge seems to be resistance to the COVID-19 vaccine by some health care workers. As many health care organizations in the United States are making vaccination mandatory,¹ people are walking away from their jobs over the decision. Why would a health care worker not accept vaccination against a worldwide pandemic that has directly impacted health care workers? There is much to be said about vaccine resistance in the

Perhaps hospital employees would be much more likely to accept a COVID-19 vaccine mandate if hospitals demonstrated that the workers were truly valued by using their income to retain nurses and financially reward those on the ground, rather than giving it to hospital executives as bonuses.

United States. Some hospital employees may be refusing for the same reasons that those among the general population are refusing — misinformation, distrust, and denial. But maybe there is more to it. Perhaps for some front-line workers, it is expressing that last bit of control that they have at a time when so much control has been taken from them. Burnout is not from working too many hours. It is working without agency.

For instance, a hospital nurses' union in a midwestern city recently placed a billboard along a highway displaying one medical center's CEO and COO bonuses, which added up to over

\$1,000,000, and compared this to the \$0 bonus given to front-line health care workers.² The medical center responded by explaining that the billboard was inaccurate and that the hospital had spent \$11.7 million in staff bonuses, but that a “small number of leaders and faculty have an at-risk component to their total compensation that is only paid if they meet pre-determined metrics.”³ The hospital defended the executive bonuses, stating that they were based on national benchmarks. Perhaps those benchmarks should be reexamined. The hospital also listed how much was paid out for pandemic leave pay for staff who had to quarantine or use sick time during the pandemic. How is that comparable to a bonus? A few days later, that same hospital announced they were giving \$1,000 bonuses to over 15,000 of their staff members, excluding those in leadership positions, faculty, physicians, temporary employees, and students.² That was quite an effective billboard.

With more attention on rising CEO-to-employee salary ratios in this country, one would think during a pandemic — when overworked and understaffed doctors, nurses, respiratory technicians, pharmacists, and other hospital workers saw a dramatic reduction in income, suspension of employee retirement contributions, staffing shortages, and an increase in workload — that hospitals would make it obvious that the “leadership” was with them in the trenches and grateful beyond just words. Perhaps hospital employees would be much more likely to accept a COVID-19 vaccine mandate if hospitals demonstrated that the workers were truly valued by using their

income to retain nurses and financially reward those on the ground, rather than giving it to hospital executives as bonuses. ■

Bradley P. Knight, MD, FACC, FHRS

*@DrBradleyKnight
Editor-in-Chief,
EP Lab Digest*

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