



Vaccine hesitancy among school staff in Switzerland (PERSPECTIVES): A mixed-methods study



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1. PROJECT SUMMARY

Children are at lower risk of developing severe COVID-19 than adolescents and adults, but they do get COVID-19 and do transmit it to others. To reduce the spread of the infection during periods of high infection rates, schools closed and moved to remote learning in many countries and municipalities around the world. However, closing schools means huge costs not only on children and families but also on society. For this reason, at the time this project started, Switzerland maintained the position that schools should be prioritized to remain open, with teachers of all ages being a top priority for COVID-19 vaccination. Until children are vaccinated at sufficient levels, it is even more important that school staff are vaccinated in order to protect themselves from infection and to reduce the risk of infecting children and their families. There are little data regarding vaccine acceptance among teachers and school staff in Switzerland, and even less about reasons for or against vaccination.

This study, co-funded by the Swiss Federal Office of Public Health (FOPH), Università della Svizzera italiana (USI), and the University of Applied Sciences and Arts of Southern Switzerland SUPSI, used a mixed-methods approach to measure and explore COVID-19 vaccine uptake, intention to get vaccinated, reasons for uptake, and factors associated with intention to vaccinate among a sample of individuals working in public and private nurseries, kindergartens, primary schools, and after-schools across German-, French-, and Italian-speaking Switzerland. Data were collected from November 2021-March 2022.

Quantitative data showed that most participants were in favour of vaccination (66.5%) and had been (fully or partly) vaccinated against COVID-19 (76.4%). Of the approximately 100 participants who did not receive any dose of the COVID-19 vaccine, 56% reported not to be eligible and the majority (92.9%) indicated they were very unlikely to get vaccinated in the future. Seven unvaccinated participants reported to be likely to get vaccinated. Participants against the vaccination were significantly more likely to report a preference for waiting before being vaccinated, fear of possible side effects, preference for natural immunity or natural/traditional remedies or other means to protect themselves, and a belief that vaccines have developed too quickly.

The analysis of the qualitative data allowed us to (1) understand the context of the vaccination decision, characterized by a strong normative ambivalence, (2) understand the complexity of the impact of COVID-19 and related measures on working

life, (3) map the variety of the reasons behind the vaccination decision and (4) describe the tensions experienced by participants in relation to their vaccination decision.

This report presents the results of this project together with recommendations to improve current strategies to strengthen confidence in the COVID-19 vaccination among staff working in contact with children, particularly in relation to communication from public health institutions and within schools.

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2. DESCRIPTION OF THE PROJECT

As of 9 May 2022, 70.15% of the total population in Switzerland has been vaccinated against COVID-19 with at least one dose¹ and vaccination continues to be recommended. Given the role that school structure plays in the well-being of youth and the economy, teachers and school staff are a unique population in the effort to minimize societal disruptions and inequities resulting from the COVID-19 pandemic. School closures and the transition to distance learning during the initial wave of the pandemic had significant negative impacts on income, mental health, and learning for families and youth, disproportionately impacting low-income families and those requiring essential support coordinated through the public-school system^{2,3}. Despite many schools remaining open during the second wave of the pandemic, exposure events, compulsory use of masks, and quarantine guidelines continued to be disruptive for teachers, students, and families alike. Thus, a high level of COVID-19 vaccine acceptance among school staff is important to minimize disruptions to schooling and ensure the health, safety, and well-being of staff, students, and families⁴.

In December 2020, UNESCO and Education International, the global federation of education unions, called on governments and the international community to consider the vital importance of vaccinating teachers and school personnel⁵. In their joint video message, UNESCO Director-General Audrey Azoulay and Education International's General Secretary David Edwards argued that teachers and education support personnel must be considered as a priority group for vaccination. Studies in Canada, Greece, Ethiopia, and the USA show variation in vaccine acceptance among this priority population.

A population-wide cross-sectional online survey administered from August to November 2020 to over 5'000 Canadian public school teachers asked how likely they were to receive a COVID-19 vaccine⁶. The majority (89.7%) reported they were likely or very likely to. Sociodemographic predictors of intention to be vaccinated included being male, having an educational background in science or engineering, and using reliable information sources on vaccination such as public health administrations and health care providers. Teachers who reported lower levels of vaccine hesitancy, higher general vaccine knowledge, and a belief that COVID-19 was a serious illness were more likely to intend to receive a vaccine. A more recent study conducted in Canada showed even higher acceptance rates (95.4%), where education about the risks and benefits of COVID-19 vaccines from a trusted source had the strongest relationship with vaccine

intentions among this occupational group⁷. A study in Greece assessed intention to get the COVID-19 vaccine and factors associated with vaccine acceptance⁸. Only 38.1% reported to intent to get the vaccine when available. Factors independently and significantly associated with the intention to uptake included more than 15 years at work, prior influenza vaccine uptake, believing that COVID-19 vaccine should be mandatory and that schoolteachers are a high-risk group for COVID-19. A study in Ethiopia assessed the determinants of intention to receive COVID-19 vaccine among school teachers and found that slightly more than half (54.8%) of participants scored above the median of intention to receive COVID-19 vaccine⁹. Being affiliated with a religion other than Orthodox or Muslim, having a bachelor's degree, higher perceived susceptibility, higher perceived benefit, lower perceived barrier, and cues to action were significantly associated with the intention to receive the vaccine. The proportion of school staff who are hesitant to be vaccinated is estimated to be over 12% based on U.S data¹⁰. However, rates tend to be even higher among minority groups¹¹.

Vaccination decisions are influenced by several and interacting drivers, including emotional, cultural, social, religious, logistical, political, and cognitive ones. These factors contribute to the phenomenon of vaccine hesitancy, defined as a “delay in acceptance or refusal of vaccination despite availability of vaccines”¹². Vaccine hesitancy represents a threat for the success of vaccination campaigns against COVID-19 and the achievement of coverage of the necessary critical proportion of the general population required to attain herd/population immunity globally and within countries. Vaccine hesitancy is complex and context-specific, and often reflects diverse, everyday anxieties – not just, or even primarily, exposure to misinformation or anti-vaccine campaigners. Policy makers, public health officials, vaccine developers, health workers, researchers, advocates, communicators, media actors, and others involved in vaccine development, communication, and deployment, should employ strategies to boost confidence in COVID-19 vaccines that are grounded in solid data on what triggers vaccine hesitancy and acceptance among different populations.

This project aimed to provide quantitative and qualitative data on vaccine hesitancy and acceptance among school staff in Switzerland and provide evidence-based recommendations for increasing vaccine acceptance among this priority occupational group. This population is of particular interest because school staff adheres to an education mission that may be in contrast with the public health management of the pandemic.

3. OBJECTIVES AND TARGET GROUPS

3.1. Objectives

The project had two complementary objectives:

Objective #1

To measure COVID-19 vaccine uptake, intention to get vaccinated, reasons for uptake and factors associated with intention, in a large sample of individuals working in public and private nurseries, kindergartens, primary schools, and after-schools in Switzerland.

We sought to answer the following research questions:

RQ 1: How many individuals in the sample have been partly or fully vaccinated with a COVID-19 vaccination, stratified by sociodemographic variables (e.g., canton, type of employment facility, years of experience), and which are the most common reasons for (not) getting vaccinated?

RQ 2: What is the role of COVID-19 vaccination-related beliefs, attitudes towards vaccination in general, trust in public health authorities and pharmaceutical companies, and socio-demographic factors in predicting COVID-19 vaccination intention among the sample?

Objective #2

To explore and understand the attitudes and beliefs regarding COVID-19 vaccines, and experiences with the COVID-19 vaccination, among a small sample of individuals working in public and private nurseries, kindergartens, primary schools, and after-schools in Switzerland. We sought to answer the following research questions:

RQ3: What are the beliefs contributing to participants' vaccination decision-making, including aspects such as attitudes, motivations, experience, and social norms?

RQ4: How did participants form such beliefs and turned them into a vaccination choice?

3.2. Target groups

The main target of this project are staff employed in public and private nurseries, kindergarten, primary schools, and after-schools in both urban and rural areas in Switzerland, including:

- Teaching staff (including teachers, childcare workers, teaching assistants, speech therapists, paraprofessional educators)
- Office staff
- Bus drivers
- School nurses and counsellors
- School nutrition staff
- Coaches and athletic trainers
- Custodians
- Mensa staff
- Security staff
- Cleaning staff

4. METHODS

In line with the objectives of the project, two interrelated work packages were employed and followed a mixed-methods approach. WP1 included a quantitative survey and served to meet objective #1 and ensure coverage of COVID-19 vaccination-related opinions across several cantons. WP2 was a qualitative interview study and served to meet objective #2. Opting for a mixed-methods study provided an added-value: an initial, quantitative study provided fast data at a national level, while the qualitative study served to further explore the results of the previous study and provide data/contents/elements/basis for more nuanced recommendations to the FOPH.

4.1. Work Package 1

Study design

WP1 consisted of an online survey (Appendix 2). The survey measured:

- COVID-19 vaccination status
- Intention to get vaccinated
- Vaccination-related beliefs (e.g., perceived efficacy, perceived safety, preference for natural immunity)
- Attitudes towards vaccination in general
- Trust in public health authorities and pharmaceutical companies
- Social norms (e.g., what they believe school directors and peers think about the vaccination)
- Socio-demographic information (gender, age, highest educational attainment, nationality, percentage of work, job sector, COVID-19 infection, religion, political ideology, number and age of own children)

Participant recruitment and data collection

Different target groups were reached through different channels. The Dachverband Lehrerinnen und Lehrer Schweiz (LCH), i.e., the umbrella association for teachers in Switzerland, did not provide its support in the recruitment of study participants as initially promised due to the high sensitivity of the topic of vaccination. Thus, we involved other stakeholders in the recruitment process. These included:

- Dipartimento dell'educazione, della cultura e dello sport (DECS)
- Dipartimento della sanità e della socialità (DSS)
- Education and Culture Directorate of the Canton Bern
- SSPH+, RADIX Swiss Health Foundation, Polsan
- Associazione dei responsabili cantonali per la promozione della salute
- Several Cantonal Departments of Health
- Personal contacts

These stakeholders sent an email with a link to the online survey to their members who met the inclusion criteria for this project. The survey was open until 31 March 2022. The email contained the invitation to take part to the survey, which lasted between 15 and 30 minutes, and details about the nature of the project and its procedures. The email explicitly stated that no individual-specific data would be shared with schools or other institutions. The email also explained that the study was conducted by USI-SUPSI and supported by the FOPH. The invitation flyer is available as an Appendix (Appendix 1).

Upon access to the survey website (administred using RedCAP), individuals had to consent to the study and indicate if they wanted to participate in only the survey, both the survey and interview, or if they were not yet sure. If they selected only the survey or not sure, at the end of the survey they were again offered the opportunity to indicate their willingness to be interviewed.

Data analysis

Data were analysed using SPSS. In this report, we describe the analytical sample, followed by vaccination status and several socio-demographic characteristics. Furthermore, we quantify the most frequent reasons for (not) getting vaccinated, the percentage of participants who are likely or very likely to decide to get vaccinated, and the level of trust in FOPH and public health institutions.

Data cleaning

The extracted dataset contained 1222 cases. 632 were removed because they did not select the project participation type (i.e., the study type), 39 that did not provide consent to participation, 41 that provided consent but did not answer any questions, 1 that provided consent but only answered the gender question, 64 that provided consent, answered some socio-demographic questions, but no vaccination-related questions. The final sample included 445 cases. The high number of dropouts could signal participants who clicked on the link multiple times or participants who decided to not participate.

4.2. Work Package 2

Study design

WP2 consisted of a qualitative study using individual interviews with a sample of the individuals who filled out the survey in WP1 and accepted to participate to the interview, and participants recruited through a variety of other channels. The interview aimed to understand the nature of participants' attitudes and beliefs regarding the COVID-19 vaccination, as well as their experiences with this vaccination. An in-depth, semi-structured approach was followed, and an interview grid was developed on the basis of interview grids successfully employed by the project team in previous projects, scientific literature on vaccine hesitancy, and COVID-19 specific features (Appendix 3). Four trained qualitative interviewers conducted the interviews in the participants' preferred language (German, French, or Italian).

Participant recruitment and data collection

At the end of the online survey of WP1, we included the question "Would you be willing to be interviewed to tell us more about your views?". Based on the quantitative analysis, we categorized potential participants according to their level or type of hesitancy. Accordingly, we selected a purposeful sample of the relevant types of individuals for the qualitative interviews. Snowball sampling methods were also employed to meet the expected sample to reach data saturation using personal contacts, particularly in the German- and French-speaking regions of Switzerland.

We encountered recruitment difficulties for two main reasons: 1) because the COVID-19 vaccine topic was extremely sensitive, individuals were reluctant to speak out; 2) because this topic had become ubiquitous, and individuals preferred to avoid it. An additional challenge that made data collection and data analysis difficult was the constantly changing social context. Since the time when the study was funded (September 2021), several developments changed the context within which individuals reasoned about the COVID-19 vaccination, including:

- November 2021: COVID law vote (passed)
- January 2022: access to vaccines for children aged 5 and older
- February-March 2022: lifting of (all) COVID-19 non-pharmaceutical interventions (NPIs) policies and recommendations

Therefore, it was necessary to adapt our interview approach to accommodate these changes (particularly the last two) and to interpret the data collected each time in light of the context as people represented it.

Interviews were conducted over the phone after consent and transcribed verbatim. Individual telephone interviews were conducted between November 2021 and March 2022. Interviews were conducted in three linguistic regions:

- 19 interviews in Italian-speaking Switzerland
- 15 interviews in French-speaking Switzerland
- 14 interviews in German-speaking Switzerland

The sample was diverse in terms of:

- Age
- Canton of residence
- Working in rural and urban schools
- Working in private and public schools
- Gender of the participants (f/m)
- Vaccination decision

Data analysis

An inductive, abductive, and deductive approach was employed to analyse the data¹⁴. As data collection moved forward, we developed a preliminary coding of the interviews. Subsequently, we linked and grouped the identified codes into larger categories and defined more abstract concepts around which to organize the extracted themes. We identified primary themes and, gradually, clustered secondary and tertiary themes around the core codes as more data continued to be included in the analysis. During these phases of data organization and conceptualization, we continuously compared the data within and between subgroups. This process generated five intermixed activities: asking novel questions about the identified categories and their relationships; adopting general principles of meaning to interpret them; developing hypotheses based on these principles; testing the hypotheses by returning to the data or by looking for new information; and formulating explanations. In sum, the qualitative analysis proceeded as follows:

- In a first phase, we all analysed the same interviews, meeting weekly to discuss the analysis. In turn, one of the researchers then drew up an individual analytical

sheet, which was then shared with the group and validated by the other researchers.

- As the individual analyses proceeded, one of the researchers took turns drawing up a cross-sectional analytical sheet, linking multiple interviews. Again, the form was shared with the group and validated by the other researchers.
- The qualitative group thus worked closely together, reaching a consensus on the codes and their relationships from time to time.
- When signs of saturation appeared evident, the researchers drafted a final codebook, which was then used to deductively recode the interviews with a software in order to verify the analysis and ensure greater methodological rigor.
- We anonymized all data, removed any identifying information and replaced any names with pseudonyms.

Ethics

The project was approved by the Ethics Committee of the Canton of Ticino under the title “Understanding vaccine hesitancy and acceptance among school staff in Switzerland (perspectives)” (ID 2021-01955) on 26.10.2021.

5. RESULTS

5.1 Work Package 1

The full sample includes 445 survey participants. 16.6% of these indicated their willingness to also take part in an interview (WP2).

5.1.1 Socio-demographic characteristics

5.1.1.1 Gender and Age

The majority of participants (81.3%) reported being female. Roughly one-fourth were in their 30s, 40s, and 50s respectively.

Table 1. Gender and age

	n	%
Gender		
Male	79	17.8
Female	362	81.3
I don't want to answer	4	.9
Age		
21-30	56	14.2
31-40	107	27.1
41-50	106	26.8
51-60	102	25.8
61-70	24	6.1
Missing	50	

5.1.1.3 Language, Canton of residence and employment

Approximately half of participants (52.8%) spoke Italian as their main language, and 38% spoke German. Most participants were residents of Ticino (53.3%), while slightly more than a quarter were residents in the Canton of Bern (27%). The figures regarding the Canton of employment are in line with the figures on the Canton of residence.

Table 2. Language

	n	%
English	18	4.0
Italian	235	52.8
French	23	5.2
German	169	38.0

Table 3. Canton of residence and employment

	Residence		Employment	
	n	%	n	%
Zürich	3	.8	3	.8
Bern	107	27.0	110	27.8
Luzern	1	.3		
Glarus	1	.3		
Zug	2	.5	1	.3
Freiburg	8	2.0	6	1.5
Solothurn	7	1.8	2	.5
Basel-Landschaft	1	.3	2	.5
Sankt Gallen	1	.3	2	.5
Graubünden	3	.8	3	.8
Aargau	30	7.6	32	8.1
Ticino	211	53.3	223	56.5
Waadt	4	1.0	6	1.5
Wallis	2	.5	2	1.5
Neuenburg	1	.3		
Genf	1	.3	2	.5
Jura			1	.3
Cross-border commuter	13	3.3		
Total	396	100.0	395	100.0
Missing	49		50	

5.1.1.4 Religion

Almost two thirds of participants did not consider themselves as belonging to any particular religion (57.8%). Of those who considered themselves as belonging to a particular religion, 96% indicated they were Christian.

Table 4. Do you consider yourself as belonging to any particular religion or denomination?

	n	%
Yes	150	37.9
No	229	57.8
I don't want to answer	17	4.3
Total	396	100.0
Missing	49	

Table 5. Which religion or denomination do you consider yourself as belonging to?

	n	%
Christian	146	98.0
Jewish	1	.7
Islamic	1	.7
Other non-Christian religions	1	.7
Total	149	100.0
Missing	296	

5.1.1.5 Education

Almost half of the participants had a Master degree (47.6%) while approximately one third had a Bachelor degree (34.5%).

Table 6. What is the highest level of education you obtained?

	n	%
Secondary school certificate	4	1.0
Apprenticeship	11	2.8
Federal certificate of proficiency	39	9.8
Bachelor	137	34.5
Master	189	47.6
PhD	9	2.3
I don't want to answer	8	2.0
Total	397	100.0
Missing	48	

5.1.1.6 Political orientation

The majority of participants identified themselves as leaning towards left on the political spectrum (48.5%).

Table 7. What is your political leaning?

	n	%
Very far left	5	1.3
2	13	3.3
3	69	17.5
4	54	13.7
5	50	12.7
6	38	9.6
7	25	6.3
8	16	4.1
9	4	1.0
10	2	.5
Very far right	2	.5
I don't want to answer	117	29.6
Total	395	100.0
Missing	50	

5.1.1.7 Current role, work percentage, work facility and type (public vs. private)

Most participants were teaching (91.4%) or office (4.5%) staff. Most (60.5%) were employed in primary schools, 17.5% in kindergartens and 12.5% in nurseries. Most worked in a public facility (83.8%). In terms of work contract, almost half of the participants (46.2%) worked 100%, 13.1% worked 80% and 17.2% worked 50%.

Table 8. What is your current job function?

	n	%
Teaching staff (including teachers, childcare workers, teaching assistants, paraprofessional educators)	405	91.4
Office staff	20	4.5
Bus drivers	1	.2
School nurses and counselors	2	.5
School nutrition staff	5	1.1
Custodians	6	1.4
Mensa staff	3	.7
Security staff	1	.2
Total	443	100.0
Missing	2	

Table 9. What type of facility are you employed in?

	n	%
Nursery	55	12.5
Kindergarten	77	17.5
Primary school	267	60.5
After-school	42	9.5
Total	441	100.0
Missing	4	

Table 10. Is your facility public or private?

	n	%
Public	372	83.8
Private	58	13.1
Mixed	14	3.2
Total	444	100.0
Missing	1	

Table 11. What is your work percentage?

	n	%
10%	2	.5
20%	3	.8
30%	5	1.3
40%	10	2.5
50%	68	17.2
60%	29	7.3
70%	23	5.8
80%	52	13.1
90%	21	5.3
100%	183	46.2
Total	396	100.0
Missing	49	

5.1.1.8 Children

Almost two thirds of participants had children (60.3%). 54.5% had two children, 24% had three children (24%) and 18.5% had one child.

Table 12. Do you have children?

	n	%
Yes	238	60.3
No	153	38.7
I don't want to answer	4	1.0
Total	395	100.0
Missing	50	

Table 13. How many children do you have?

	n	%
1	43	18.5
2	127	54.5
3	56	24.0
4	4	1.7
5+	3	1.3
Total	233	100.0
Missing	212	

5.1.2 COVID-19-related variables

5.1.2.1 COVID-19 infection

One third of participants reported that they had tested positive for COVID-19 at least once (32.8%). 51.8% had at least one family member who tested positive for COVID-19 And 89.2% stated that at least one student or member of the staff tested positive.

Table 14. Have you ever tested positive for COVID-19?

	n	%
Yes	131	32.8
No	258	64.7
I prefer not to answer	10	2.5
Total	399	100.0
Missing	46	

Table 15. Has any member of your family ever tested positive to COVID-19?

	n	%
Yes	206	51.8
No	184	46.2
I prefer not to answer	8	2.0
Total	398	100.0
Missing	47	

Table 16. Has any of the students or staff in your school ever tested positive to COVID-19?

	n	%
Yes	355	89.2
No	32	8.0
I prefer not to answer	11	2.8
Total	398	100.0
Missing	47	
Total	445	

5.1.2.2 Attitude towards COVID-19 vaccination

Most participants supported vaccination (66.5%). Values from 1 to 3 were considered “against”, values 4 to 7 were considered “hesitant”, and values 8 to 10 were considered “in favour”. Most (66.2%) reported that their facility director was in favour of the vaccination, 48.2% indicated that their colleagues with the same responsibilities were in favor of the vaccination, and 51.3% stated that their colleagues with other responsibilities were hesitant regarding the vaccination. 78.4% thought that society was hesitant regarding the vaccination. Most also thought that parents and students were hesitant regarding the vaccination (69.6% and 66.8% respectively).

Table 17. Thinking about vaccination in general, would you say you are personally*...?

	n	%
1	30	6.9
2	11	2.5
3	15	3.5
4	20	4.6
5	23	5.3
6	18	4.2
7	25	5.8
8	57	13.2
9	66	15.3
10	164	38.0
I don't want to answer	3	.7
Total	432	100.0
Missing	13	

*Likert scale from 1= strongly against to 10 = strongly support

Table 18. What do you think is the widespread attitude towards the COVID-19 vaccination among your facility director**? / among your colleagues with the same responsibilities**?

	n	%
Facility director		
1	22	5.0
2	9	2.1
3	15	3.4
4	5	1.1
5	37	8.4
6	27	6.2
7	33	7.5
8	65	14.8
9	74	16.9
10	151	34.5
Total	438	100.0
Missing	7	
Colleagues		
1	10	2.3
2	5	1.1
3	14	3.2
4	22	5.0
5	55	12.6
6	55	12.6
7	92	21.1
8	100	22.9
9	55	12.6
10	28	6.4
Total	436	100.0
Missing	9	

* Likert scale from 1= strongly against to 10 = strongly support

Table 19. What do you think is the widespread attitude towards the COVID-19 vaccination

	n	%
1	16	3.6
2	5	1.1
3	13	2.9
4	11	2.5
5	40	9.1
6	50	11.3
7	93	21.1
8	95	21.5
9	65	14.7
10	53	12.0
Total	441	100.0
Missing	4	

* Likert scale from 1= strongly against to 10 = strongly support

Table 20. What do you think is the widespread attitude towards the COVID-19 vaccination among society in general*?

	n	%
1	3	.7
2	3	.7
3	10	2.3
4	14	3.2
5	61	13.9
6	103	23.5
7	166	37.8
8	52	11.8
9	20	4.6
10	7	1.6
Total	439	100.0
Missing	6	

* Likert scale from 1= strongly against to 10 = strongly support

Table 21. What do you think is the widespread attitude towards the COVID-19 vaccination among your student's parents*? What do you think is the widespread attitude towards the COVID-19 vaccination among your students*?

Parents	n	%
1	14	3.3
2	9	2.1
3	21	4.9
4	29	6.8
5	77	18.1
6	80	18.8
7	110	25.9
8	54	12.7
9	15	3.5
10	16	3.8
Total	425	100.0
Missing	20	
Students		
1	38	9.2
2	12	2.9
3	25	6.0
4	26	6.3
5	139	33.5
6	55	13.3
7	57	13.7
8	26	6.3
9	17	4.1
10	20	4.8
Total	415	100.0
Missing	30	

* Likert scale from 1= strongly against to 10 = strongly support

5.1.2.3 Vaccination status, vaccine type, and intention to get vaccinated

Most participants were fully or partially vaccinated against COVID-19 (76.4%) and 58% received two doses. Most received the Moderna vaccine (68.5%), followed by Pfizer/BioNTech (29.7%). Of those who did not receive any vaccine (22.4%), 56% reported not to be eligible and all of these reported to not have an appointment for reasons other than difficulties in scheduling it. Most of those who were not vaccinated indicated that they were very unlikely to get vaccinated in the future (92.9%). Only 7 out of 99 unvaccinated participants reported to be likely to get vaccinated.

Table 22. Have you been vaccinated (fully or partly) against Covid-19?

	n	%
Yes	327	76.4
No	96	22.4
I don't want to answer	5	1.2
Total	428	100.0
Missing	17	

Table 23. How many doses of the coronavirus vaccine have you received so far?

	n	%
1	12	3.7
2	190	58.1
Other*	125	38.2
Total	327	100.0
Missing	118	

*Other includes: 1 dose and COVID-19 infection

Table 24. Which coronavirus vaccine did you receive?

	n	%
Pfizer/BioNTech (Comirnaty®, BNT162b2)	97	29.7
Moderna (mRNA-1273)	224	68.5
AstraZeneca/Oxford (AZD1222)	2	.6
Janssen/Johnson & Johnson (Ad26.COV2.S.)	2	.6
Other*	2	.6
Total	327	100.0
Missing	118	

*Other = 2 doses Pfizer & half dose of Moderna Booster; Janssen & Moderna booster

Table 25. Do you think you are currently eligible to receive the coronavirus vaccine?

	n	%
No, I am not eligible	56	56.0
I don't know if I am eligible or not	12	12.0
Yes, I am eligible	32	32.0
Total	100	100.0
Missing	345	

Table 26. Do you have an appointment for the coronavirus vaccination?

	n	%
No, I don't have an appointment for other reasons	99	100.0
Missing	346	

Table 27. How likely is it that you will decide to get vaccinated?*

	n	%
1	82	82.8
2	10	10.1
3	5	5.1
4	1	1.0
5	1	1.0
Total	99	100.0
Missing	346	

* Likert scale from 1= not at all likely to 5 = very likely

5.1.2.4 COVID-19 applicable policies and preferences

Most participants reported that their school policy was mandatory use of masks indoor (49.6%), followed by recommended use of masks (14.2%), and mandatory use of masks both indoor and outdoor for all (13.7%). More than half of participants agreed with the policy (54.4%), one fourth neither agreed nor disagreed (23.4%) and less than one fourth disagreed (22.1%).

Table 28. What is the current applicable policy about masks in your school?

	n	%
Masks are recommended	56	14.2
Masks are recommended but social distancing is mandatory	32	8.1
Masks are mandatory for all, in all places (indoor and outdoor)	54	13.7
Masks are mandatory for all, indoor only	196	49.6
Masks are mandatory only for non-vaccinated individuals, in all places (indoor and outdoor)	4	1.0
Masks are mandatory only for non-vaccinated individuals, indoor only	7	1.8
I don't want to answer	45	11.4
Other	1	.3
Total	395	100.0
Missing	50	

*Participants could choose one answer only.

Table 29. To what extent do you agree with such policy?

	n	%
Totally disagree	43	10.8
Disagree	45	11.3
Neither agree nor disagree	93	23.4
Agree	127	32.0
Totally agree	89	22.4
Total	397	100.0
Missing	48	

5.1.3 Vaccine hesitancy variables

5.1.3.1 Reasons for getting vaccinated (among the vaccinated, N=327)*

The three most frequently cited reasons for getting vaccinated were “wanting to contribute to the protection of my community and/or society” (79.2%), “wanting to go back to normal life as soon as possible” (74.6%), and “working in the education system” (73.4%).

Table 30. Reasons for getting vaccinated

	n	%
I have a chronic disease or disorder	21	6.4
I am at risk because of my age	14	4.3
I work in the education system	240	73.4
I live with or look after one or more vulnerable person(s)	66	20.2
I am vulnerable with regard to COVID-19 for some other reason than the above	2	0.6
I want to protect my pupils	161	49.2
I want to get back to normal life as fast as possible	244	74.6
My employer wants me to be vaccinated	14	4.3
I want to travel (for work or leisure) and need or want a COVID certificate	145	44.3
I want to contribute to the protection of my community and/or society	259	79.2
Other reason(s), please specify**	34	10.4

*Participants could select more than one option.

Other reasons for getting vaccinated that participants spontaneously provided:

- Auch wenn ich nicht gefährdet bin, möchte ich nicht an Covid erkranken, auch nicht an einer 'milden' Variante.
- Der Druck einiger Verwandten war gross, da ich unsere betagte Mutter betreue.
- Die LehrerInnen unserer Schule sollten im Sommer und Herbst 2021 ohne Masken unterrichten. Dies trotz steigender Fallzahlen, was mir dann zu riskant war.

- Druck am Arbeitsplatz
- Eigene Gesundheit
- Ero incinta e volevo passare gli anticorpi a mia figlia
- Faire comme la majorité de mon établissement
- Ho contratto il COVID durante la prima ondata
- Ich für dich, du für mich
- Ich habe Angst davor, vulnerable Menschen anstecken zu können
- Ich möchte auch mich selbst und meinen gesunden Partner schützen.
- Ich möchte gegen eine Ansteckung bzw. eine schwere Erkrankung bestmöglich geschützt werden (warum ist dies keine Auswahl-Option??)
- Ich möchte gerne auf diese heimtückische Krankheit verzichten.
- ich möchte mich selber schützen
- Ich möchte mir eine Spitalaufenthalt ersparen
- Je veux faire du sport.
- Je veux me prémunir contre les formes graves du Covid (Covid long)
- Mein Mann hatte eine sehr lang long Covid-Geschichte, so habe ich mich auch schnell boostern lassen, damit ich nicht vom Kindergarten nach Hause trage.
- Per la mia famiglia
- Per proteggere le persone e me stessa
- Per provare ad uscire dalla situazione covid il più in fretta possibile e per un senso di dovere per la collettività
- Proteggere e poter avere contatti con i miei genitori
- Proteggere i miei cari
- Proteggere la mia famiglia
- Regelmässiger Kontakt mit älteren Personen
- Verwandte, Bekannte, Freunde besuchen können
- Voglio proteggere i miei figli e i miei cari (genitori, nonni,...)
- Voglio proteggere me stessa
- Voglio tutelare la mia salute e quella di chi vive accanto a me
- Voir des concerts
- Volontariato con persone disabili
- Wir sollten im Sommer und Herbst 2021 ohne Maske Schule geben. Mit den steigenden Fallzahlen war die Ansteckungsgefahr zu hoch.
- Wollte Ausgrenzung als Ungeimpfte umgehen
- Zum Schutz unserer Eltern und eine Reise

Reasons for wanting to get vaccinated among the non-vaccinated were reported only by three participants and included “I want to get back to a normality as soon as possible” (n=2) and “I work in the education system” (n=1).

5.1.3.2 Beliefs about COVID-19 vaccination

Participants against the vaccination were significantly more likely to report a preference for waiting before being vaccinated, fear of possible side effects, preference for natural immunity or natural/traditional remedies or other means to protect themselves, and a belief that vaccines have developed too quickly.

Table 31. To what extent do you agree with the following statements?*

Item	Against (n=56)		Hesitant (n=86)		In favor (n=287)		p
	M	SD	M	SD	M	SD	
I prefer to wait before being vaccinated until more is known about how effective the vaccine is	3.39	1.681	3.28	1.537	1.68	.067	.000
I prefer to wait before being vaccinated until more is known about the vaccine's safety	3.51	1.685	3.28	1.570	1.78	1.206	.000
I believe that the vaccination protects me against infection with the coronavirus	1.48	.918	2.22	1.345	3.51	1.226	.000
I believe that the vaccination protects me against a severe course of coronavirus infection	2.25	1.297	3.43	1.402	4.46	.994	.000
I believe that the vaccination protects against transmission of the coronavirus to others	1.27	.630	2.05	1.413	3.20	1.277	.000
I am afraid of possible side effects	4.02	1.336	3.61	1.295	2.53	1.393	.000
I follow what my religious faith prescribes regarding this vaccination	1.52	1.203	1.43	1.163	1.25	.851	.111
I prefer natural immunity against the coronavirus to vaccine-induced immunity	4.55	.986	3.44	1.623	1.77	1.229	.000
I prefer natural or traditional remedies to the disease rather than being vaccinated	4.10	1.361	3.14	1.525	1.52	1.061	.000
I am afraid of injections	1.90	1.460	1.59	1.232	1.52	1.089	.096
I am concerned about getting infected if I go to a clinic where vaccinations are administered	1.37	.916	1.28	.682	1.23	.678	.401
I would rather protect myself by other means (physical distancing, hand hygiene, wearing a mask) than be vaccinated	3.92	1.202	2.97	1.561	1.61	1.065	.000
I think that the vaccine will provide long-lasting immunity	1.33	.901	1.76	1.034	2.68	1.132	.000
I want to protect myself	3.25	1.454	3.45	1.420	4.36	1.006	.000
I want to contribute to the protection of my community/society	3.42	1.473	3.54	1.365	4.63	.722	.000
I want to contribute to the protection of someone I know who is vulnerable	2.96	1.584	3.48	1.401	4.18	1.216	.000
I want to get back to a normal life as fast as possible	3.94	1.219	4.29	1.134	4.65	.747	.000
I prefer to let those who will benefit most have first access to the vaccine	3.75	1.547	3.96	1.309	3.87	1.209	.650
Medical reasons (e.g., allergies) prevent me from being vaccinated	1.54	1.075	1.35	.957	1.19	.735	.015
I base my vaccination decision on the results of my serological test	1.94	1.475	1.63	1.204	1.40	.970	.003
The coronavirus vaccine has been developed too quickly	4.17	1.150	3.46	1.430	2.08	1.237	.000
I feel overwhelmed by information on the coronavirus vaccine	2.87	1.534	2.53	1.456	2.27	1.339	.011
I am afraid I might infect my students if I got COVID-19	1.88	1.287	2.19	1.424	3.10	1.299	.000
I am afraid my students might infect me if they got COVID-19	1.77	1.262	2.16	1.381	3.23	1.338	.000
I am afraid my students might infect me and I then infect my family	1.79	1.210	2.33	1.474	3.48	1.501	.000

* Likert scale from 1 = strongly disagree to 5 = strongly agree.

5.1.3.3 Trust

Non-vaccinated participants were significantly more likely to report lower levels of trust in vaccine manufacturers or pharmaceutical companies and in the FOPH / BAG. They were also less likely to report that they understand how vaccination helps their body fight infectious diseases and they feel it is important that they get vaccinated

Table 32. To what extent do you agree with the following statements?*

Item	Vaccinated (n=327)		Non- vaccinated (n=96)		I don't want to answer (n=5)		<i>p</i>
	M	SD	M	SD	M	SD	
I generally trust vaccine manufacturers or pharmaceutical companies	3.98	1.905	2.28	1.149	2.60	1.140	.000
I generally trust the FOPH / BAG	4.30	.817	2.45	1.029	2.80	1.304	.000
I understand how vaccination helps my body fight infectious diseases	4.29	.900	3.22	1.474	1.80	.837	.000
I feel it is important that I get vaccinated	4.35	.930	1.90	1.269	2.40	1.673	.000

* Likert scale from 1= strongly disagree to 5 = strongly agree.

5.2. Work Package 2

5.2.1. Participant Characteristics

The final sample included 47 participants, of which 37 were women. 19 were based in Ticino, 15 in a French-speaking Canton, and 12 in a German-speaking Canton. The mean age was 42.3 in Ticino, 41.9 in French-speaking, and 54.1 in German-speaking Switzerland. 12 worked in a kindergarten, 28 in a primary school, 3 in a middle school, and 2 in a special school. Of the entire sample, 36 were teaching staff, 7 were non-teaching staff, and 4 covered a managerial position. In terms of location, 26 were based in an urban area and 18 in a rural one. 36 of the 47 were vaccinated against COVID-19 with at least one dose, while 11 were not vaccinated.

Table 33. Socio-demographic characteristics of the participants

N=47	Ticino (n=19)	French-speaking (n=15)	German-speaking (n=14)	Total
Female	15	11	9	37
Mean age	42.3	41.9	48.2	-
Type of school				
Kindergarten	9	1	2	12
Primary	10	12	6	28
Middle	-	1	3	4
Special	-	-	2	2
Role				
Teaching staff	14	13	10	37
Non-teaching staff	3	2	2	7
Managerial	2	-	2	4
Area				
Urban	10	4	9	23
Rural	9	8	5	22
Vaccinated (COVID-19)				
Yes	16	12	8	36
No	3	3	6	12

5.2.2. General description of the results

The aim of this WP was to explore attitudes, beliefs, and experiences around COVID-19 vaccination among school staff in Switzerland, starting from the point of view of the individuals themselves. The analysis of the data allowed us to reconstruct (1) the

context of the vaccination decision, characterized by a strong normative ambivalence, understand the complexity of the (2) impact of COVID-19 and related measures on working life, map the variety of (3) the reasons behind the vaccination decision and, finally, describe (4) the tensions experienced by participants in relation to their vaccination decision. Each theme will be unpacked in the following paragraphs with relevant quotations from the participants. The language region of the participants whose quotations are included in the text is available in the table below.

5.2.3. Theme 1. Normative ambivalence

A first element that we extracted from the data is the temporal representation that participants developed with respect to the issue of the COVID-19 vaccination. People were confronted with a kind of normative ambivalence, that is, with a double message regarding the vaccination: “claimed and legally defended autonomy” vs. “moral pressure”. There was no legal obligation to get vaccinated; at the same time, there was a strong incitement to do so, with the emphasis on protecting oneself and others. This normative ambivalence put the participants in a peculiar position, that is, it somehow incited people to take a position, to situate themselves on one side or the other, and to make sense of their positioning.

If the vaccine remains a choice, everyone has to inform themselves: the institution cannot so much take a position, since we have to leave the choice to the people. So, there, we're kind of stuck since the fact that it's not mandatory and it's a choice does not allow us to promote the vaccine. They cannot do more than that: they have to inform, but you stay at the informational level, repeating “it is a choice, a choice, a choice”. (male, French-speaking Switzerland)

This process of positioning followed, according to the participants, three main steps, situated temporally since January 2021.

1) *Deliberation period (January 2021 – September 2021)*

During this period, the first vaccines were approved and distributed, initially only to at-risk individuals (generating the belief that vaccines were a “privilege” of a few). This was followed by the gradual distribution of vaccines to several other subgroups of the population. Between January and September 2021 individuals collected information, observed institutional attempts of persuasion, and started a deliberation process that they described as characterized by reflection and argumentation and, consequently, as

being “tiring”. The individuals interviewed in this study recalled this first period as the moment when they were reflecting on what to decide regarding the COVID-19 vaccination.

I'm very glad I did it [the vaccination]. Because I told myself that at least I no longer had to wonder whether I wanted to get vaccinated or not. In fact, I saw my friends who were hesitating and some who are still hesitating now, and the question occupies their minds, day and night. They wonder 'What do I do? Should I do it or should I not? What if I do it and then...?'. I mean, they think all the time, they go and look for information on the Internet, and I say to myself: 'what [a big amount of] energy! They put it all in there'. I'm glad I don't put all my energy in there anymore. (female, French-speaking Switzerland)

2) Consolidation/crystallization period (October 2021 – February 2022)

Vaccines were available to everyone in May 2021. This was followed by the summer, a period of vacation and lower infection rates. However, with the start of the school year the time of deliberation was generally considered over. This period was marked by a “point of no return”. Many assumed that people had made their decision previously, that the deliberation phase was over, and that everyone was going back to school with their own vaccination decision. November 2021 was also marked by a vote on the COVID law (passed) in which people were asked to take sides. Notably, 40 out of 47 interviews were conducted during the crystallization period.

At first we needed to talk about it, it was interesting to share, but now I have the impression that the topic is "closed", everyone has made his or her own decision, and there is no use talking about it anymore. In the beginning, there were several things to learn, eventually you could change your mind. Now I have the impression that if I talk to someone, I have nothing to teach him/her, and he/she has nothing to teach me. (female, French-speaking Switzerland)

3) Liberation/disorientation period (February 17, 2022 – March 31, 2022)

On Feb. 17, 2022, the Federal Council lifted most restrictions, notably the need for the vaccination certificate and the use of mask. The only restriction that still applied – until the end of March 2022 – was the isolation of people who tested positive and the mask requirement on public transportation and in healthcare facilities. This generated puzzlement and reflection. The unvaccinated rejoiced that they had managed to make it until this point. The vaccinated were happy about the simplified situation created by the lifting of the measures but were puzzled by the rapidity of how this was done, perplexed

at the still significant (and, during March, increasing) number of cases, as well as frightened that they may no longer be sufficiently protected. This can be described as both a period of liberation and disorientation.

I rubbed my hands together, I almost had a little smile on my face... Even my eldest daughter said to me 'you see mom, you did well!' [...] I thought we were going to make the non-vaccinated people suffer a bit more... and that's not the case [...] I'm glad I endured until this point. [...] At the beginning of February it was the end of quarantines for contact cases, but after the 17th it was really -- all the measures were lifted. It was a party; it was a celebration, so there were teachers who were a little bit more concerned, but we were also asked ... the management also asked us to respect those who still wanted to keep the mask on, to let them do it freely, to respect colleagues who wanted to protect themselves. At the time I thought it was great that the children could see our faces, that... well, it was good, it was really good news. Afterwards, we felt very ... without a mask ... well, we've had a mask for almost two years now and being so close to the children was almost -- and it still makes me feel, let's say -- phew! We're really close during the reading. (female, French-speaking Switzerland)

I'm quite hopeful, although I wonder if we did the right thing to open everything up so quickly. It seems to me that -- to us in the schools it still seemed strange that overnight we were told 'you can all take off the mask, etc.' We almost didn't dare leave our classroom without a mask, we always had the mask on, even in private. Maybe we were so used to the mask, to these measures, that from one day to the other we were almost lost at first. Not that we missed the mask, but it was really very strange. And then also telling the students that the coronavirus was over, that it didn't exist anymore, this virus that scared us for months and months. So I was a little wary. I have enough confidence until October [2022] but I'm afraid that like last years in October or November there will be a new variant, I don't know. (male, French-speaking Switzerland)

5.2.4. Theme 2. Impact of COVID-19 and related measures on working life

Although our study was mainly focused on representations and experiences in relation to the vaccine, the impact of the whole pandemic situation, and especially of health measures, on professional life emerged very strongly.

Participants listed six main **professional challenges**, four **professional strategies**, and four **secondary benefits**.

1) Professional challenges

▪ **Isolation**, loneliness, and “dryness” of work

Participants reported a sharp reduction in complementary activities to school (field trips, visits, tandem work with other schools or classes, etc.), separation of classes, lack of moments to eat together. This created a certain isolation of the teacher with his or her class.

All the nice things are gone. (female, French-speaking Switzerland)

Some also pointed out to the lack of work gratification following this situation.

It was also no longer possible to organize mixed activities between classes, there were no more events, we used to celebrate the beginning of the vacations the day before the vacations... (...) We saw each other much less, there was less exchange. (female, German-speaking Switzerland)

▪ Pedagogical **alienation**

According to many participants, the public health management of the pandemic was ontologically at odds with the pedagogical mission of the school. Participants identified multiple reasons for this:

- a) it was detrimental to have to wear a mask or maintain physical distance with younger children;
- b) contagions and constant quarantines prevented the class from advancing collectively; there was no longer a group (and this was a problem because "school is a collective activity");
- c) other social and health mandates took over the educational mandate.

Actually, we have been teachers, psychologists, administrators, nurses. We have gone far beyond the teaching mandate. We really lost the basic job. (female, French-speaking Switzerland)

This tension was noted also by participants who spoke of a conflict between the health function and educational role. Some showed concern for young people.

[I am worry for] the fact of locking young people who are in the puberty stage or after puberty, when they fall in love, and who need to socialize, which is important for the peer group (group of belonging), as in the days when I was studying in college. (male, German-speaking Switzerland)

Like Ines, these participants noticed the negative consequences of the measures on their pupils.

They have become wild, for example, they have lost the habit of shaking hands when they come. (female, German-speaking Switzerland)

- Strengthening of the **control function**

Some participants reported discomfort over the enforced embracement of a control function.

There were tense moments, for example, when we were asked to report parents returning from abroad who had not been tested in the red zone. That was something I didn't really get into. (male, French-speaking Switzerland)

- Obstacles to the **function of integration**

Some participants noted that included in the educational mandate is the role of promoting the integration of students and, in particular, children who are not fluent in the language spoken by the rest of the class. In this sense, the health measures introduced by the Federal Council created disadvantages for these children.

On one side there are classes of expats, on the other side there are classes of refugees; so, language is an issue in both schools. I also teach language through songs, through pronunciation of words, they learn German so there is also the whole issue of phonetics... They come from Arabic writing or other languages... all these languages... this makes it more difficult. (female, German-speaking Switzerland)

- Staff's overexposure, **privacy loss**

Many participants felt exposed in their personal choices in their workplace, especially regarding vaccination. There were times when the unvaccinated staff were required to wear a mask while the vaccinated were not, and this clearly exposed the participant's personal choice.

- **Confusion** regarding health measures

The constant changes and the multiple pieces of information regularly and suddenly reaching schools from different sources and including different levels of information, were perceived as confusing and created disorientation. Confusion came not only from the constant changes and the many levels of information, but also from knowing other schools or institutions with other approaches.

2) Professional strategies

To cope with these **challenges**, participants developed **four professional strategies** in order to continue to carry out their work in the best possible way.

▪ Continuous **adaptation**

Participants reported they had to find continuous, creative solutions, adapt the format of their classes, and find compromises (e.g., no longer taking trips outside Switzerland but in the country, visiting museums as individual classes, etc.). This continuous adaptation was performed in order to maintain the educational role, to ensure a pleasurable dimension of the school, and to maintain sociality.

We had to be creative... we were no longer in our comfort zone, we had to adapt. (male, French-speaking Switzerland).

However, some participants noted that this was not always possible.

We adapted, we can say we adapted. What was possible to do, we did it. What wasn't possible to do or what didn't seem "human" to us, we didn't do it. (female, French-speaking Switzerland)

The regimes were so tight that you had a hard time adapting overnight. (female, German-speaking Switzerland)

▪ Resuming **simple activities**

Other participants stated that they resumed simpler activities with the students.

We spent much more time outside playing with them. (female, German-speaking Switzerland)

▪ Finding the right degree of **transgression**

Some participants reported that a certain degree of transgression was needed for them to carry out their work, at least minimally. For example, some decided to take off their mask when they were telling stories to younger children.

It was also no longer possible to organize mixed activities between classes, there were no more events, we used to celebrate the beginning of the vacations the day before the vacations... Some continued to do it, occasionally even without permission. (female, German-speaking Switzerland)

- **Recreating normality** with children

Several participants tried to recreate a state of normality. To do so they had to enter into the logic that they were no longer in a state of exception, but rather “a new normal”.

These participants decided that the *health* measures mandated by the public health officials had to become *educational* measures in the long term. This is the case, for example, of washing hands: there was an attempt to present this as a normal, habitual gesture that one should perform all the time, and not only in this period.

3) **Secondary benefits**

Alongside the distress and fatigue involved in the adjustment process, participants reported **some benefits**, which were partly the result of their effort and ability to make a virtue out of necessity and to transform some of the limitations introduced by the pandemic into opportunities.

- Improvements in **education regarding hygiene** standards

Participants saw the implementation of COVID-19 measures as an opportunity to improve educational efforts on hand hygiene for the prevention of diseases other than COVID-19.

I insist on hand washing, because I tell them that whether it's Corona or something else, germs are passed around all the time when we live together in a classroom. So if we can avoid putting our hands in our noses and touching everything, that's good. So if we touch our nose, we'll wash our hands (female, French-speaking Switzerland)

- Greater **acceptance of illness** (and death) as a normal part of life

Participants reported that the pandemic led to an increase in the acceptance of illness and death as two normal elements of life. One participant noted that the difficulty to accept illness and death is due to our desire, so frequent in western societies, to have control on everything. The pandemic has questioned this state of mind.

We take care of so many things that in the end we don't accept this death (...) we want to control everything, there isn't really any room. (female, French-speaking Switzerland)

The children have also heard such negative things that I thought I should show them that we will have to live with this, that we will not be able to eradicate this disease

which is likely to come back frequently, like the flu, and to show the children that we can live with it serenely. (female, French-speaking Switzerland)

- Recognition of the privilege of being able to attend school **in-person**

The return to in-person teaching was welcomed with strong gratitude and the transition from remote to in-person learning allowed for a recognition of the beauty of physically attending school.

The children were very happy to be able to go back to school. [...] The joy of going to school is greater since the pandemic, the gratitude of being able to go to school. (female, German-speaking Switzerland)

The school was re-evaluated. When the school was able to start again, we got a lot of positive comments, "How nice that you are here again" and "we are happy" and... They [parents] realized that it is not always easy to work and teach their children, they also understood certain difficulties, that for example you have to repeat things many times, that children don't learn so fast... They focused on making their children learn and that is also an experience, a positive experience. (female, German-speaking Switzerland)

- Valorisation of **cultural diversity**

In classrooms with a high presence of children from various backgrounds, teachers valued good practices that had been already in use in other countries, such as the use of masks in Japan. In the following quote, Ines referred to what the Japanese students said in the classroom when the compulsory use of masks was introduced.

And the Japanese said, "What? [...] in Japan there has been a mask requirement for a long time already, as well as restrictions. It's finally coming to Switzerland too!" (female, German-speaking Switzerland)

5.2.5. Theme 3. The reasons behind the vaccination decision

The previous theme showed that participants experienced a certain degree of distress in carrying out their work during the implementation of the COVID-19 health-related measures, and it is in this context that one needs to understand the reasons for or against vaccination. We observed a multiplicity of reasons for vaccination, some of them based on trust in science and the desire to return as soon as possible to normality, especially in a sensitive context as schools. In addition to these choices funded on

'positive' motivations, however, we could also observe more complex decisions, sometimes taken unwillingly, as a result of the social pressure exerted within the educational establishment. Equally complex are the reasons behind the choice not to vaccinate.

1) Reasons for vaccination

▪ Returning to social normality

For some participants, getting vaccinated is a pragmatic choice to return to a certain normality, at least from a social point of view.

I think it is also a matter of responsibility to society. That the economy can get back on track, that businesses can open again, that cultural events can take place, that hospitals can be relieved - yes, the whole decongestion of society. I think that's part of people's responsibility - it's not just about me, there's more at stake. For the world to function again, let's say. That it works, yes. (female, German-speaking Switzerland)

A strong desire to return to “the normal” was shared by most participants. This was sometimes felt as a positive driver to which people adhered, or as an imposition that was hard to push back and that came in the form of strong pressure, strong encouragement, and sometimes even "brainwashing". There were constant pressures, mostly indirect or implicit: it was clear that there was freedom of choice, but you felt the moral pressure through, for example, leaflets hanging around the schools with the suggestions of the FOPH.

It was like a funnel that led to vaccination, and I had a bit of a problem with that. (female, French-speaking Switzerland)

▪ Self-protection

Some participants were scared of COVID-19 and just wanted to protect themselves. They feared the disease, had the desire to escape illness and avoid hospitalization, long-covid, etc. They trusted science and public health authorities.

Fear [of the disease], surely. (female, Italian-speaking Switzerland)

I belong to that group of people who have relatively great trust in the state. So, I think that if the Federal Council says that the problem is solved by vaccinating, we need to vaccinate as much as possible. (female, German-speaking Switzerland)

- **Protecting the other**

Some participants said “yes” to the vaccine for civic sense, a sense of duty they developed after considering the fact that they had contact with many people. Some decided to get vaccinated to protect a loved one. Some opted for the vaccination within a professional ethics reasoning: they regarded themselves as having an exemplary role for young people and for society, and a moral responsibility due to their work.

I work in contact with a thousand children. The risk was high and I didn't want to infect anyone. And then, given my assignment with older people-my parents are 85 and 87 years old-it was clear to me that I was going to get vaccinated. We teachers, then, got preferential treatment and were able to get vaccinated rather quickly-I logged on and within five minutes I got my vaccine appointment. Everything went very quickly. (female, German-speaking Switzerland)

I would rather vaccinate myself than my children. It's a medicine they don't need, they're not at risk. (female, French-speaking Switzerland)

- **Respecting one's employer**

Some displayed a certain loyalty towards their employer (the government, which asks them to get vaccinated). Florence, for example, was not for the vaccine, but she had a sense of professional ethics: since she worked for the state, she felt a moral duty to get vaccinated, as the state asked her to do so.

- **Overcoming the burden of uncertainty**

For some participants, deliberating about COVID-19 vaccination was an exhausting process: they were constantly gathering information, discussing with others, thinking about the choice to do. The ambivalence between legal autonomy and moral pressure forced them to position themselves and make a choice. Accepting to be vaccinated was a mean to solve the dilemma and lower their psychological tension. For example, one woman reported that she could no longer bear the burden of deliberation and decided to get vaccinated, somewhat reluctantly, but experiencing it as a liberation.

- **Avoiding social stigma**

Some participants chose the vaccine out of fear of the “no vax” label and especially the label of “leper” in case someone got infected because of them.

2) Reasons against vaccination

Participants listed various reasons for not wanting to get vaccinated.

▪ Giving priority to others

The altruistic motive was present in some of the arguments mentioned by the participants to explain their “non-vaccination” choice. For example, Ines did not want to get vaccinated to allow others that needed the vaccine more urgently than her to be vaccinated.

Because I didn't want to take the vaccine away from sick people or people who needed it more than I did. (female, German-speaking Switzerland)

▪ Lack of danger perception

Several participants reported not to be afraid of COVID-19, as they believed that it would not have any serious impact on them. This belief stemmed from various reasons:

- a) because they felt young and in good health, they had a very healthy lifestyle, or they did regular physical activity;
- b) because they had never seen anyone become seriously ill with COVID-19;
- c) because they had been infected with COVID-19 and recovered without problems.

▪ Fear of collateral effects of vaccination

Some participants detailed side effects that the vaccine had on their acquaintances, and expressed fear of them, pointing out that they were experimental vaccines, they were developed too quickly, they did not trust the mRNA technology nor the pharmaceutical industry, and they did not want to be “guinea pigs”.

But I didn't want to get the first dose, because it's kind of like being a guinea pig; so, I waited a little while and let the others go first. (female, German-speaking Switzerland)

▪ Uselessness of COVID-19 vaccination

Participants neutralized the argument that unvaccinated individuals transmit the disease more easily than the vaccinated ones. As teachers, some believed they also have a public role to educate their students. They also feared that they would be stigmatized if

they infected them. So they faced a moral dilemma and a certain fear of reprisals. They therefore neutralized this argument in different ways:

- a) by calling into question the risk of contagion (e.g., arguing that it is not true that the unvaccinated transmits the virus more easily because it has been found that many vaccinated people are ill, too);
- b) following the prevention measures as much as possible, for example by limiting their outings, diligently wearing the mask, washing their hands well, etc.
- c) stressing that the infection takes place among the kids who spend time together without a mask during the morning break, rather than because of them;
- d) stressing that the infection often concerns children, who are not at risk.

▪ **Affirming a new lifestyle**

For some, COVID-19 was in a certain sense also a social message: it showed what was wrong with our way of life: stress, a continuous race, an unsustainable existence, even ecologically, excessive working hours, and making frequent trips abroad. COVID-19 has therefore paradoxically constituted a healthy setback: it called into question our pace, the lifestyle, the priorities. The vaccine was seen as a shortcut to return to the same social order too quickly, with the same ecological problems, with the same issues of sustainability. Participants who refused the vaccine to affirm a new lifestyle, did so grounding their refusal in two distinct arguments: the first is a form of a resistance to a Western, sophisticated and wasteful of resources lifestyle; the second is an opportunity to educate younger generations to a healthier, more respectful, and more natural way of living.

a) To say “no” to the vaccine was a way to resist the Western, unsustainable way of life, to take a step forward, rather than return exactly to the starting point. Saying “no” to the vaccine also meant saying “no” to a sophisticated life, characterized by continuous going out and travelling, and many participants reported that they did not need this type of lifestyle. Interesting was the concept of “vaccination society” to indicate a society inattentive to sustainability and the lack of capacity to profit of the “zero-kilometer” opportunities.

That is what I felt and what still worries me now (...) but it's more this need of... yeah young people to say "but we are losing our freedoms, we absolutely have to get vaccinated to get all that back" and in fact, it hurt me enormously and made me think,

that in fact we hadn't understood much of this covid and that this life in slow motion, to be able to get back to a... I don't know a kind of... something of very intense family and then to become creative also with friends, to see each other outside, to do things outside, for me took such an enormous time that this race to the vaccine took me... here it was, not anxiety-provoking but I said to myself 'but damn, in fact we understood nothing (...) instead of perhaps learning something from this situation, as soon as there was the vaccine, it was the race to return to the initial square, that's it.' (female, French-speaking Switzerland)

b) Saying “no” to the vaccine was also a way to educate the younger generations to a new relationship with disease, death, fatality, nature, learning to accept what comes, rather than wanting to exercise control over everything. A more “natural” way of facing the world, looking at the disease in the face and facing it with serenity. Some believed that we cannot eliminate risk from our life, but we have to learn to live with it. It was important for them to show the children that we can live with COVID-19, that we have to be careful, respect it, and that it is not necessary to run away from it.

The children have also heard such negative talk that I thought I should show them that we will have to live with this, that we will not be able to eradicate this disease which is likely to come back frequently, like the flu, and to show the children that we can live with it, serenely. (female, French-speaking Switzerland)

For me, illnesses are part of life, as is death. I have a positive attitude about death, so it doesn't scare me. And I found the (general) way of reacting to it really extreme. (female, German-speaking Switzerland)

I don't have a problem with the death of the elderly. I say to myself, at some point... We can do everything, after 80 years we can do everything, we can still put prostheses on these old people, and then we still have a problem with insurance. It's not that I want them to die, you know, but... (laughs). At the same time, I say to myself, it's the flow of life! The current of life is death! For these people over 70 years old! For me, people over 70 are a bonus, that has been very clear for a long time. My father is now 75 years old and I know that these are bonus years. If he's healthy, it's bonus years. I really have that spirit. Then I say to myself: we are overpopulated on this earth, we have ecological problems, we have resource problems, and we always want to delay the moment of death. So in a way (hesitation) this theory makes me (hesitation) rather against vaccines for the elderly." "Is that relentlessness?" "Yeah, I kind of see it as nagging. And I think that the elderly have also been made to feel guilty, to say 'ah I have to vaccinate myself because I don't have to overload the hospitals'. We did that a lot. But then, of course, there's that age group between 65 and 75, and it's clear that that's when... it's sad if you have to leave at that point, and you haven't really been able to enjoy your retirement a bit. That's it. And if I lose my

father, it's clear, I don't know how I'll react. But I can lose my father every day. He can walk down the stairs today and he's dead. And that sometimes I find that society doesn't have so much... because we take care of so many things that in the end we don't accept this death so much. (...) We want to master everything. To master everything. There's not much room for... But then, it's clear that I can't say that publicly, 'I'm against it, you all have to die', that's not ethical either. (female, French-speaking Switzerland)

▪ **Loyalty to one's own position**

The desire to resist the pressure to get vaccinated was also a matter of principle, self-respect, and self-affirmation in front of an external authority who does not respect their views and wants to force them to do something they do not believe in. This was sometimes exacerbated by the need to resist institutional impositions.

It is also to have this time the freedom to say this time I choose for me. [...] This time it's my way of saying no, I say no and I make the choice that is right for me (female, French-speaking Switzerland).

3) Same principles, different arguments

Participant's reports showed that the starting point, the initial principle based on which the vaccination decision is taken, is similar among vaccinated and non-vaccinated. Both groups were concerned about the same issues: they wondered how to protect themselves and each other, how to get back to normal, how to position in front of the employer; what changed were the answers individuals provide to respect those principles. Participants seemed to organize their arguments around four main principles:

- Self-protection
- Protecting the other
- Returning to normality
- Respecting one's employer

These arguments are summarized in the following table.

Table 34. Principles and answers

Vaccinated	Principles	Non-vaccinated
<p>COVID-19 is risky, it's scary, I get vaccinated to protect myself. What drives me is my concern for my health.</p>	<p>Self-protection (How to protect myself? How to take care of my health?)</p>	<p>To protect myself... a) I do not have to protect myself from COVID-19; I am not at risk because I am healthy and I have good control over my body; if I get infected I would recover without problems; I have never seen anyone getting infected; I have already had COVID-19 without any problem; b) I have to protect myself from the vaccine because there is not enough data and you don't know what will happen over time; the vaccines were developed too quickly; I don't want to be a guinea pig; I don't trust the intentions of the pharmaceutical companies; I don't trust the authorities or their expertise.</p>
<p>COVID-19 is risky and scary. I get vaccinated to avoid transmitting the infection. I vaccinate myself to prevent others (the most vulnerable or the least at risk) from having to get vaccinated.</p>	<p>Protecting the other (How to protect the other? How to take care of the health of the other?)</p>	<p>Getting vaccinated will not protect the other because a) it is not true that those who are vaccinated are less infectious, as figures show that many are sick; b) I follow health measures as much as possible; c) children get infected with each other; d) children, even if they get sick, recover well; e) the other does not always have to be protected - if very frail people die, it is in the logic of life that this happens.</p>
<p>COVID-19 has disrupted our lives. I vaccinate myself to allow me and everyone to return to our lives as soon as possible.</p>	<p>Returning to normality (How to get back to normal?)</p>	<p>I do not want to go back to normality because: a) I want to promote a new way of life, a slower, more respectful one; we have to learn something from the this pandemic, not just go back to the starting point; emphasis on sustainability; b) I want to be an example to the younger generations to learn to deal with problems by looking at them in the face and with serenity without looking for shortcuts that you do not know where they will lead you; emphasis on accepting death; c) refusal of the desire for control, return to the naturalness of existence, where things go the way they should go.</p>
<p>I am a school staff, I work for the state, and if my government asks me to get vaccinated, I feel it as a moral and deontological duty to say "yes" (even if I don't really want to).</p>	<p>Respecting one's employer (How do I position myself in relation to my employer, the State?)</p>	<p>I am a person, I have to respect myself and I cannot go against my innermost beliefs, I have to be consistent and authentic with myself.</p>

The unvaccinated had an apparently more elaborate, diversified, and constructed response tool. Even from the interviews they seemed more "committed" and more informed. On the contrary, some vaccinated seemed to have chosen almost out of "inertia", "tradition", or "habit". On the other hand, the unvaccinated had to make some extra efforts to make their choice and therefore are more aggressive in argumentation.

5.2.6. Theme 4. A threefold tension

The vaccination decision was located in a context ambivalently characterized by legal freedom and silent injunction/moral pressure.

So, there, we're kind of stuck since the fact that it's not mandatory and it's a choice makes does not allow us to promote the vaccine. (male, French-speaking Switzerland)

In this context, participants experienced different tensions, which they coped with in different ways.

1) An internal tension

Table 34 showed that participants asked themselves the same questions regarding the COVID-19 vaccination but gave different answers. However, many participants provided arguments from both the left and the right columns, i.e., they based their decision on conflicting arguments. In addition, some participants who mainly provided arguments against vaccination ultimately accepted the vaccination, usually for pragmatic reasons or because of social pressure, thus making a decision against their own initial position. At this level, many were thinking about their political identity. "Getting vaccinated" or "not getting vaccinated" was associated with different values, which recalled political affiliations that could also be contradictory.

I was also rather leftist, before at least, although not in an extreme way. But (...) I noticed that in that round the opposite opinion to mine is supported. When I used to vote before it was always for the left, for the leftist parties, and now--I hardly follow anything anymore, because I can't stand to read the newspapers or hear about it anymore--when I hear something I agree with it, it comes rather from the right... [laughter] Somehow even here it's all turned upside down... Yes, it's also interesting... I'm especially amazed that those on the extreme left support it." (female, German-speaking Switzerland)

For example, vaccination was seen as a form of obedience, and this is a theme belonging to the conservative right, but at the same time vaccination was seen as a form of solidarity with the most fragile, and this is a theme belonging to the left. People then happened to be in an identity crisis because they adhered to, for example, vaccination, but they were left-winged. Locating one's decision in either the freedom of choice characterizing the vaccination recommendation by public health authorities or the silent injunction to get vaccinated created a fracture internally that threatened individuals' existential continuity. Some questioned their identity according to their values (e.g., solidarity). This tension can manifest itself as a discomfort with one's choice, uncertainty about the decision, or regret for doing something one did not want to do. This type of tension can be described as an identity tension, an internal fracture in one's existential continuity. Participants experiencing this tension needed to establish a "process of reparation", i.e., trying to make sense of the contradiction (having acted differently than one would have wanted). For example, one female did not want to vaccinate her children, but in the end did so because of an argument with her husband (who did want to). This then triggered in her the need to justify the choice she made or had to make.

I kind of fixed that by saying: 'well, there you go Sila, you've already given your kids medication, well, sometimes it was vital and it helped them. So maybe this vaccine can pass'. (female, French-speaking Switzerland)

2) A horizontal tension

The situation described in the previous section also created a tension *between* people, and not only *within*. This second, horizontal fracture was identified in the intersubjective relationships among participants and, for example, their peers (with whom participants had previously a community-based relationship). In the following quote, one participant refers to an example of this tension she witnessed:

And I thought it was a real shame, I don't know how to sum it up in one word, but how people could fight about it... well, argue you know? Whether it's in the street or in the family or even at school, when we don't dare to talk about it because such and such a person is there, I think it's a pity, I think that we... I would like us to be able to talk about it without getting angry... (female, French-speaking Switzerland)

This horizontal tension particularly manifested itself in relation to how illness was perceived by different people. For example, individuals were perceived as being either

“the cautious” or “the brave”, “the hypochondriacs” or the “naïve”. It is as if this situation revealed people’s psychological or moral traits. Participants could see the “real” nature of people and this created tensions between them.

At school, I also had very, very anxious colleagues, you had to stay away from them, they were always masked. You could see the nature of people: anxious, or serene, etc. (female, French-speaking Switzerland)

I went into the faculty room during school hours, when normally no one was there. But a colleague was there, and I suddenly went in without a mask, and because there were two of us in a big room, I didn't put the mask on. So he almost started to feel bad and he said to me : 'Sorry <name>, can you put the mask on?', and he opened all the windows. I said 'Okay, that's fine.' And I was saying to myself 'but we are both vaccinated...'. But he was afraid... Well... I felt a little bit attacked and I said 'Eh, okay, it's fine'. You feel a little irritated and you say to yourself 'what a pussy' (laughter). I mean, on the one hand there's me, who showed that I didn't respect the rules, and there was him, who showed that he was afraid. That is, we both showed something about ourselves. (female, French-speaking Switzerland)

The strongest tension was between vaccinated and unvaccinated individuals. Some saw each other as totally different, i.e., they did not feel like they had anything in common.

I really felt a division of the population between vaccinated and unvaccinated. (female, French-speaking Switzerland)

The same divide between those who welcomed the COVID-19 protective measures and those who opposed them was found among children, as a reflection of the position of their parents as well as their teachers.

There have been classes where there have been many handouts for masks. These (handouts) you can have - if you want, you can have them easily, even without medical reasons. This made it more difficult in these classes. In our class, however, we did not have any handouts. Right from the beginning, we praised the children and parents for their way of doing things, and probably even in this way we deflated other arguments and they didn't, let's say, dare to ask for a dispensation for the mask. (female, German-speaking Switzerland)

This tension came from the contradiction between freedom of choice and silent injunction to get vaccinated: everyone is legally free, but not morally free. People were

double bound. There is a clear moral dimension inflicted, and this moral dimension is in contradiction with the legal dimension.

It's true that there is this moral dimension that has been established and that we can't get rid of (male, French-speaking Switzerland)

Hence the tension between people making different choices, even though they apparently have a right to make these different choices: legally one has the right to choose, but morally there is pressure to get vaccinated as soon as possible. There was also the widespread idea of “us” and “them”. Some participants reported a feeling of betrayal when one of their group (e.g., the unvaccinated) eventually decided to get vaccinated. This tension is accompanied by a process of stigmatization. Some participants reported episodes in which unvaccinated staff had been considered the lepers, the selfish, the irresponsible, the criminal. The unvaccinated do not feel recognized, represented, and they think that they are being attributed arguments that are not their own.

At certain times there were definitely tensions (...). I heard about a school where, when one person came in, the others reacted very aggressively, "Because of you we will catch the disease, because you don't get vaccinated!" (female, German-speaking Switzerland).

I was passing as selfish, when that was not at all what animated me. To the vaccinated, the unvaccinated was selfish or at any rate someone who was holding them hostage. (female, French-speaking Switzerland)

There is really a dimension of selfishness here even in teachers in my opinion that has been flagrant. And there is a lack of responsibility here in my opinion. To me, if you don't vaccinate for yourself you at least do it for others and for society! (...) I think when you are all day with 20 students... It is true that they wear masks, they keep their distance... But at the same time I think there is a responsibility. [...] I think it is criminal... At some point there is a criminal side. I think, particularly with respect to those who work with older people, who are likely to be vulnerable, to have very serious consequences for Covid, that it is criminal not to protect them. There is a criminal side, yes. [...] If we want to get out of it fast enough it has to be done [compulsory vaccination], whereas if we want to take more time and spend several winters of shit, let's keep it up. (male, French-speaking Switzerland)

While there was a sense of persecution in the unvaccinated, a sense of injustice was perceived by the vaccinated (because they had to bear the negative consequence of the choices of the unvaccinated). To manage this tension, participants employed different strategies. Some stopped talking with each other: the vaccination issue became a real taboo, a topic to be avoided. People were well aware that the situation could quickly deteriorate, and at the same time they recognized the need to keep working together. For these reasons, they avoided talking about it. It was a functional taboo.

You raise a fuss, a big thing ... so you kind of avoid the subject (...) there are those you don't talk to about it because you know they won't agree ... Or rather, I'm always open to debate, but sometimes you hear 'no, no I'd rather not talk about it': it remains a bit of a taboo subject, which I find a bit ridiculous. And at the same time it's ridiculous to try to convince. (male, French-speaking Switzerland)

Individuals stopped talking about this topic because the vaccination decision depends on one's individual responsibility and we should not step into the choices of others.

We are a bit stuck since the fact that it is not mandatory and that it is a choice does not allow us to promote the vaccine [...] Choice creates bewilderment (male, French-speaking Switzerland)

But also because participants felt they were in the crystallization period, i.e., there was no longer any point in discussing this topic, as everyone was supposed to have made their own choice.

And at the same time it is ridiculous to try to convince [...] Those who wanted to be responsible have meanwhile vaccinated themselves. I don't think there are many people who hesitate anymore. A few do, but not a really significant number to bring us to anything more important than that-I think the others are stuck and you can't argue anymore. (male, French-speaking Switzerland)

Because my position regarding the vaccine is quite clear, I say that if we had all let ourselves be vaccinated, it would have been much easier for the children. Regarding my professional position within the school: I try to understand the teachers' arguments, but without dwelling on it too much, it is not for me to judge, and the position that teachers have regarding the vaccine for me is not that important. For me it is important that they act following the behavior/the way the school acts, so that we all stay healthy. (male, German-speaking Switzerland)

If people talked with each other, it was out of an attempt to legitimize themselves, to explain their choices (especially if they were anti-vaccination choices) or to downplay (if

they were vaccination supporters, to show that they did not mind the divergent positions). Some participants also reported falling back on themselves: in order not to get into conflict, people avoided colleagues and confrontation. For example, many people no longer went to the faculty room. Another way to deal with this tension was to focus on concrete work activities, a common, meeting point: these allowed people to work together, to recover mutual esteem, to focus not on what divided but on what united them. There were also cases of divergences that did not turn into tensions. This could be due to being used to or trained in welcoming diversity, being used to living in a pluralistic society (especially in large cities) or working in mixed classes with culturally differentiated behaviours.

*I think [the absence of conflict] has to do with the fact that if we trust the other person we accept that his or her decision has merit even if it is different from our own.
(female, German-speaking Switzerland)*

Additionally, tensions may have been avoided by explicating one's position and finding commonality of positions. Some participants recognized themselves in the other's positions: they found that fear and confusion were shared topics, and that they had values in common, such as individual freedom, personal choice, but also caution/criticism toward the pharmaceutical world or a quantitative medicine, appreciation of alternative medicines, respect for natural alternatives, etc.

3) A vertical tension

A third, vertical fracture was identified in the relationships among participants and the political and scientific institutions. The following quote shows the tension and the pressure perceived.

*For me as soon as something is imposed by somebody ... when you are forced to do something, when you try to blackmail people, I think there is something wrong already. If we are talking about a pandemic [...], if you do as in this case and try to force or pressure people to get vaccinated, then for me there is something wrong.
(female, German-speaking Switzerland)*

In some institutions, the position of the directorate was proactive; vaccination was favoured in organizational terms.

Teachers were offered an appointment to get vaccinated. It was much later, though; I had already been vaccinated for some time. They made a Saturday available to go for vaccination. Of course, it was calculated so that there would be no teacher absences, choosing a date during the weekend, but the management was very open about it: they said to go and get vaccinated, without worrying about having to find substitutes, and to make the earliest possible appointment. We were supported in that. It just happened that I did it on my own time, I could have even gone during class hours; I would have received free to go and get vaccinated. That was not the case everywhere, from what I heard. Not all schools have been so helpful... At our place, they encouraged and supported it, but there was no obligation to vaccinate and no pressure, that's clear. (female, German-speaking Switzerland)

In cases like this one, the institution was aligned with the Cantonal/Federal directions.

The directions were those of the canton, and the management simply had the task of implementing them. (female, German-speaking Switzerland)

This vertical tension was played out in different forms in the relationship (a) between the individual/citizen and higher (political) institutions and (b) between the individual/worker and the educational institution, which uniquely implements the regulations that come from above. The institutions from which individuals feel distant were the administrative institutions (those who set the pace of the response to the pandemic, those who made the heaviest decisions, e.g., on the lockdown, distance learning, telecommuting, mandatory masks, etc.), which put health care and economics at the center, forgetting the weakest parts of society. But participants also cited the media. Particularly anti-vaccination participants felt discriminated against, their voice being silenced, and manipulated by the media. Participants often brought up politics in their reports, especially left-wing politics. Several people felt compelled to point out that they are leftists, “gauchistes”. For some “gauchistes” that are vaccinated, the vaccine is leftist, because solidarity, public health, the common good are at the center. For other gauchistes that are not vaccinated, the vaccine is right-wing, because they center resistance against mainstream thinking, power apparatuses such as medicine, economics, big pharma, the importance of environmental sustainability. For non-vaccinated gauchistes, there is an extra difficulty toward their own political party, by which they do not feel represented. What made them suffer were the unjust measures.

I have always considered myself (politically) very left-wing. I was convinced that my skepticism about-I don't like to say about the vaccine, I prefer to say about genetic

engineering-and about restrictions in general, was represented precisely by the left. And I'm really shocked that it is those on the left who were the first to dismiss any skepticism about genetic engineering-both the Greens and the Socialist Party-and who are the first to be ready to radically restrict people's freedoms. That really shook me. I believe that I have not changed my (political) position and I consider myself as much of a leftist as before ... but the Socialist Party and the Greens have thrown out all their principles. [...] I consider that people of my opinion have no voice in the press and media. [...] In this case the system has totally failed. (male, German-speaking Switzerland)

Disappointment because at the mercy of the media or politics. Now even though the contagions are increasing there is no more talk about it. You understand that we are at the mercy, that there is a disconnect between reality and the way reality is treated. I feel very sad. [...] I've been involved in science long and hard, and in the very year I was studying medicine, Dolly the sheep was cloned. I don't know if you remember that. Exactly, at that time I was a medical student and (politically) leftist. Even then, I have always been against this technology. And I was really horrified when I realized that my entire political milieu-people I have been supporting regularly for 20 years whose views I shared until two years ago, that is, that this technology should not even be brought to cucumbers or tomatoes-now they all agree that you have to vaccinate a minimum of three or four times and now even children under 12. I'm actually very struck by how quickly fear can completely overturn a political opinion. (female, French-speaking Switzerland)

This vertical tension has several roots. Some participants noted inconsistencies in the information received, with insufficient admission of the uncertainty in which one found oneself. Others found inconsistencies between measures without making it clear that the problem was not eradicating risk, but reducing it (and thus it is normal for there not to be total consistency). In general, participants lamented that the complexity of the situation was not shown enough and there was not enough acknowledgement that there was a lot we did not know; rather, reassurances were given that were then refuted. Others noted continuous changes neither governed, nor accompanied, nor legitimized, without any factual respect for legal freedom. As a result, some felt as they had been mocked; in their opinion, social and pedagogical urgency prevailed over health urgency, but authorities did not seem to realize this. Some had feelings that decisions were made on the basis of bad arguments: lobbying pressure, economic interests, etc.

There has been fairly little talk about the vaccine. There was not very clear information. Yes, a free hour was given to people who wanted to go and get

vaccinated on their work time: it was favored to phase in the possibility of getting vaccinated by taking the time on work time. But that was it. But there was no detailed information about vaccines with more encouragement to get vaccinated. (male, French-speaking Switzerland)

Some felt a certain degree of arbitrariness of the measures, which differed between neighboring schools, between school settings, and within different classes of the same institution, depending on teacher's attitudes.

It was also very different how the classes and teachers (reacted). (female, German-speaking Switzerland)

This resulted in the perception that some roles in educational institutions were turning authoritarian (e.g., the "director-dictator"), poorly experienced by teachers who were used to a more flattened relationship system.

6. CONSIDERATIONS

The results of this study provide some important considerations for public health policy and communication. Considering the decisional path of choosing to vaccinate or not is essential when aiming to increase acceptance of vaccination.

- Participants experienced different degrees of crises, regardless of their final decision with respect to vaccination.
- COVID-19 health measures had profound repercussions on work, causing distress and interfering with the normal functioning of schools. These need to be carefully assessed if a school closure or mandatory policies are considered in the future.
- Participants found creative solutions to continue performing their work in the best possible way. It may be advisable to reward school staff for embracing resilience and adhering to their mission in creative ways. In addition, these strategies could be communicated as a “toolkit” if similar protective measures are to be introduced again in the future.
- Participants noted some secondary benefits of the new context. Such benefits may be enhanced outside of the pandemic context by promoting and valuing regular hand hygiene, gratitude, health and social protection, and cultural diversity.
- The vaccination decision is much more complex than it may initially seem. Among the reasons collected in this study, the “anti-vax” or “conspiracy theories” find little or no space. People have “good, argued reasons”, supported by important values in both one sense and another. This “personal consistency” needs to be recognized and moralizing such choices may be counterproductive.
- The reasons for choosing to not vaccinate presented in this study are hardly found in the media or are spelled out explicitly, partly because they are more complex, partly because they are not always easy to express. Efforts to promote vaccination should clearly promote in highly visible ways the multiple benefits and reasons. These reasons can be coupled with information that counter-argue reasons not to vaccinate.
- The choice one makes is not necessarily consistent with their arguments. It may well be that one has arguments to get vaccinated and other arguments not to get vaccinated, thus finding themselves between two conflicting views.

Inconsistencies between attitude and behaviour should be made explicit to represent the complexity of the vaccination decision and humanize this choice.

- Participants experienced an internal tension. People need help to make an informed decision and be legitimized according to their own view, so they do not feel subjected to someone else's choice and can make sense of it.
- Participants also experienced a horizontal tension. Institutions are urged to recognize positions, give voice to those who feel they were not heard, and help recreate empathy among staff within schools. This could be done using storytelling approaches within schools, where the unique perspectives of members of the staff are shared.
- Importantly, participants experienced a vertical tension characterized by scepticism towards institutions. As public health actions were criticized as being suboptimal, it may be advisable to set up different channels and introduce "subtitles" to measures and decisions, making decision criteria explicit, and highlighting the importance and the complexity of the information being provided. The decisional framework within which institutions operate should be stated. Institutional trust refers to the populations beliefs that institutions (e.g., government, the justice system, the medical establishment, science) act in a predictable, equitable, fair, and transparent manner and in ways that serve the populations interests¹⁵. Studies show that trust in government as well as trust in experts matter for the vaccination decision¹⁶. Efforts to re-establish trust in institutions should look at the root of the distrust. In this case, the tension between the legal, moral, and health aspect of the vaccination should be spelled out and negotiated with the public.

7. LIMITATIONS

Recruiting participants was more challenging than anticipated. While we had secured collaboration with the teacher's unions, by the time we were ready to recruit participants, the theme was deemed too political and sensitive and so they chose to not distribute the study invitation to their members. The loss of the support caused a delay in starting our data collection for WP1, as we had to find stakeholders across Switzerland to help us distribute the survey through their networks. Given the sensitivity of the topic, we chose

to not collect any data that could allow for the identification of any survey participant, and we made this clear in recruitment messages and informed consent. We also explained that we did not aim to change opinions and wanted to hear from all sides of the issue. However, the sample size is lower than we hoped for. And, since few people from French-speaking cantons participated, it is difficult to make a comparison between geographical areas in the country.

Some selection bias should also be noted in both the quantitative survey and qualitative interview. On one hand, we have a high proportion of vaccinated survey participants, and they may have motives for “being counted”. On the other hand, we may have had participants who are politically disappointed with institutions and who wanted their voices to be heard.

8. FUTURE RESEARCH

We recommend that future studies be able to utilize sample lists provided from the Federal Office of Statistics or other relevant databases holding access to applicable samples. We also recommend that studies on such sensitive topics include appropriate incentives for participation. It would be wise to start collecting data before issues become prominent on the political agenda.

Considering our results and experience, future research could be directed towards developing and evaluating interventions that aim to protect the public’s health by recognizing different points of view, engaging with key influencers, and equipping institutional communication with informational subtitles.

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doi:10.1177/00953997211073459

10. APPENDICES

1. Invitation flyer
2. Survey
3. Interview guide

Appendix 1: Invitation flyer

English, German, French, Italian



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Researchers of the University of Italian Switzerland (USI) and of the University of Applied Sciences and Arts of Southern Switzerland (SUPSI), with the support of the Federal Office of Public Health, are conducting a study to better understand opinions about COVID-19 vaccination among school staff working in nurseries, kindergartens, and primary schools across the country. If you work in any of these school settings, in any type of job, we kindly ask for your participation regardless of what your opinions about COVID-19 vaccines are. Your views are very valuable, and we hope to hear from school staff with all kinds of perspectives on the issue. Our aim is to understand perspectives and not to change them.

Study
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by:



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What does study participation involve?

We are asking nursery, kindergarten, and primary school staff to be part of our project. Concretely this means to 1) complete a short online survey and 2) participate in an open interview. If you prefer, you can choose for just one of the two options (but we are glad if you will decide to take part in the entire project).

We invite you to:

- Complete an anonymous online survey that takes about 15 minutes. No identifying data are collected, nor do we ask which school you work at.
- Participate in a telephone or in-person interview with one of our researchers. The interview will last about 60 minutes to explore your opinions about COVID-19 vaccination. The interview will be confidential and any information that could identify you or other people will be removed.

How to participate in Italian, German, French, or English:

To participate in the project, please scan the QR code or click on the link and go to the website. You can also contact us by email or call of by telephone. On the website, you will find all the information about the study, the study team, the data protection and an informed consent. You will be asked if you want to participate in the entire project (survey and interview) or just in the interview or the survey.

Please, share this invitation with any of your colleagues or friends who also work in nurseries, kindergartens, and primary schools across Switzerland.

If you have any questions, do not hesitate to contact us by writing to perspectives@usi.ch or calling +41 (0) 58 666 4218.



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Perspectives

Forscher der Universität der italienischen Schweiz (USI), der Fachhochschule Südschweiz (SUPSI), mit der Unterstützung des Bundesamts für Gesundheit, führen eine Studie durch, um die Position des Schulpersonals in Kinderkrippen, Kindergärten und Primarschulen in der ganzen Schweiz zur COVID-19-Impfung besser zu verstehen.

Wenn Sie in einer dieser Schulen arbeiten, egal in welchem Beruf, bitten wir Sie um Ihre Teilnahme, unabhängig davon, welche Einstellung Sie zur COVID-19-Impfung haben. Ihre Meinung ist sehr wertvoll, und wir hoffen, dass wir vom Schulpersonal die unterschiedlichsten Ansichten zu diesem Thema erfahren werden. Unser Ziel ist es, die Ansichten zu verstehen und nicht sie zu ändern.

Studie
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Wie läuft die Teilnahme an der Studie ab?

Wir bitten das Personal von Kinderkrippen, Kindergärten und Grundschulen, an unserem Projekt teilzunehmen. Konkret bedeutet dies, dass Sie 1) eine kurze Online-Umfrage ausfüllen und 2) an einem offenen Interview teilnehmen. Wenn Sie möchten, können Sie sich auch nur für eine der beiden Optionen entscheiden (wir freuen uns aber, wenn Sie sich für die Teilnahme am gesamten Projekt entscheiden).

Wir laden Sie dazu ein:

- Füllen Sie die anonyme Online-Umfrage aus, die etwa 15 Minuten dauert. Es werden keine identifizierenden Daten erhoben, und wir fragen auch nicht, an welcher Schule Sie arbeiten.
- Nehmen Sie an dem telefonischen oder persönlichen Interview mit einem unserer Forscher teil. Das Interview wird etwa 60 Minuten dauern, um Ihre Meinung zur COVID-19-Impfung zu erfahren. Das Interview ist vertraulich und alle Informationen, die Sie oder andere Personen identifizieren könnten, werden entfernt.

So nehmen Sie auf Italienisch, Deutsch, Französisch oder Englisch teil:

Um an dem Projekt teilzunehmen, scannen Sie bitte den QR-Code oder anklicken Sie den Link und rufen Sie die Website auf. Sie können uns auch per E-Mail kontaktieren oder uns anrufen. Auf der Website finden Sie alle Informationen über die Studie, das Studienteam, die Datenschutz Bestimmungen und eine Einverständniserklärung. Sie werden gefragt, ob Sie am gesamten Projekt (Umfrage und Befragung) oder nur an der Befragung oder der Umfrage teilnehmen möchten.

Bitte leiten Sie diese Einladung an Ihre Kollegen und Freunde weiter, die ebenfalls in Kinderkrippen, Kindergärten und Grundschulen in der Schweiz arbeiten.

Wenn Sie Fragen haben, zögern Sie nicht, uns zu kontaktieren, indem Sie an perspectives@usi.ch schreiben oder +41 (0) 58 666 4218 anrufen.



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Des chercheurs de l'Université de Suisse italienne (USI) et de la Haute école spécialisée de la Suisse italienne (SUPSI), avec le support de l'Office fédéral de la santé publique, mènent une étude pour mieux comprendre les opinions sur la vaccination COVID-19 parmi le personnel qui travaille dans les crèches, dans les écoles maternelles et dans les écoles primaires du pays. Si vous travaillez dans l'un de ces établissements scolaires, indépendamment de votre rôle professionnel, nous vous demandons de bien vouloir participer, quelle que soit votre opinion sur les vaccins COVID-19. Votre point de vue est précieux et nous sommes prêts à entendre toutes sortes d'opinions du personnel de l'école sur cette question. Notre objectif est de comprendre les points de vue et non de les changer.

Étude
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par:



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En quoi consiste la participation à l'étude?

Nous demandons au personnel des crèches, des écoles maternelles et des écoles primaires de participer à notre projet. Concrètement, cela signifie 1) remplir une courte enquête en ligne et 2) participer à un entretien. Si vous préférez, vous pouvez choisir une seule des deux options (mais nous sommes heureux si vous décidez de participer à l'ensemble du projet).

Nous vous invitons à:

- Remplir une enquête en ligne anonyme qui prend environ 15 minutes. Aucune donnée d'identification n'est collectée, et nous ne vous demandons pas dans quelle école vous travaillez.
- Participer à un entretien téléphonique ou en présence avec l'un de nos chercheurs. L'entretien durera environ 60 minutes pour explorer vos opinions sur la vaccination COVID-19. L'entretien sera confidentiel et toute information qui pourrait vous identifier ou identifier d'autres personnes sera supprimée.

Comment participer en italien, allemand, français ou anglais:

Pour participer au projet, veuillez scanner le code QR ou cliquer sur le lien et vous rendre sur le site internet. Vous pouvez également nous contacter par email ou nous appeler par téléphone. Sur le site web, vous trouverez toutes les informations sur l'étude, sur l'équipe de recherche, sur la protection des données ainsi que le formulaire de consentement éclairé. On vous demandera si vous souhaitez participer à l'ensemble du projet (enquête et entretien) ou seulement à l'entretien ou à l'enquête.

Merci de partager cette invitation avec vos collègues ou amis qui travaillent également dans des crèches, des écoles maternelles et des écoles primaires en Suisse.

Si vous avez des questions, n'hésitez pas à nous contacter en écrivant à perspectives@usi.ch ou en appelant le +41 (0) 58 666 4218.



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I ricercatori dell'Università della Svizzera italiana (USI) e della Scuola universitaria professionale della Svizzera italiana (SUPSI), con il sostegno dell'Ufficio federale della sanità pubblica, stanno conducendo uno studio per capire meglio le opinioni sulla vaccinazione COVID-19 tra il personale che lavora negli asili nido, nelle scuole materne e nelle scuole elementari di tutto il paese. Se lavora in uno di questi ambienti scolastici, qualunque sia la sua professione, le chiediamo gentilmente di partecipare, indipendentemente da ciò che pensa sui vaccini COVID-19. Il suo punto di vista è molto importante e siamo pronti a sentire dal personale scolastico ogni tipo di opinione sulla questione. Il nostro scopo è quello di capire i punti di vista e non di cambiarli.

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finanziato
da:



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Cosa comporta la partecipazione allo studio?

Chiediamo al personale di asili, scuole materne e scuole elementari di prendere parte al nostro progetto. Concretamente questo significa 1) completare un breve sondaggio online e 2) partecipare a un'intervista aperta. Se preferisce, può scegliere solo una delle due opzioni (ma saremmo contenti se decidesse di prendere parte all'intero progetto).

La invitiamo a:

- Completare un sondaggio online anonimo che richiede circa 15 minuti. Non vengono raccolti dati identificativi, né chiediamo in quale scuola si lavori.
- Partecipare a un'intervista telefonica o in presenza con uno dei nostri ricercatori. L'intervista durerà circa 60 minuti per esplorare le sue opinioni sulla vaccinazione COVID-19. L'intervista sarà confidenziale e qualsiasi informazione che potrebbe identificare lei o altre persone sarà rimossa.

Come partecipare in italiano, tedesco, francese o inglese:

Per partecipare al progetto, scansioni il codice QR o clicchi sul link e vada al sito web. Può anche contattarci via email o chiamarci per telefono. Sul sito web troverà tutte le informazioni sullo studio, sul team di ricerca, sulla protezione dei dati e un modulo di consenso informato. Le verrà chiesto se vuole partecipare all'intero progetto (sondaggio e intervista) o solo all'intervista o al sondaggio.

Per favore, condivida questo invito con i suoi colleghi o amici che lavorano in asili, scuole materne e primarie in tutta la Svizzera.

Se ha domande, non esiti a contattarci scrivendo a perspectives@usi.ch o chiamando il numero +41 (0) 58 666 4218.



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Appendix 2: Survey

English version

Also available in German, French, and Italian

Survey: english version (also available in German, French, Italian)

Introduction

Dear Sir/Madame,

Thank you for your interest in our study, which aims to understand perspectives about vaccination against COVID-19 from people working in nurseries, kindergartens and primary schools across Switzerland. All views are important, regardless of what they are.

We start by asking people to complete an anonymous survey and then an interview so that we can learn more about the reasons why people accept, refuse, or are hesitant regarding the COVID-19 vaccination. We do not aim to change opinions, nor will we ever identify people who participate.

We kindly ask if you want to participate in the entire project (survey and interview) or just in the survey or the interview.

Once you select the option below, we will explain what each way of participation entails, and then you can confirm if you wish to participate or not.

Thank you for your interest in the study. For any additional information or if you have questions, please write to perspectives@usi.ch or call 058 666 42 18

1. What is your gender?

- Male
- Female
- Other
- I don't want to answer

2. What is your current job function?

- Teaching staff (including teachers, childcare workers, teaching assistants, paraprofessional educators)
- Office staff
- Bus drivers
- School nurses and counselors
- School nutrition staff
- Coaches and athletic trainers
- Custodians
- Mensa staff
- Security staff
- Cleaning staff

3. What type of facility are you employed in?

- Nursery
- Kindergarten
- Primary school
- After-school

4. Is your facility public or private?

- Public
- Private
- Mixed

5. What do you think is the widespread attitude towards the COVID-19 vaccination among...

(1-10 strongly against – strongly support)

1 2 3 4 5 6 7 8 9 10

- Your facility director
- Your colleagues with the same responsibilities
- Your colleagues with other responsibilities
- Your students
- Your students' parents
- Society in general

In answering the following questions, please refer to **vaccination in general**.

6. Thinking about vaccination in general, would you say you are personally (1-10 strongly against – strongly support)

1 2 3 4 5 6 7 8 9 10

- I don't want to answer

7. Please indicate the degree to which you agree or disagree with the following statements: 1-5 Likert scale with 1 = strongly disagree and 5 = strongly agree

- I generally trust vaccine manufacturers or pharmaceutical companies
- I generally trust the FOPH / BAG
- I understand how vaccination helps my body fight infectious diseases
- I feel it is important that I get vaccinated

8. Have you been vaccinated (fully or partly) against Covid-19?

- Yes
- No
- I don't want to answer

<If "Yes">

8.a Which coronavirus vaccine did you receive?

- Pfizer/BioNTech (Comirnaty®, BNT162b2)
- Moderna (mRNA-1273)
- AstraZeneca/Oxford (AZD1222)
- Janssen/Johnson & Johnson (Ad26.COV2.S.)
- Other:
- I don't know

8.b. How many doses of the coronavirus vaccine have you received so far?

- 1
- 2
- Other:

8.c Why did you get vaccinated against Covid-19? (check all that apply)

- I have a chronic disease or disorder
- I am at risk because of my age
- I work in the education system
- I live with or look after one or more vulnerable person(s)
- I am vulnerable with regard to COVID-19 for some other reason than the above: please specify
- I want to protect my pupils
- I want to get back to normal life as fast as possible
- My employer wants me to be vaccinated

- I want to travel (for work or leisure) and need or want a COVID certificate
- I want to contribute to the protection of my community and/or society
- Other reason(s): please specify

<If “No” or “I don’t want to answer”>

8d. Do you think you are currently eligible to receive the coronavirus vaccine?

- No, I am not eligible
- I don’t know if I am eligible or not
- Yes, I am eligible

8e. Do you have an appointment for the coronavirus vaccination?

- Yes, I have an appointment and will be vaccinated soon
- Yes, I have an appointment, but I have difficulties reaching the vaccination facility
- No, I don't have an appointment because I have difficulties scheduling an appointment
- No, I don't have an appointment for other reasons

<If “No, I don't have an appointment for other reasons”>

8f. How likely is it that you will decide to get vaccinated? 1-5 Likert scale with 1 = not at all likely and 5 = very likely

1 2 3 4 5

<if 3,4,5>

8g. Why do you want to or need to get vaccinated against Covid-19? (check all that apply)

- I have a chronic disease or disorder
- I am at risk because of my age
- I work in the education system
- I live with or look after one or more vulnerable person(s)
- I am vulnerable to COVID-19 for some other reason than the above
- I want to protect my pupils
- I want to get back to normal life as fast as possible
- My employer wants me to be vaccinated
- I want to travel (for work or leisure) and need or want an immunization certificate
- I want to contribute to the protection of my community and/or society
- Other reason(s):

In answering the following questions, please refer to the **Coronavirus vaccine/vaccination or the COVID-19 disease.**

9. Please indicate the degree to which you agree or disagree with the following statements related to the coronavirus vaccine: 1 = strongly disagree and 5 = strongly agree

1 2 3 4 5

- I prefer to wait before being vaccinated until more is known about how effective the vaccine is
- I prefer to wait before being vaccinated until more is known about the vaccine's safety
- I believe that the vaccination protects me against infection with the coronavirus
- I believe that the vaccination protects me against a severe course of coronavirus infection
- I believe that the vaccination protects against transmission of the coronavirus to others
- I am afraid of possible side effects
- I follow what my religious faith prescribes regarding this vaccination
- I prefer natural immunity against the coronavirus to vaccine-induced immunity

- I prefer natural or traditional remedies to the disease rather than being vaccinated
- I am afraid of injections
- I am concerned about getting infected if I go to a clinic where vaccinations are administered
- I would rather protect myself by other means (physical distancing, hand hygiene, wearing a mask) than be vaccinated
- I think that the vaccine will provide long-lasting immunity
- I want to protect myself
- I want to contribute to the protection of my community/society
- I want to contribute to the protection of someone I know who is vulnerable
- I want to get back to a normal life as fast as possible*
- I prefer to let those who will benefit most have first access to the vaccine*
- Medical reasons (e.g., allergies) prevent me from being vaccinated
- I base my vaccination decision on the results of my serological test
- The coronavirus vaccine has been developed too quickly
- I feel overwhelmed by information on the coronavirus vaccine
- I am afraid I might infect my students if I got COVID-19
- I am afraid my students might infect me if they got COVID-19
- I am afraid my students might infect me and I then infect my family

10. Up to now, have you been advised to get vaccinated against the Coronavirus?

- Yes, I was advised to get vaccinated
- Yes, I was advised to not get vaccinated
- No, I was not advised

<if yes>

10a. Who advised you?

- FOPH/Cantonal Medical Officer
- Personal physician
- Another HCP
- Employer
- Friend/Family member
- Religious leader
- Work colleague
- Other:

Mask preference

11. Please select the option that better represents your opinion (only one possible answer):

- I prefer that my students wear a mask while in class
- I prefer that my students do not wear a mask while in class
- I don't want to answer

Current school policy

12. What is the current applicable policy about masks in your school (only one possible answer)?

- Masks are recommended
- Masks are recommended but social distancing is mandatory
- Masks are mandatory for all, in all places (indoor and outdoor)
- Masks are mandatory for all, indoor only
- Masks are mandatory only for non-vaccinated individuals, in all places (indoor and outdoor)
- Masks are mandatory only for non-vaccinated individuals, indoor only
- I don't want to answer

- Other:

Agreement with current school policy

13. To what extent do you agree with such policy?

- Totally disagree
- Disagree
- Neither agree nor disagree
- Agree
- Totally agree

14. Why do you agree/disagree with your current school policy?

Personal/family/class experience with the infection

15. Have you ever tested positive to COVID-19?

- Yes
- No
- I prefer not to answer

16. Has any member of your family ever tested positive to COVID-19?

- Yes
- No
- I prefer not to answer

17. Has any of the students or staff in your school ever tested positive to COVID-19?

- Yes
- No
- I prefer not to answer

Complementary and alternative medicine

18. In the last 12 months, which of the following treatments have you used for your own health? (more than one answer possible)

- Acupressure
- Acupuncture
- Anthroposophical medicine
- Chinese medicine
- Chiropractics
- Herbal treatment
- Homeopathy
- Hypnotherapy
- Massage therapy
- Osteopathy
- Physiotherapy
- Reflexology
- Spiritual Healing
- Other:
- None of these
- Don't know

19. What is the highest level of education you obtained?

- Secondary School Certificate
- Apprenticeship
- Federal certificate of proficiency
- Bachelor
- Master
- PhD
- I don't want to answer

20. What is your canton of residence?

(List of cantons)

21. What is your canton of employment?

(List of cantons)

22. What is your work percentage (%)?

10 20 30 40 50 60 70 80 90 100

23. What is your year of birth (e.g., 1975)?

24. Do you have children?

- Yes
- No
- I don't want to answer

<if yes>

24a. How many children do you have?

- 1
- 2
- 3
- 4
- 5+

24b. How old are they?

- -
- -
- -
- -

25. Do you consider yourself as belonging to any particular religion or denomination?

- Yes
- No
- I don't want to answer

<if yes>

25a. If yes, which one?

- Christian: _____
- Jewish: _____
- Islamic: _____
- Eastern religions: _____
- Other non-Christian religions: _____

26. What is your political leaning? (11 points)

Very far left 1 2 3 4 5 6 7 8 9 10 11 Very far right

- I don't want to answer

27. How did you get to know about this study?

Survey: english version (also available in German, French, Italian)

Introduction

Dear Sir/Madame,

Thank you for your interest in our study, which aims to understand perspectives about vaccination against COVID-19 from people working in nurseries, kindergartens and primary schools across Switzerland. All views are important, regardless of what they are.

We start by asking people to complete an anonymous survey and then an interview so that we can learn more about the reasons why people accept, refuse, or are hesitant regarding the COVID-19 vaccination. We do not aim to change opinions, nor will we ever identify people who participate.

We kindly ask if you want to participate in the entire project (survey and interview) or just in the survey or the interview.

Once you select the option below, we will explain what each way of participation entails, and then you can confirm if you wish to participate or not.

Thank you for your interest in the study. For any additional information or if you have questions, please write to perspectives@usi.ch or call 058 666 42 18

1. What is your gender?

- Male
- Female
- Other
- I don't want to answer

2. What is your current job function?

- Teaching staff (including teachers, childcare workers, teaching assistants, paraprofessional educators)
- Office staff
- Bus drivers
- School nurses and counselors
- School nutrition staff
- Coaches and athletic trainers
- Custodians
- Mensa staff
- Security staff
- Cleaning staff

3. What type of facility are you employed in?

- Nursery
- Kindergarten
- Primary school
- After-school

4. Is your facility public or private?

- Public
- Private
- Mixed

5. What do you think is the widespread attitude towards the COVID-19 vaccination among...

(1-10 strongly against – strongly support)

1 2 3 4 5 6 7 8 9 10

- Your facility director
- Your colleagues with the same responsibilities
- Your colleagues with other responsibilities
- Your students
- Your students' parents
- Society in general

In answering the following questions, please refer to **vaccination in general**.

6. Thinking about vaccination in general, would you say you are personally (1-10 strongly against – strongly support)

1 2 3 4 5 6 7 8 9 10

- I don't want to answer

7. Please indicate the degree to which you agree or disagree with the following statements: 1-5 Likert scale with 1 = strongly disagree and 5 = strongly agree

- I generally trust vaccine manufacturers or pharmaceutical companies
- I generally trust the FOPH / BAG
- I understand how vaccination helps my body fight infectious diseases
- I feel it is important that I get vaccinated

8. Have you been vaccinated (fully or partly) against Covid-19?

- Yes
- No
- I don't want to answer

<If "Yes">

8.a Which coronavirus vaccine did you receive?

- Pfizer/BioNTech (Comirnaty®, BNT162b2)
- Moderna (mRNA-1273)
- AstraZeneca/Oxford (AZD1222)
- Janssen/Johnson & Johnson (Ad26.COVS.S.)
- Other:
- I don't know

8.b. How many doses of the coronavirus vaccine have you received so far?

- 1
- 2
- Other:

8.c Why did you get vaccinated against Covid-19? (check all that apply)

- I have a chronic disease or disorder
- I am at risk because of my age
- I work in the education system
- I live with or look after one or more vulnerable person(s)
- I am vulnerable with regard to COVID-19 for some other reason than the above: please specify
- I want to protect my pupils
- I want to get back to normal life as fast as possible
- My employer wants me to be vaccinated

- I want to travel (for work or leisure) and need or want a COVID certificate
- I want to contribute to the protection of my community and/or society
- Other reason(s): please specify

<If “No” or “I don’t want to answer”>

8d. Do you think you are currently eligible to receive the coronavirus vaccine?

- No, I am not eligible
- I don’t know if I am eligible or not
- Yes, I am eligible

8e. Do you have an appointment for the coronavirus vaccination?

- Yes, I have an appointment and will be vaccinated soon
- Yes, I have an appointment, but I have difficulties reaching the vaccination facility
- No, I don't have an appointment because I have difficulties scheduling an appointment
- No, I don't have an appointment for other reasons

<If “No, I don't have an appointment for other reasons”>

8f. How likely is it that you will decide to get vaccinated? 1-5 Likert scale with 1 = not at all likely and 5 = very likely

1 2 3 4 5

<if 3,4,5>

8g. Why do you want to or need to get vaccinated against Covid-19? (check all that apply)

- I have a chronic disease or disorder
- I am at risk because of my age
- I work in the education system
- I live with or look after one or more vulnerable person(s)
- I am vulnerable to COVID-19 for some other reason than the above
- I want to protect my pupils
- I want to get back to normal life as fast as possible
- My employer wants me to be vaccinated
- I want to travel (for work or leisure) and need or want an immunization certificate
- I want to contribute to the protection of my community and/or society
- Other reason(s):

In answering the following questions, please refer to the **Coronavirus vaccine/vaccination or the COVID-19 disease.**

9. Please indicate the degree to which you agree or disagree with the following statements related to the coronavirus vaccine: 1 = strongly disagree and 5 = strongly agree

1 2 3 4 5

- I prefer to wait before being vaccinated until more is known about how effective the vaccine is
- I prefer to wait before being vaccinated until more is known about the vaccine's safety
- I believe that the vaccination protects me against infection with the coronavirus
- I believe that the vaccination protects me against a severe course of coronavirus infection
- I believe that the vaccination protects against transmission of the coronavirus to others
- I am afraid of possible side effects
- I follow what my religious faith prescribes regarding this vaccination
- I prefer natural immunity against the coronavirus to vaccine-induced immunity

- I prefer natural or traditional remedies to the disease rather than being vaccinated
- I am afraid of injections
- I am concerned about getting infected if I go to a clinic where vaccinations are administered
- I would rather protect myself by other means (physical distancing, hand hygiene, wearing a mask) than be vaccinated
- I think that the vaccine will provide long-lasting immunity
- I want to protect myself
- I want to contribute to the protection of my community/society
- I want to contribute to the protection of someone I know who is vulnerable
- I want to get back to a normal life as fast as possible*
- I prefer to let those who will benefit most have first access to the vaccine*
- Medical reasons (e.g., allergies) prevent me from being vaccinated
- I base my vaccination decision on the results of my serological test
- The coronavirus vaccine has been developed too quickly
- I feel overwhelmed by information on the coronavirus vaccine
- I am afraid I might infect my students if I got COVID-19
- I am afraid my students might infect me if they got COVID-19
- I am afraid my students might infect me and I then infect my family

10. Up to now, have you been advised to get vaccinated against the Coronavirus?

- Yes, I was advised to get vaccinated
- Yes, I was advised to not get vaccinated
- No, I was not advised

<if yes>

10a. Who advised you?

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- Another HCP
- Employer
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- Work colleague
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Complementary and alternative medicine

**18. In the last 12 months, which of the following treatments have you used for your own health?
(more than one answer possible)**

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24a. How many children do you have?

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- 3
- 4
- 5+

24b. How old are they?

- -
- -
- -
- -

25. Do you consider yourself as belonging to any particular religion or denomination?

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25a. If yes, which one?

- Christian: _____
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- Eastern religions: _____
- Other non-Christian religions: _____

26. What is your political leaning? (11 points)

Very far left 1 2 3 4 5 6 7 8 9 10 11 Very far right

- I don't want to answer

27. How did you get to know about this study?

Appendix 3: Interview grid

German, English, French, and Italian

Anhang 2. Interview-Raster

THEMEN UND UNTERTHEMEN	FRAGEN
1. PRÄSENTATIONEN	
Vorstellung des Forschers und der Forschung	
Präsentation des Forschers	Name, wo Sie arbeiten, welche Ausbildung Sie haben, was Sie normalerweise tun
Präsentation der Forschung	Da Kinder unter 12 Jahren nicht geimpft werden können, ist damit zu rechnen, dass das Virus in diesem Winter besonders stark in den Schulen zirkulieren wird. Wir wollen verstehen, wie sich die Lehrerinnen und Lehrer in dieser Situation positionieren: welche Sorgen sie haben, was sie sich erhoffen usw.
Präsentation der Forschungsverfahren	
Format des Interviews	Offene Befragung, es gibt keine richtige oder falsche Antwort: die Erfahrung und die Sichtweise des Teilnehmers sind von Interesse.
Vereinbarung über die Registrierung	Die Aufzeichnung dient dem Zweck, sich während des Gesprächs nicht intensiv Notizen machen zu müssen und sich auf das Gesagte konzentrieren zu können. Sind Sie damit einverstanden?
Datenverarbeitung	Das Interview wird transkribiert und anonymisiert, Namen und identifizierende Elemente werden entfernt. Die Daten werden an einem sicheren Ort aufbewahrt, der nur dem Forschungsteam zugänglich ist. Nach Abschluss des Gesprächs werden die Aufnahmen vernichtet.
Vorstellung der befragten Person	
Soziodemografische Daten	Alter, Geschlecht, Beruf, Wohnort, Familiensituation
Merkmale der Schule	Schule, in der er arbeitet, und geografische Lage, seit wann, Schulimpfungs politik
Merkmale der Schüler	Alter, Klasse
Persönliche Präsentation	Erzählen Sie uns ein wenig über sich und Ihre Arbeit, was Ihnen an Ihrem Beruf am besten gefällt und was Ihnen am schwersten fällt.
2. DARSTELLUNG DER PANDEMIE UND DER IMPFSTOFFE	
Allgemeine Meinung zur Pandemie	
Emotionen	Seit mehr als 18 Monaten befinden wir uns nun inmitten einer weltweiten Pandemie. Wenn Sie Ihre allgemeinen Erfahrungen mit der Pandemie mit drei Worten beschreiben müssten, wie würden diese lauten? Bitte erklären Sie die Bedeutung der drei Wörter.
Die Entdeckung von Impfstoffen	Impfstoffe gegen COVID-19 werden ab Frühjahr 2021 verfügbar sein. Wie haben Sie diese Nachricht aufgenommen?
Darstellung von Anti-COVID-19-Impfstoffen	
Bedenken über Anti-COVID-19-Impfstoffe	Wenn Sie an die Anti-COVID-19-Impfstoffe denken, welche Bedenken haben Sie heute? Können Sie die drei Dinge nennen, die Sie am meisten beunruhigen?
Positive Aspekte in Bezug auf Anti-COVID-19-Impfstoffe	Wenn Sie heute über die Anti-COVID-19-Impfstoffe nachdenken, was sind die Aspekte, die Ihnen ein besseres Gefühl geben, die Sie erleichtert fühlen lassen? Können Sie die drei Aspekte nennen, die Sie am meisten beruhigen?
Einstellung zur föderalen Politik	
Föderale Politik	Was halten Sie von der Politik der Bundesregierung in Bezug auf Impfstoffe? Was ist Ihre Meinung zum Green Pass? Was halten Sie von dem Green Pass in Bildungseinrichtungen?

3. IMPFENTSCHEIDUNG UND ERFAHRUNG	
Entscheidung über die Impfung	
Wahl der Impfung	Sind Sie geimpft oder haben Sie vor, sich impfen zu lassen?
Der Entscheidungsprozess	In einem solch komplexen Kontext ist die Entscheidung für oder gegen eine Impfung weder offensichtlich noch einfach. Wie sind Sie zu Ihrer Entscheidung gekommen? Wie sind Sie zu Ihrer Entscheidung gekommen? Was waren die entscheidenden Momente für Ihre Entscheidung?
Unterstützung bei der Entscheidungsfindung	Was hat Ihnen geholfen, Ihre Entscheidung zu treffen? Was hat Sie daran gehindert, was hat Ihnen die Entscheidung erschwert? Was halten Sie von der Art und Weise, wie die Behörden die Entscheidung "begleitet" haben? Wie beurteilen Sie den Umfang der bereitgestellten Informationen?
Die Wahrnehmung der Entscheidungsfindung heute	Wie denken Sie heute über Ihre Entscheidung zur Impfung? Haben Sie noch Zweifel? Zweifeln Sie? Bedauern? Würden Sie etwas ändern, wenn Sie zurückgehen würden?
Erfahrung mit Impfungen	
Beschreibung Ihrer Impfung	Wenn Sie bereits geimpft wurden: Können Sie uns über Ihre Erfahrungen mit der Impfung berichten? Wie wurde sie durchgeführt? Können Sie drei Adjektive nennen, die diese Erfahrung beschreiben? Wenn Sie noch nicht geimpft wurden: Haben Sie versucht, einen Termin zu bekommen? Wenn ja, wie ist es gelaufen? Warum hat die Ernennung noch nicht stattgefunden?
Beschreibung der Impfung von Bekannten/Familienmitgliedern	Kennen Sie jemanden, der geimpft worden ist? Welche Erfahrungen haben sie bisher gemacht? Hat eine dieser Erfahrungen Sie zum Nachdenken gebracht? Inwiefern? Glauben Sie, dass diese Erfahrungen Ihre derzeitige Meinung über Impfungen beeinflusst haben?
3. DIE ROLLE DES GEFOLGES	
Diskussionen, Meinungen und Erwartungen	
Besprechung der Impfung mit der Entourage	Wie ist das Klima in Bezug auf Impfstoffe in Ihrem Freundeskreis/Familie/Arbeitsplatz? Wie oft und auf welche Weise sprechen Sie mit Ihren Freunden/Familienangehörigen/bei der Arbeit über das Thema Impfen? Ist dies ein heißes Thema für Sie? Wie kommt das? Was wird darüber gesagt?
Position des Gefolges bei Impfstoffen	Was denken Ihre Familienmitglieder über Impfstoffe? Was denken Ihre Freunde über Impfstoffe? Was denken Ihre Kollegen über Impfstoffe? Wie denkt Ihre Schulleitung über Impfstoffe? Was denkt Ihr Arzt über Impfstoffe?
Reaktionen und Erwartungen der Entourage	Was denken die Menschen in Ihrem Umfeld (Familie, Freunde, Kollegen/Vorgesetzte, Betreuer usw.) über Ihre Entscheidung, sich impfen zu lassen bzw. nicht zu impfen? Wie sehr haben die Menschen in Ihrem Umfeld Sie bei Ihrer Entscheidung unterstützt? Inwiefern? Können Sie sich an eine Situation erinnern, in der Sie sich in Ihrer Entscheidung wirklich unterstützt gefühlt haben? Was ist passiert? Können Sie sich an eine Situation erinnern, in der Sie sich nicht unterstützt gefühlt haben? Was ist passiert? Was glauben Sie, was Ihre Angehörigen/Bekanntes von Ihnen in Bezug auf Impfstoffe erwarten? Haben Sie jemals Druck verspürt? Wie wirkt sich das auf Sie aus? Wie fühlen Sie sich dabei? Wie gehen Sie mit diesen Gefühlen um?

4. AKTUELLE LEBENSWEISE	
Leben mit/ohne den Impfstoff	
Auswirkungen der Entscheidung auf die Lebensweise	Wie wirkt sich Ihre Entscheidung, zu impfen oder nicht zu impfen, auf Ihr tägliches Leben aus? Hat sich durch Ihre Entscheidung etwas verändert (z. B. in Ihren Beziehungen zu anderen, in Ihrem Verhalten, im Verhalten anderer usw.)? Glauben Sie, dass es in Zukunft Veränderungen geben wird? Welche?
Darstellung des Risikos	Für wie riskant halten Sie COVID-19 heute? Wie kommt das?
Risikomanagement	Wenn er geimpft ist, wie schützt er sich und seine Schüler heute? Wenn er sich impfen lassen will, wie will er sich und seine Schüler in der Zwischenzeit schützen? Und danach? Wenn er sich nicht impfen lässt, wie will er sich und seine Schüler schützen?
5. SCHLUSSFOLGERUNG	
Einstellung zur Gesundheit im Allgemeinen	
Impfstoffe im Allgemeinen	Was halten Sie im Allgemeinen von Impfungen? Wurden Sie bereits gegen Grippe geimpft?
CAM	Wie ist Ihr Verhältnis zur Alternativmedizin? Verwenden Sie es und wenn ja, wie/warum?
Zukunft	
Allgemeiner Überblick	Wie sehen Sie die Zukunft?
Betrifft	Was macht Ihnen am meisten Sorgen?
Auspizien	Was erhoffen Sie sich im Allgemeinen? Was erhoffen Sie sich von den Behörden, von den Institutionen, von Ihrer Schule?
Präferenzen für Kommunikationsmaßnahmen	
Überredung	Wenn Sie jemanden überzeugen wollten, sich impfen zu lassen, was würden Sie sagen? Was sind Ihrer Meinung nach die Hauptargumente, die für Impfstoffe sprechen? Wenn Sie jemanden davon überzeugen wollten, sich nicht impfen zu lassen, was würden Sie sagen? Was sind Ihrer Meinung nach die wichtigsten Argumente gegen Impfstoffe?
Bevorzugte Kommunikationskanäle im Hinblick auf eine Kommunikationsmaßnahme zu Impfstoffen	Wenn Sie Informationen über Impfstoffe erhalten wollten, welche Informationen würden Sie wünschen? Über welche Kanäle? Wie oft möchten Sie diese Informationen erhalten? Welche Form der Kommunikation würden Sie bevorzugen (z. B. Video, Audio, Text)? An wen möchten Sie diese Informationen weitergeben?
Begrüßung	
Letztes Wort	Gibt es noch etwas Wichtiges, das Sie uns mitteilen möchten?
Danksagung	Vielen Dank für Ihre Verfügbarkeit

Appendix 2. Interview grid

THEMES AND SUB-THEMES	QUESTIONS
1. PRESENTATIONS	
Presentation of the researcher and the research	
Researcher presentation	Name, where do you work, what is your background, what do you normally do
Research presentation	Kids under 12 can't get vaccinated, so you can expect the virus to circulate particularly well in schools this winter. We want to understand how teachers position themselves with respect to this situation: what are their concerns, what do they wish for, etc.
Presentation of research procedures	
Interview modalities	Open interview, there is no right or wrong answer: the experience and point of view of the participant are of interest
Registration agreement	Recording is so that you don't have to take intensive notes during the discussion and can focus on what is being told. Do you agree?
Data processing	The interview will be transcribed and anonymized, names and identifying elements will be removed. The data will be stored in a secure location, accessible only to the research team. At the end of the interview the recordings will be destroyed.
Presentation of the interviewee	
Socio-demographic data	Age, gender, profession, residence, family situation
School characteristics	School where he works and geographical situation, since when, school vaccination policy
Characteristics of pupils	Age, class
Personal presentation	Tell us a few words about yourself and your work, what you like most about your profession and what makes you struggle the most
2. REPRESENTATION OF THE PANDEMIC AND VACCINES	
General feeling about the pandemic	
Emotions	We have now been in the midst of a global pandemic for more than 18 months. If you had to use three words to describe your general experience with the pandemic, what would they be? Tell us the meaning of the three words.
The discovery of vaccines	Vaccines against COVID-19 are available from spring 2021. How did you receive this news?
Representation of anti-COVID-19 vaccines	
Concerns about anti-COVID-19 vaccines	When you think about anti-COVID-19 vaccines, what are your concerns today? Can you name the three things that worry you most?
Positive aspects in relation to anti-COVID-19 vaccines	When you think about the anti-COVID-19 vaccines today, what are the aspects that make you feel better, that make you feel more relieved? Can you name the three aspects that comfort you the most?
Attitude towards federal policy	
Federal Policy	What do you think of the federal government's policy on vaccines? What is your opinion on the green pass? What do you think about the green pass in educational establishments?
3. VACCINATION DECISION AND EXPERIENCE	
Vaccination decision	

Vaccination choice	Are you vaccinated or do you intend to be vaccinated?
The decision-making process	In such a complex context, the decision to vaccinate or not to vaccinate is neither obvious nor easy. How did you come to your decision? How did you come to your decision? What were the key moments in your decision?
Decision-making aids	What helped you make your decision? What stood in your way, made it difficult for you to make a decision? What do you think of the way the authorities "accompanied" the decision? What do you think of the level of information provided?
The perception of decision-making today	How do you feel today about your decision regarding vaccination? Do you have second thoughts? Doubts? Regrets? Would you change anything if you went back?
Vaccination experience	
Description of your vaccination	If you have already been vaccinated: Can you tell us about your experience with vaccination? How did it unfold? Can you mention three adjectives to describe this experience? If you have not yet been vaccinated: Have you tried to get an appointment? If yes, how did it go? Why has the appointment not yet taken place?
Description of the vaccination of your acquaintances/family members	Do you know anyone who has been vaccinated? What has been their experience so far? Did any of these experiences make you think? In what way? Do you think these experiences have influenced your current views on vaccination?
3. ROLE OF THE ENTOURAGE	
Discussions, opinions and expectations	
Discussion of vaccination with the entourage	What is the climate like about vaccines among your friends/family/at your workplace? How often and in what ways do you talk about vaccination with your friends/family/at work? Is this a hot topic among you? How come? What's being said about it?
Position of the entourage regarding vaccines	How do your family members feel about vaccines? What do your friends think about vaccines? What do your colleagues think about vaccines? What does your school's leadership think about vaccines? What does your doctor think about vaccines?
Reactions and expectations of the entourage	What do the people around you (family, friends, colleagues/superiors, caregivers, etc.) think about your decision to vaccinate/not to vaccinate? How much did the people around you support/support you in your decision? In what way? Can you think of a situation where you felt really supported in your decision? What happened? Can you think of a situation where you did not feel supported? What happened? In your opinion, what do your loved ones/acquaintances expect from you regarding vaccines? Have you ever felt any pressure? How does this affect you? How does it make her feel? How do you manage these feelings?
4. CURRENT WAY OF LIFE	
Living with/without the vaccine	
Impact of the decision on the way of life	How does your decision to vaccinate/not vaccinate impact your daily life? Have there been any changes as a result of your decision (e.g., in your relationships with others, or in your behaviors, or in the behaviors of others, etc.)? Do you think there will be any changes in the future? What changes?
Risk representation	How at risk do you feel about COVID-19 today? How so?
Risk management	If you are vaccinated, how are you protecting yourself and your students today?

	<p>If he plans to vaccinate, how does he plan to protect himself and his students in the meantime? And afterwards?</p> <p>If he won't get vaccinated, how does he plan to protect himself and his students?</p>
5. CONCLUSION	
Position towards health in general	
Vaccines in general	<p>In general, how do you feel about vaccinations?</p> <p>Have you been vaccinated against the flu yet?</p>
CAM	<p>What is your relationship with alternative medicine? Do you use it and if so how/why?</p>
Future	
General overview	<p>How do you see the future?</p>
Concerns	<p>What worries you most?</p>
Auspices	<p>What do you hope for in general?</p> <p>What do you hope for from the authorities, from the institutions, from your school?</p>
Communication intervention preferences	
Persuasion	<p>If you wanted to convince someone to get vaccinated, what would you say? What do you think are the main arguments in favour of vaccines?</p> <p>If you wanted to convince someone not to vaccinate, what would you say? What do you think are the main arguments against vaccines?</p>
Preferred communication channels in view of a communication intervention on vaccines	<p>If you wanted to receive information about vaccines, what information would you want? Through which channels? How often would you like to receive this information? What form of communication would you prefer (e.g., video, audio, text)? Who would you like to pass this information on to you?</p>
Greetings	
Last word	<p>Is there anything important you would still like to share with us?</p>
Acknowledgements	<p>Thank you very much for your availability</p>

Annexe 2. Grille d'entretien

THÈMES ET SOUS-THÈMES	QUESTIONS
1. PRÉSENTATIONS	
Présentation du chercheur et de la recherche	
Présentation du chercheur	Nom, lieu de travail, formation, activités habituelles...
Présentation de la recherche	Les enfants de moins de 12 ans ne peuvent pas être vaccinés, on peut donc s'attendre à ce que le virus circule dans les écoles cet hiver. Nous voulons comprendre comment les enseignants se positionnent par rapport à cette situation : quelles sont leurs préoccupations, quels sont leurs espoirs, etc.
Présentation des procédures de recherche	
Format de l'entretien	Entretien ouvert, il n'y a pas de bonne ou de mauvaise réponse : nous nous intéressons à l'expérience et au point de vue du participant.
Accord sur l'enregistrement	L'enregistrement permet de ne pas avoir à prendre des notes de manière intensive pendant la discussion et de pouvoir se concentrer sur ce qui est dit. Êtes-vous d'accord ?
Traitement des données	L'entretien sera transcrit et rendu anonyme, les noms et les éléments d'identification seront supprimés. Les données seront stockées dans un endroit sûr, accessible uniquement à l'équipe de recherche. A la fin de l'entretien, les enregistrements seront détruits.
Présentation de la personne interrogée	
Données sociodémographiques	Âge, sexe, profession, résidence, situation familiale
Caractéristiques de l'école	École où il travaille et situation géographique, depuis quand, politique de vaccination de l'école
Caractéristiques des élèves	Âge, classe
Présentation personnelle	Parlez-nous un peu de vous et de votre travail, de ce que vous aimez le plus dans votre profession et de ce que vous trouvez le plus difficile.
2. REPRÉSENTATION DE LA PANDÉMIE ET DES VACCINS	
Sentiment général sur la pandémie	
Émotions	Cela fait maintenant plus de 18 mois que nous sommes au cœur d'une pandémie mondiale. Si vous deviez utiliser trois mots pour décrire votre expérience générale de la pandémie, quels seraient-ils ? Veuillez expliquer la signification de ces trois mots.
La découverte des vaccins	Les vaccins contre le COVID-19 seront disponibles à partir du printemps 2021. Comment avez-vous pris cette nouvelle ?
Représentation des vaccins anti-COVID-19	
Inquiétudes concernant les vaccins anti-COVID-19	Quand vous pensez aux vaccins anti-COVID-19, quelles sont vos préoccupations aujourd'hui ? Pouvez-vous nommer les trois choses qui vous inquiètent le plus ?
Aspects positifs par rapport aux vaccins anti-COVID-19	Quand vous pensez aux vaccins anti-COVID-19 aujourd'hui, quels sont les aspects qui vous font vous sentir mieux, qui vous soulagent ? Pouvez-vous citer les trois aspects qui vous réconfortent le plus ?
Attitude à l'égard de la politique fédérale	
Politique fédérale	Que pensez-vous de la politique du gouvernement fédéral en matière de vaccins ? Quelle est votre opinion sur le green pass ? Que pensez-vous du green pass dans les établissements scolaires ?

3. DÉCISION ET EXPÉRIENCE EN MATIÈRE DE VACCINATION	
Décision de vaccination	
Choix de la vaccination	Êtes-vous vacciné ou avez-vous l'intention de l'être ?
Le processus de décision	Dans un contexte aussi complexe, la décision de se vacciner ou de ne pas se vacciner n'est ni évidente ni facile. Comment avez-vous pris votre décision ? Quels ont été les moments clés de votre décision ?
Aide à la prise de décision	Qu'est-ce qui vous a aidé à prendre votre décision ? Qu'est-ce qui vous a empêché, rendu difficile la prise d'une décision ? Que pensez-vous de la manière dont les autorités ont "accompagné" la décision ? Que pensez-vous du niveau d'information fourni ?
La perception de la prise de décision aujourd'hui	Que pensez-vous aujourd'hui de votre décision concernant la vaccination ? Vous avez des doutes ? Des regrets ? Changeriez-vous quelque chose si vous pouviez ?
Expérience en matière de vaccination	
Description de votre vaccination	Si vous avez déjà été vacciné : Pouvez-vous nous parler de votre expérience de la vaccination ? Comment s'est-elle déroulée ? Pouvez-vous citer trois adjectifs pour décrire cette expérience ? Si vous n'avez pas encore été vacciné : Avez-vous essayé d'obtenir un rendez-vous ? Si oui, comment ça s'est passé ? Pourquoi le rendez-vous n'a-t-il pas encore eu lieu ?
Description de la vaccination des connaissances/membres de la famille	Connaissez-vous quelqu'un qui a été vacciné ? Quelle a été leur expérience jusqu'à présent ? L'une de ces expériences vous a-t-elle fait réfléchir ? De quelle manière ? Pensez-vous que ces expériences ont influencé votre opinion actuelle sur la vaccination ?
3. RÔLE DE L'ENTOURAGE	
Discussions, opinions et attentes	
Discussion sur la vaccination avec l'entourage	Quel est le climat concernant les vaccins parmi vos amis/famille/ sur votre lieu de travail ? À quelle fréquence et de quelle manière parlez-vous de la vaccination avec vos amis/famille/au travail ? Est-ce un sujet d'actualité pour vous ? Comment cela se fait-il ? Que dit-on à ce sujet ?
Position de l'entourage sur les vaccins	Que pensent les membres de votre famille des vaccins ? Que pensent vos amis des vaccins ? Que pensent vos collègues des vaccins ? Que pense la direction de votre école des vaccins ? Que pense votre médecin des vaccins ?
Réactions et attentes de l'entourage	Que pensent les personnes de votre entourage (famille, amis, collègues/supérieurs, soignants, etc.) de votre décision de vous vacciner/ne pas vous vacciner ? Dans quelle mesure les personnes de votre entourage vous ont-elles soutenu/soutiennent-elles dans votre décision ? De quelle manière ? Pouvez-vous penser à une situation dans laquelle vous vous êtes senti vraiment soutenu dans votre décision ? Que s'est-il passé ? Pouvez-vous penser à une situation dans laquelle vous ne vous êtes pas senti soutenu ? Que s'est-il passé ? Selon vous, qu'est-ce que vos proches/connaissements attendent de vous en matière de vaccins ? Avez-vous déjà ressenti une pression ? Comment cela vous affecte-t-il ? Comment vous sentez-vous ? Comment gérez-vous ces sentiments ?
4. MODE DE VIE ACTUEL	
Vivre avec/sans le vaccin	
Impact de la décision sur le mode de vie	Comment votre décision de vacciner/non vacciner affecte-t-elle votre vie quotidienne ?

	Votre décision a-t-elle entraîné des changements (par exemple, dans vos relations avec les autres, dans vos comportements, dans le comportement des autres, etc.) Pensez-vous qu'il y aura des changements à l'avenir ? Lesquelles ?
Représentation des risques	Quel est votre sentiment de risque vis-à-vis de COVID-19 aujourd'hui ? Comment cela se fait-il ?
Gestion des risques	Si vous êtes vacciné, comment vous protégez vous et comment protégez-vous les élèves aujourd'hui ? Si vous prévoyez de vous faire vacciner, comment comptez-vous vous protéger et protéger vos élèves en attendant ? Et après ? Si vous n'êtes pas vacciné, comment allez-vous vous protéger et protéger vos élèves ?
5. CONCLUSION	
Position vis-à-vis de la santé en général	
Les vaccins en général	En général, que pensez-vous des vaccins ? Avez-vous déjà été vacciné contre la grippe ?
CAM	Quelle est votre relation avec la médecine alternative ? L'utilisez-vous et si oui, comment/pourquoi ?
Futur	
Aperçu général	Comment voyez-vous l'avenir ?
Préoccupations	Qu'est-ce qui vous inquiète le plus ?
Auspices	Qu'espérez-vous en général ? Qu'espérez-vous des autorités, des institutions, de votre école ?
Préférences en matière d'intervention de communication	
Persuasion	Si vous vouliez convaincre quelqu'un de se faire vacciner, que lui diriez-vous ? Selon vous, quels sont les principaux arguments en faveur des vaccins ? Si vous vouliez convaincre quelqu'un de ne pas se faire vacciner, que lui diriez-vous ? Selon vous, quels sont les principaux arguments contre les vaccins ?
Canaux de communication préférés en vue d'une intervention de communication sur les vaccins	Si vous vouliez recevoir des informations sur les vaccins, quelles informations souhaiteriez-vous obtenir ? Par quels canaux ? À quelle fréquence souhaiteriez-vous recevoir ces informations ? Quelle forme de communication préféreriez-vous (par exemple, vidéo, audio, texte) ? À qui souhaiteriez-vous transmettre cette information ?
Salutations	
Dernier mot	Y a-t-il quelque chose d'important que vous souhaitez encore partager avec nous ?
Remerciements	Merci beaucoup pour votre disponibilité

Appendice 2. Griglia di intervista

TEMI E SOTTOTEMI	DOMANDE
1. PRESENTAZIONI	
Presentazione del ricercatore e della ricerca	
Presentazione ricercatore	Nome, dove lavora, che formazione ha, di cosa si occupa normalmente
Presentazione della ricerca	I ragazzi sotto i 12 anni non possono vaccinarsi, quindi ci si può aspettare che il virus circolerà in modo particolare nelle scuole quest'inverno. Vogliamo capire come gli insegnanti si posizionano rispetto a questa situazione: quali sono le loro preoccupazioni, che cosa auspicano, etc.
Presentazione dei procedimenti di ricerca	
Modalità dell'intervista	Intervista aperta, non c'è risposta giusta o sbagliata: interessa l'esperienza e il punto di vista del partecipante
Accordo sulla registrazione	Registrare serve a non dover prendere appunti intensamente durante la discussione e a potersi concentrare su quanto è raccontato. E' d'accordo?
Trattamento dati	L'intervista sarà trascritta e anonimizzata, saranno tolti nomi e elementi identificativi. I dati saranno conservati in un luogo sicuro, accessibile solo al team di ricercatori. Alla fine dell'intervista le registrazioni saranno distrutte.
Presentazione dell'intervistato	
Dati socio-demografici	Età, sesso, professione, residenza, situazione familiare
Caratteristiche della scuola	Scuola in cui lavora e situazione geografica, da quando, politica vaccinale scolastica
Caratteristiche degli allievi	Età, classe
Presentazione personale	Ci dica due parole su di lei e sul suo lavoro, su cosa le piace di più della sua professione e cosa invece le fa fare più fatica
2. RAPPRESENTAZIONE DELLA PANDEMIA E DEI VACCINI	
Vissuto generale in merito alla pandemia	
Emozioni	Oramai da più di 18 mesi siamo in mezzo ad una pandemia mondiale. Se dovesse usare tre parole per descrivere il suo vissuto generale in merito alla pandemia, quali sarebbero? Ci spieghi il significato delle tre parole.
La scoperta dei vaccini	Dalla primavera 2021 sono disponibili dei vaccini contro il COVID-19. Come ha accolto questa notizia?
Rappresentazione dei vaccini anti-COVID-19	
Preoccupazioni in merito ai vaccini anti-COVID-19	Quando pensa ai vaccini anti-COVID-19, quali sono oggi le sue preoccupazioni? Può menzionare le tre cose che la preoccupano di più?
Aspetti positivi in relazione ai vaccini anti-COVID-19	Quando pensa ai vaccini anti-COVID-19 oggi, quali sono oggi gli aspetti che la fanno sentire meglio, che la fanno sentire più sollevata? Può menzionare i tre aspetti che la confortano di più?
Atteggiamento verso la politica della Confederazione	
Politica della Confederazione	Che cosa pensa della politica della Confederazione in merito ai vaccini? Che cosa pensa del green pass? Che cosa pensa del green pass negli istituti di formazione?
3. DECISIONE E ESPERIENZA VACCINALE	
Decisione della vaccinazione	
La scelta vaccinale	Lei è vaccinato o intende vaccinarsi?

Il processo decisionale	In un contesto così complesso, la decisione di vaccinarsi o meno non è scontata e neppure facile. Lei come ha fatto a prendere la sua decisione? Come è giunto alla sua decisione? Quali sono stati i momenti chiave della sua decisione?
Supporti del processo decisionale	Cosa l'ha aiutata nel prendere la sua decisione? Cosa l'ha ostacolata, le ha reso difficile prendere una decisione? Cosa pensa del modo in cui le autorità hanno "accompagnato" la decisione? Cosa pensa del livello di informazioni fornite?
La percezione della decisione oggi	Cosa pensa lei, oggi, della sua decisione in merito alla vaccinazione? Ha dei ripensamenti? Dei dubbi? Dei rimpianti? Se tornasse indietro cambierebbe qualcosa?
Esperienza della vaccinazione	
Descrizione della propria vaccinazione	Se si è già vaccinato: Può raccontare la sua esperienza in merito alla vaccinazione? Come si è svolta? Può menzionare tre aggettivi per descrivere questa esperienza? Se non si è ancora vaccinato: Ha cercato di ottenere un appuntamento? Se sì, com'è andata? Come mai l'appuntamento non ha ancora avuto luogo?
Descrizione della vaccinazione dei propri conoscenti/famigliari	Conosce qualcuno che si è vaccinato? Qual è stata la loro esperienza finora? Una di queste esperienze l'ha fatta riflettere? In che modo? Pensa che queste esperienze abbiano influenzato la sua attuale opinione sulla vaccinazione?
3. RUOLO DELL'ENTOURAGE	
Discussioni, opinioni e aspettative	
Discussione della vaccinazione con l'entourage	Com'è il clima in merito ai vaccini tra i suoi amici/famigliari/sul suo posto di lavoro? Quanto spesso e in quali modi parla della vaccinazione con i suoi amici/famigliari/sul posto di lavoro? È un argomento caldo tra di voi? Come mai? Cosa si dice al riguardo?
Posizione dell'entourage in merito ai vaccini	Cosa pensano i suoi famigliari dei vaccini? Cosa pensano i suoi amici dei vaccini? Cosa pensano i suoi colleghi dei vaccini? Cosa pensa la direzione della sua scuola sui vaccini? Cosa pensa il suo medico dei vaccini?
Reazioni e aspettative dell'entourage	Cosa pensano le persone intorno a lei (famigliari, amici, colleghi/superiori, curanti,etc.) della sua decisione di vaccinarsi/non vaccinarsi? Quanto le persone intorno a lei l'hanno sostenuta / la sostengono nella sua decisione? In che modo? Riesce a pensare a una situazione in cui si è sentito veramente sostenuto nella sua decisione? Cosa è successo? Riesce a pensare a una situazione in cui non si è sentito sostenuto? Cosa è successo? Secondo lei, cosa si aspettano da lei i suoi cari/conoscenti in merito ai vaccini? Ha mai percepito delle pressioni? Come influisce questo su di lei? Come la fa sentire? Come gestisce questi sentimenti?
4. MODO DI VITA ATTUALE	
Vivere con/senza il vaccino	
Impatto della decisione sul modo di vita	In che modo la sua decisione di vaccinarsi/non vaccinarsi impatta la sua vita quotidiana? Ci sono stati cambiamenti in seguito alla sua decisione (per esempio, nelle relazioni con gli altri, oppure nei suoi comportamenti, o nei comportamenti degli altri, etc.)? Pensa che ci saranno dei cambiamenti in futuro? Quali?
Rappresentazione del rischio	Quanto lei si sente a rischio in merito al COVID-19 oggi? Come mai?
Gestione del rischio	Se è vaccinato, come protegge oggi sé stesso e i suoi studenti? Se pensa di vaccinarsi, come pensa di proteggere sé stesso e i suoi studenti nel frattempo? E dopo? Se non si farà vaccinare, come pensa di proteggere sé stesso e i suoi studenti?

5. CONCLUSIONE	
Posizione verso la salute in generale	
Vaccini in generale	In generale, cosa pensa delle vaccinazioni? E' già stato vaccinato contro l'influenza?
CAM	Che rapporto ha con la medicina alternativa? Ne fa uso e se sì come/in che caso?
Futuro	
Visione generale	Come vede il futuro?
Preoccupazioni	Cosa la preoccupa di più?
Auspici	Cosa si augura in generale? Cosa si augura da parte delle autorità, delle istituzioni, della sua scuola?
Preferenze in merito ad un intervento comunicativo	
Persuasione	Se volesse convincere qualcuno a vaccinarsi, cosa direbbe? Quali sono secondo lei gli argomenti principali a favore dei vaccini? Se volesse convincere qualcuno a non vaccinarsi, cosa direbbe? Quali sono secondo lei gli argomenti principali contro i vaccini?
Canali comunicativi preferiti in vista di un intervento comunicativo sui vaccini	Se volesse ricevere informazioni sui vaccini, quali informazioni vorrebbe? Attraverso quali canali? Quanto spesso vorrebbe ricevere queste informazioni? Quale forma di comunicazione preferirebbe (per esempio, video, audio, testo)? Chi vorrebbe che le trasmettesse queste informazioni?
Saluti	
Ultima parola	C'è qualcosa di importante che vorrebbe ancora condividere con noi?
Ringraziamenti	Grazie di cuore per la sua disponibilità