

Trust in NHS advice key to COVID vaccine uptake, study finds

February 13 2024, by Joanne Morrison



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People's trust in the NHS was linked to increased uptake of the COVID-19 vaccine during the pandemic, a study suggests.

Public confidence in the information issued by the [health care system](#) was the strongest predictor of vaccine uptake across the four UK

nations, researchers found.

NHS websites were the most used source of information associated with a positive vaccination status, followed by advice given by scientists, experts said.

Information from a GP and the influence of televised public health information was also linked to positive uptake of the COVID-19 jab.

Looking at guidance shared on [social media](#) and messenger apps—which were more frequently mentioned as sources of information among [young adults](#)—was linked to a lower likelihood of having been vaccinated or intending to get the vaccine.

Researchers say the study helps understand the effects of different information sources during a [public health emergency](#), and highlights the need for policymakers to recognize the influence of public trust in the NHS.

The University of Edinburgh study assessed the views of more than 4400 people aged 18 years and over, during the period 16 to 31 July 2021—a time when overall vaccination rates were high.

The group was asked about their levels of trust in sources of advice on COVID-19, which sources they used and their vaccination status.

Researchers found that 85 percent of those surveyed were most likely to trust the NHS. This was followed by 79 percent expressing trust in family and friends, and 77 percent trust in scientists.

Trust in the UK Government was relatively low at 48 percent. Compared to those in England, respondents in other UK nations were more likely to trust their respective governments' information—with the rates in

Scotland at 63 percent and Wales at 64 percent. The lowest rates of trust in Government advice were in Northern Ireland at 40 percent.

Trust in the UK government increased with age, with 35 percent of the youngest age group having confidence in its COVID-19 advice compared with 62 percent among those aged 65 years or older.

Religious leaders were trusted least, with only around 1 in 4 people relying on them for information on COVID-19.

The largest predictor for positive vaccination status was found to be trust in the NHS. Trust in the NHS was associated with a three times higher chance of respondents having had the jab. Trust in scientists was the second highest predictor of a positive [vaccine](#) status.

Respondents aged 65 and over were four times as likely to have a positive vaccination status compared with the youngest group. The respondents least likely to be vaccinated were people aged 25 to 34 years old.

The study also highlighted significant differences in trust in government by annual household income and occupational class, with [higher incomes](#) correlating with a greater likelihood of trust.

Researchers say the findings reveal high levels of trust in the key sources of public health advice and a positive association between using official sources of advice and vaccination intentions, even in the context of overall high vaccination rates.

Dr. Valeria Skafida of the School of Social and Political Science said, "The finding of a high-level trust in the NHS contrasts with general public views on the NHS, with a 2021 survey showing that over half of respondents found that the general standard of care provided by the NHS

had worsened during the preceding years."

"Overall, our findings could highlight the need for the UK and devolved governments to value the importance of public trust in the health system and take appropriate measures to preserve such trust."

The study is [published](#) in the *Journal of Health Services Research & Policy*.

More information: Valeria Skafida et al, Trust in COVID-19 information sources and vaccination status: Exploring social inequalities and differences within the four United Kingdom nations using a representative survey, *Journal of Health Services Research & Policy* (2024). [DOI: 10.1177/13558196241227749](https://doi.org/10.1177/13558196241227749)

Provided by University of Edinburgh

Citation: Trust in NHS advice key to COVID vaccine uptake, study finds (2024, February 13) retrieved 30 April 2024 from <https://medicalxpress.com/news/2024-02-nhs-advice-key-covid-vaccine.html>

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