

Title: Barriers and drivers of positive COVID-19 vaccination behaviours among healthcare workers in Europe and Central Asia: a qualitative cross-country synthesis

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Supplementary information: Summary table

Nurses: Being vaccinated as a health worker

Findings	Is this general view? Any opposing views?	Any differences between urban (locations 1 and 2) and rural (location 3)?	Useful background knowledge of context to understand this finding
Nurses are highly aware of COVID-19 vaccination processes and its background information. However, at first, they heard rumours and unreliable information. Mostly, these rumours related to negative side effects, including death after 2 years of vaccination and fertility concerns.	General view	No difference.	
Later, more information about vaccines was available and most nurses received formal training from seminars, conferences organized by medical institutions, particularly by immunologists. Some indicated that they did not receive training, instead received information on WhatsApp and Instagram.	General view. Minority view: vaccine training for nurses is voluntary	Urban nurses more likely to have received training than rural nurses.	It was an interesting point that some nurses from the same region were receiving information from different seminars, while for others nothing was conducted. It would be interesting to see how these seminars were managed.
Regarding vaccines, nurses mentioned various types: (names in here). Vaccine A arrived first, and most nurses received it. They heard that this vaccine is mainly given to doctors and older generation, and has less side effects	General view Minority view: (vaccine C) needs a special refrigerator and is a 'gentle' vaccine (meaning needs more care)	Nurses from locations 1 and 3, favoured (vaccine B). Nurses from location B more positive about (vaccine C) as it was the lightest in terms of side effects.	

VIEWS OF UNVACCINATED NURSES Most of these nurses were vaccinated so they talked about unvaccinated colleagues. They believed mostly this was due to health contradictions such as allergies and weakened immune system. In other words these colleagues were supportive of COVID-19 vaccination. The few unvaccinated nurses wanted more information on vaccine efficacy and safety, reassurance about side-effects. Vaccine manufacturer is important to make their decision. No real exact preferences about location or time. Some prefer to receive the vaccine during working hours at their polyclinic so that if anything happens, doctors will be nearby.	General view	Unvaccinated nurses from location 2 also indicated that their vaccinated colleagues could convince them to get the vaccine.	
VIEWS OF VACCINATED NURSES Nurses had various reasons for being vaccinated: professional/personal responsibility, encouragement by doctor colleagues, persuaded or forced by the medical centre's management. All were satisfied with the location and time flexibility to get the vaccine.	Mixed views: some nurses always intended to be vaccinated. Others felt pushed to get vaccinated under the threat of not being paid or to go on vacation.	Nurses from location 2 mostly stated that it was their professional responsibility to vaccinate and protect themselves and others. Nurses from location 3 mostly stated that their managers forced them to be vaccinated.	
Regarding vaccine safety, most nurses had few concerns. At first, the information about vaccine was too broad and many myths were going around.	General view		
The booster dose is received as a revaccination. Mixed view on whether the booster dose is strengthening the immune system,		Nurses from location 2 are sure that booster dose is strengthening the immune system. However, some nurses from locations 1 and 3 were unsure.	