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Stigma and Discrimination Experienced by COVID-19 Positive Nurses: Insights from a Qualitative Study

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ABSTRACT

The issue of disease-related stigma and discrimination is a pressing concern, especially in the context of the ongoing COVID-19 pandemic. Despite the critical role that healthcare workers, particularly nurses, play in the fight against this pandemic, little is known about the stigma they experience. To address this issue, a qualitative study was conducted to explore the experiences of COVID-19 positive nurses who were quarantined either at home or in a hospital. The study used semi-structured interviews with twelve (12) participants and identified six (6) themes of COVID-19 healthcare worker stigma. These themes included fear of contagion, diminished acceptance as a professional, anticipation of negative reactions in the workplace, fear of losing social support, and fear of losing their job . These findings highlight a crucial issue affecting the frontline forces combating this pandemic and demonstrate the need for addressing this issue to support global efforts to contain COVID-19. The implications of these findings are also discussed.

Keywords: COVID-19, Stigma, Social Isolation, Stress, Wellbeing

Background and Theory

Despite the fact that nurses are highly vulnerable to COVID-19, millions of them are providing healthcare services to COVID-19 patients (Misra, 2020; Cheung et al., 2020; Ng et al., 2020). These frontline soldiers work tirelessly to treat COVID-19 patients, making them an essential part of the healthcare system during this pandemic. COVID-19 has emerged as a worst nightmare and is an infectious syndrome caused by severe acute respiratory syndrome 2 (SARS-2) (Khan & Fahad, 2020; Gudi & Tiwari, 2020; Zia & Farooq, 2020; Xiao et al., 2020). It started in Wuhan, China before becoming a global pandemic with a total of 299,507 confirmed cases as of May 14, 2020 (Hui et al., 2020; Yang et al., 2020; Arshi et al., 2020).

It has been reported that around 90,000 nurses have contracted COVID-19 so far, and the death rate among nurses is also increasing (Newman, 2020). The high risk of infection makes nurses, including specialists, attendants, and paramedic staff, who treat COVID-19 patients, targets of social stigma. This stigma ranges from hate from their partners, distance from their children, and avoiding behavior from fellow workers such as not sharing a lift (Ashford et al., 2020; Lin et al., 2020; Turan et al., 2016; Wester & Giesecke, 2019; Zhu et al., 2020). Stigmatized individuals are often told that they are not good enough and unworthy of recognition in comparison to other members of society (Major et al., 2018), and they and their families also face prejudice and discrimination from society (van der Sanden et al., 2016). This stigma has detrimental consequences, including lower adherence to medication and visits, higher depression, and overall lower quality of life (Jackson et al., 2020; Katz et al., 2013; Schibalski et al., 2017; Sweeney & Vanable, 2016; Turan et al., 2016; Vanable et al., 2006; Henderson et al., 2020).

Goffman (1963) defined stigma as a phenomenon that deeply discredits an individual, lowering their worth and transforming them from a complete and accepted person to a discredited and discounted one. According to Link and Phelan (2001), stigma involves five elements: labeling, stereotyping, separation, reputation loss, and discrimination. Research on stigma has shown that stigmatized individuals and their families are subject to constant criticism and judgment, hindering their ability to lead a healthy life (Cheung, 2015; Davtyan et al., 2014; Denis-Ramirez et al., 2017; Raven et al., 2018).

While much research has been conducted on the effects of COVID-19 on society and workplace performance (Adams and Walls, 2020; Bauchner et al., 2020; Dong et al., 2020), there is a lack of research on how Nurses, the first line of defense against the pandemic, are combating stigma after exposure to infected patients or unhealthy work environments. It is imperative to protect these healthcare workers physically and psychologically in order to effectively combat the pandemic (Poole et al., 2020; Roy et al., 2020).

Individuals who have experienced stigma may have a distorted self-image and often experience negative emotions such as hatred, guilt, and shame (Ogden and Clementi, 2010; Gilligin, 2003; Wilson et al., 2006; Cook and Dickens, 2014). Thus, the second objective of this study is to evaluate the negative consequences of stigma on the social life of healthcare workers. Using a qualitative approach, this study aims to make a unique contribution to the COVID-19 literature and the healthcare field in general.

Methods

Procedure and Study Participants

In this study, twelve Nurses were interviewed. These participants tested positive for COVID-19 and were contacted through different hospitals across Pakistan in cities such as Islamabad, Lahore, and Multan. The first author personally reached out to the participants and obtained informed consent for the study. The interview was conducted using a semi-structured approach and questions were developed based on previous literature on stigma and the opinion of healthcare professionals dealing with COVID-19.

The interview was conducted online and the participants' facial expressions were recorded to confirm their identity. The questions asked during the interview included , What does COVID-19 mean to you? How do you think you got infected? Did you use professional protective equipment? Did you take all precautionary measures as health care professionals? How has COVID-19 affected your life? Do you feel lonely? Did your colleagues in the hospital, treat you well after COVID-19 positive results? Are your relatives in contact with you? Do you feel people avoid you? Do you think your social life will be disturbed once you recover? Do you curse yourself for not using precautionary measures? Do you think people will accept you after recovery? Do you feel people dislike COVID-19 patients? Will patients come to you for treatment if they know you were tested positive for COVID-19? Will your colleagues accept you when you go back to the hospital? Do you think people will socialize normally with you?

After all the above questions, the participants were asked to say anything on COVID-19 and how they are dealing with it and what difficulties they are facing because of it. On average each interview took around 30-35 minutes. The answers noted were immediately typed and saved after each interview. All the noted responses were read in front of respondents immediately after the interview and the changes were incorporated at the spot. The responses were then analyzed using qualitative data analysis software and coding of the data was started immediately after the interviews were completed. The coded data were further categorized into similar groups thematically. Special attention was given to unexpected patterns which helped to provide new insights about the stigma associated with COVID-19 which Nurses are facing. The data analyses and interpretation happened simultaneously. The contradictions were analyzed in much more detail.

Approval by the Research Ethics Committee

The Ethical Research Committee (ERC) of the university considered the application for approval of the study and it was approved.

Results

We have identified five themes related to the stigma experienced by nurses. These themes include: fear of contagion, diminished acceptance as a professional, anticipation of negative reactions in the workplace, fear of losing social support, and fear of losing their job.

Themes

Fear of contagion

The majority of Nurses despite living in quarantine feared that they might have infected people around them in family or others with whom they interacted. Also others at the workplace feared that they might get infected if the interacted with them. The following passage represents a typical point raised to exemplify this issue. This is the opinion of a 29 years old married female nurse

 "As soon I was diagnosed as positive for COVID-19, everyone in the hospital ran away from me fearing they might not get infected. I am wearing a mask and avoid social contact still my colleagues in the health care setting fear me so much, my office is closed and nobody even opened it for cleaning."

Another 33 years old male compounder stated that

"a colleague of mine came in the ward and asked me to try to use an intravenous bottle myself because she said, I don't want to get infected like you."

Diminished acceptance as A professional

Health care is among most valued professionals but the majority of infected doctors were concerned that it will take some time that they will again be accepted in the health care profession. The myths associated with Covid-19 will make them lesser acceptable by patients due to fear of getting infected.

One of the representative response is by a 28 years old female Nurse explains the concerns

 "I used to do practice in the evening but now when people knew that I got infected, I fear that even patients who have been under my treatment won't be coming to me, it might take a long time to regain what professional status I gained over years of hard work. A patient, who remained under treatment for a long time, called me and asked I met you last month and you did not disclose your status being infected. Now I fear about my life, I told I got infected a few days back, still, she insisted you lied and acted unethically"

Anticipation of negative reactions in the workplace

Some professionals also were not sure how they will be treated again at the workplace. One of 45 years old male Nurse stated that

"So far none of my colleagues who earlier got infected has been allowed to work again despite being recovered fully. The hospitals and my coworkers may not accept me again at the workplace".

Besides the following statement of 29 years, female Nurse also describes an unhealthy psychological outcome of this disease

"I am having nightmares that I will be in the same ward treating COVID-19 patients which caused so much pain in my life. I don't want to be at the same workplace where they don't provide adequate PPE and want you to treat patients, risking your life. I am thinking to do something else rather than working in the same dangerous environment."

Fear of losing social support

Most of the infected professionals are living life in quarantine. Though many acknowledged that they are being looked after very well by family. However some showed concern that many relatives are avoiding seeing them which indicates that they are not receiving the same social support. A 52 years female married ward attendant stated

' *Although, I receive so many calls from relatives and friends each day, but most of the people fear this disease and when I reached home, then they keep their selves away from me, even though I follow all the safety measures.* "

Fear of job loss

Some professionals were extremely worked about jobs especially those who are working on probation or in private sector hospitals. The statement by 24 years unmarried male Nurse provides an idea of this fear

"I might lose my job because I work in a private hospital and my presence in staff might affect hospitals business".

Discussion

The findings suggest that nurses have experienced some form of stigma due to COVID-19. Many of them are living in isolation with high levels of stress and anxiety. These stigmatized nurses fear losing their job and professional status as healthcare workers, which can have significant psychological implications. In addition, COVID-19 positive patients are often treated like criminals, with the whole area being cordoned off and law enforcing agencies taking charge of the situation. Isolation from families and the rest of the world further adds to the stress levels of the patients.

The role of family members is also crucial in supporting stigmatized individuals. It is essential to engage the general community through educational programs to help them understand how to protect themselves from COVID-19. Psychological education on how to deal with the challenges of COVID-19 can also be provided. The intervention of educational anti-stigma programs could be helpful in correcting negative beliefs and attitudes by replacing inaccurate myths with facts (Cook, Degiorgio, Ekchian, Miller, & Desalles, 2014; Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012; Heijnders & Van Der Meij, 2006).

Stigma is a major issue faced by healthcare workers, especially nurses, during the COVID-19 pandemic (Maulik et al., 2017). This stigmatization negatively affects the mental health and wellbeing of healthcare workers, and can also impact patient care. In order to reduce the stigma associated with healthcare workers, it is important to implement various measures.

Firstly, educational programs should be initiated to increase awareness and knowledge regarding the hard work done by nurses to save humanity from COVID-19. Lack of knowledge and awareness is a major cause of stigma, and providing education can decrease negative attitudes towards healthcare workers (Waller, Marlow, & Wardle, 2007; Roy et al., 2020). Studies have shown that knowledge and awareness can reduce stigma associated with various diseases and disabilities, and can result in positive attitude change (Corrigan, 2000).

Secondly, the role of media, both electronic and social, is crucial in reducing negative attitudes towards healthcare workers. Media reports that create panic among society members should be avoided, and the importance of healthcare workers and their families should be emphasized (Lum & Tambyah, 2020; Mertens, Gerritsen, Salemink, & Engelhard, 2020). Media can also initiate awareness programs on mental health issues related to stigma.

Thirdly, hospitals should provide proper training and support to healthcare workers in handling COVID-19 patients. Standard operating procedures and precautionary measures should be followed, and healthcare workers should be provided with safety kits and masks to protect themselves (Ehrlich, McKenney, & Elkbuli, 2020; Wilder-Smith, Chiew, & Lee, 2020). Studies have shown that providing proper training and support to nurses in preventing disease can reduce adverse outcomes resulting from stigma (Bowdle & Munoz-Price, 2020; Stangl et al., 2019). Healthcare facilities should ensure that nurses follow standard operating procedures and take all necessary precautions while treating patients with COVID-19.

Overall, these measures can help reduce stigma associated with healthcare workers during the COVID-19 pandemic and ensure that nurses and other healthcare workers receive the respect and support they deserve for their crucial work in saving lives.

Implications

This study aimed to investigate the extent to which nurses treating COVID-19 patients are experiencing social stigma and the various consequences of such stigma. A qualitative approach was used to collect data from nurses treating COVID-19 patients. All respondents reported experiencing social stigma, which led to the fear of less acceptance, fear of anticipated reactions, fear of working again, fear of losing social support, and fear of job loss.

To reduce the myths surrounding the treatment of COVID-19 patients, the study identified several implications for healthcare workers on how to prevent social stigma. However, the study had a limited sample size of only 12 nurses, which may not accurately represent the experiences of all nurses treating COVID-19 patients. Nonetheless, given the critical nature of the pandemic, many nurses may have been hesitant to participate.

As such, future researchers should collect more data using a mixed methodology approach to provide a more comprehensive understanding of the experiences of nurses treating COVID-19 patients. In addition, future studies should focus on how social stigma can be reduced for nurses to enable them to work more efficiently and effectively in treating COVID-19 patients.

In conclusion, this study highlights the social stigma faced by healthcare workers, specifically nurses, treating COVID-19 patients, and the various consequences that arise from such stigma. The implications identified in this study can be used to prevent social stigma and improve the working conditions of healthcare workers during the COVID-19 pandemic.

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