

ORIGINAL ARTICLE

Stigmatization of Healthcare Workers during the COVID-19 Pandemic

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ABSTRACT

Aim: To study stigmatization of healthcare workers due to COVID-19 pandemic**Methodology:** Using a cross-sectional study, a total of 134 healthcare workers were approached at Mayo Hospital, Lahore. An interview based, pre-tested, semi-constructed questionnaire consisting of both open and close ended questions were used for data collection. Data was analyzed using SPSS version 26.**Results:** Out of 134 healthcare workers, 40.3% were male and 59.7% were female. Distribution among doctors and nurses was 60.4% and 39.6% respectively. 51.5% of healthcare workers felt stigmatized due to working in the COVID-19 pandemic. 69.4% of healthcare workers knew of other people who faced similar stigmatization due to their exposure to COVID-19. Almost each age group and specialty faced such stigmatization.**Conclusion:** This study helped in understanding the stigma healthcare workers had to face during COVID-19 Pandemic which lead to significant distress and suffering for the healthcare workers.**Keywords:** COVID-19, pandemic, stigmatization, healthcare workers

INTRODUCTION

Stigma is interpreted as a smear of condemnation which differentiates a person from the rest¹. Social stigma can result in feelings of humiliation, indignity and ignominy^{2,3}.

The Corona virus outbreak started as pneumonia of unknown disease in Wuhan, China in December, 2019⁴. At first the World Health Organization promulgated COVID-19 outbreak as sixth public health emergency of international concern and then it was pronounced as pandemic on March 11, 2020⁵. In Pakistan, first case of COVID-19 was documented from Karachi on February 26, 2020 and at the time of writing, a total of 318,266 cases have been confirmed in Pakistan⁶ with over thirty-six million confirmed cases worldwide⁷. Due to public's misapprehension that healthcare workers are the origin of infection, the latter have been dreaded, shunned and repudiated^{8,9}.

This has demonstrated as ousting of physicians from their homes¹⁰, aggression against healthcare workers¹¹ and refusal for a proper interment to a doctor who passed away while serving his profession in India¹². Such stigmatization also results in ostracization from family and friends¹³ as well as worker burnout^{14,15}. In Mexico and Malawi, healthcare providers were not allowed to travel via public transportation and faced physical assault⁸. In Pakistan, doctors have been harassed and spat on¹⁶.

The aim of this study is to appraise the stigmatization of the healthcare workers during the COVID-19 pandemic from their family, friends and general public.

METHODOLOGY

A cross-sectional study was done in November 2020 to January 2021 in Mayo Hospital, Lahore which is a tertiary care hospital for providing medical facilities to sick people of low socioeconomic class from Lahore and its vicinity. A total of 134 healthcare workers were included in this research as calculated using a confidence level of 95%,

Received on 26-02-2021

Accepted on 03-06-2021

absolute precision as 10% and mean value of personalized stigma due to COVID-19 is 2.5+0.5¹⁵. Healthcare workers including nurses and doctors were approached in medical, surgical and emergency specialties. They were requested to fill a questionnaire. It consisted of two sections. Section-I consisted of biodata of the HCW. Section-II was divided into further two parts. For part A, HCWs were asked to describe how they feel about the statements given on the Likertscale ranging from strongly disagree to strongly agree. Part B had both open ended and close ended questions. The data was analyzed using SPSS-26 and the results were presented in the form of tables and graphs.

RESULTS

The sample size consisted of 134 HCWs of which 60.4% were doctors and 39.6% were nurses (Fig.2).

Table 1

		Frequency	%age
Age	18-29	100	74.6
	30-44	32	23.9
	45-60	2	1.5
	Above 60	0	0.0
Gender	Male	54	40.3
	Female	80	59.7
Marital Status	Single	74	55.2
	Married	60	44.8
	Divorced	0	0.0
No. of Children	0	93	69.4
	1-2	32	23.9
	3-4	9	6.7
	5 or more	0	0.0
Department	Medicine	38	28.4
	Allied Medicine	42	31.3
	Surgery	29	21.6
	Allied Surgery	25	18.7
You work as	Doctor	81	60.4
	Nurse	53	39.6
	OT Assistant	0	0.0
Years of experience in Healthcare	Less than 6 months	7	5.2
	6-12 months	35	26.1
	1-5 years	65	48.5

setup	More than 5 years	27	20.1
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Gender distribution was 40.3% male HCWs and 59.7% were female (Fig.1). 28.4% participants were working in general medicine, 31.3% in allied medicine, 21.6% in surgery and 18.7% in allied surgery. Majority had an experience of 1-5 years working in healthcare setup (Fig.3).

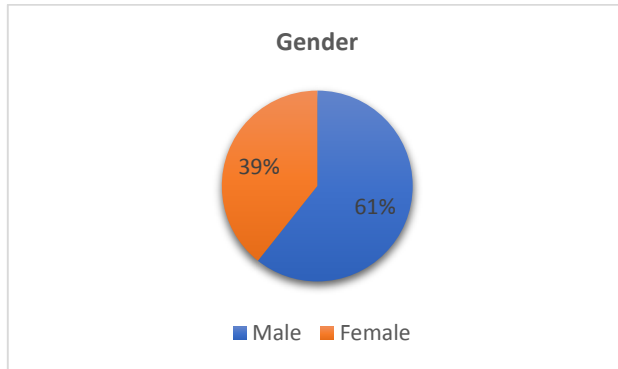


Figure 1

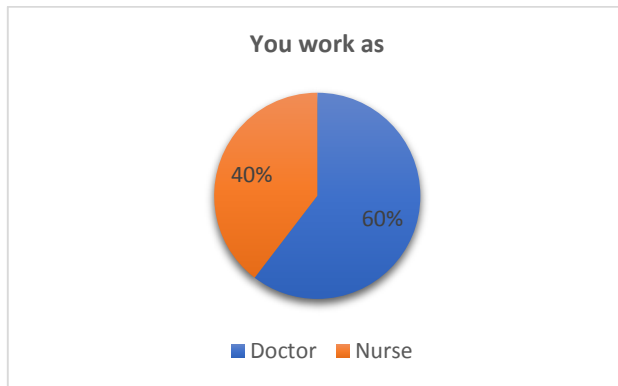


Figure 2

75.4% of healthcare workers reported that people feel uncomfortable being near to them. 43.3% reported that people do not want to talk to them due to their exposure to COVID-19. 45.6% agreed that they get discriminated due to their working status. 65% were asked to stay away from social group. 37.4% felt guilty due to their exposure to COVID-19. 49.3% felt hurt how others react to knowing that they are working during COVID-19 pandemic. 44.1% healthcare workers felt alone working during COVID-19

pandemic. 51.2% healthcare workers are afraid to tell those outside their family that they are working during COVID-19. 28.3% healthcare workers experienced loss of status when people come to know that they are working during COVID-19. 56% healthcare workers felt that others avoid them. 77.6% felt that working during COVID-19 pandemic is a problem for their children.

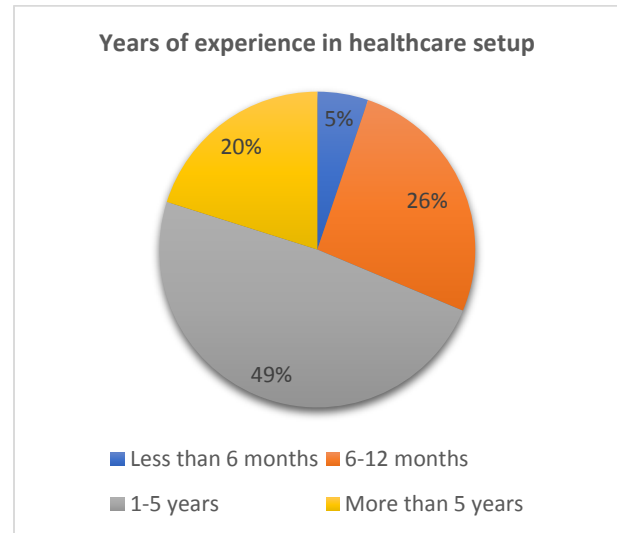


Figure 3

Of all the statements asked, 91.0% of healthcare workers agreed that at least one statement described how they felt working during COVID-19 (Tab.2).

58.2% of healthcare workers were of belief that they were stigmatized because of working during COVID-19 pandemic. 51.5% experienced stigma from their neighbors in the community. Percentage of healthcare workers who knew of the other people who were stigmatized due to their exposure of COVID-19 was 69.7% (Tab.2). Out of 80 doctors, 55% felt stigmatized and out of 53 nurses, 62% felt stigmatized. Out of 54 male participants, 61.1% and out of 80 female participants 56% felt stigmatized during COVID-19 pandemic. Almost every age group felt stigmatized due to their working during their COVID-19 pandemic. All medical and surgical specialties reported some degree of stigmatization.

Table 2

		Frequency	Percentage
Have you ever felt you were stigmatized because of your working during COVID-19?	Yes	78	58.2%
	No	56	41.8%
Have you experienced stigma from your neighbors in your community where you live that inhibited you from seeking and assessing COVID-19 services?	Yes	69	51.5%
	No	65	48.5%
Have you experienced stigma at home that inhibited you from seeking and assessing COVID-19 services?	Yes	59	44.0%
	No	75	56.0%
Do you know of other people who are being stigmatized because of working during COVID-19 pandemic?	Yes	93	69.4%
	No	41	30.6%

DISCUSSION

Stigma against healthcare workers is a significant issue which should be tackled head on. Healthcare workers who had experienced stigma reported increased psychological problems which could eventually lead to ¹⁷increased somatic symptoms. Therefore, stigma toward healthcare workers has been studied and analyzed¹⁸⁻²². Therefore, it is really essential to study the pandemic factor stigma on healthcare workers' performance²³⁻²⁵. Stigma has been recognized as a health issue which must be dealt²⁶.

Multiple techniques have been identified to understand stigma in context of healthcare setup²⁷⁻²⁹. This can help in ameliorate the unwanted effects stigma has on healthcare workers' self-esteem^{30,31}, contentment with life^{32,33} and professional well-being of life, mental strain and self-coaching^{32,34}. There are numerous ways by which a person can be disturbed by stigma^{35,36}. A lot of investigations have been done in this regard to study help attitudes^{37,38}. A study done in Mexico concluded that there is a considerable stigmatization of healthcare workers by the adult university students³⁹. It has been shown that there is an increasing incidence that COVID-19 could be an independent risk factor for stress in healthcare workers⁴⁰.

Our study found out that majority of the participating healthcare workers felt stigmatized during COVID-19 pandemic. They faced this stigma from their community including neighbors and general public. Moreover, an overwhelming participants knew of other health care providers who had to face this harassment. These findings are in concordance with the previous studies done regarding this subject matter. It has been reported that some healthcare workers have considered quitting their jobs due to this discrimination and have displayed symptoms of stress, anxiety and depression (Maunder et al.,2003; Bai et al.,2004; Lee et al.,2007; Wu et al.,2009)⁴⁰⁻⁴³. There is a high incidence of PTSD among female healthcare workers (Lee et al.,2007; Lancee et al.,2008)^{44,45}. Also nurses were more affected by Post Traumatic Stress Syndrome than other healthcare workers (Tham et al.,2004; Maunder et al.,2004)^{46,47}. Younger healthcare workers are also predisposed to this phenomenon (Reynolds et al.,2007; Lancee et al.,2008)^{48,49}. Studies from China during COVID-19 pandemic have shown high levels of psychological stress among healthcare workers (Huang et al.,2020; Kang et al.,2020; Lai et al.,2020)⁵⁰⁻⁵². This stress is also influenced by the coping mechanisms healthcare workers use to deal with it. Positive coping mechanisms lead to a better outcome (Phua et al.,2005; Wu et al.,2009)^{53,54}. Humor is more used by physicians than nurses which consequently helped in reducing incidence of post-traumatic stress syndrome.

Resolution of the stress symptoms follow a variable course. A SARS study reported 50% decrease after one month (Su et al.,2009)⁵⁵ while a MERS study showed that healthcare workers faced sleep and numbness related symptoms even after time has passed (Lee et al.,2018)⁵⁶. Some features have been found to be of significant relevance as risk factors including exposure level, working role, years of experience, social and work support, age, sex and marital status⁵⁷. Not much has been learned from the

previous pandemics (Crosby,2003)⁵⁸. Factor analysis have suggested that healthcare workers stigmatization is linked to the COVID-19 stress syndrome. Only clapping in honor of healthcare workers is not enough. What needed is cognitive behavioral intervention or education programs (Taylor and Asmundson 2004; Taylor, 2019)^{59,60}. Mental healthcare workers should be provided to reduce risk of developing psychological disorders⁶¹. A comprehensive discussion about policy-change should also be done in order to avoid these unnecessary hazards to healthcare workers.

Our study has limitations. Only doctors and nurses were included in this study which could lead to bias in the results. All healthcare workers should be included in future investigations. Data was collected from just one hospital. More clinical setting should be studied to get a more accurate picture. The limited sample size gives only prefatory data and no generalization about all healthcare workers can be made. Recently stigma scale has been proposed to measure this discrimination among healthcare workers⁶². Such stigma scales can be used for further studies regarding this harassment. One of the strengths of this study is that no such investigation has been done in Pakistan prior to this, as per our knowledge.

In summary, extensive work needs to be done in order to combat this ostracization and mental health issues in healthcare workers.

CONCLUSION

A majority of the healthcare workers felt some degree of stigmatization directed towards them from the people surrounding them including their families and communities. Proper health education for public should be promoted to combat this social harassment of healthcare workers.

Conflict of interest: None

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