



Stigma Perceptions of Public Employees Concerning Covid-19 Disease

Kamu Çalışanlarının Covid-19'a İlişkin Damgalama Algıları

Elif Saraç¹, Remziye Can², Esra Yıldız³

¹ Turkish Ministry of National Defense, Ankara, Turkey

² Mustafa Kemal Atatürk Vocational and Technical Anatolian High School, Eskisehir, Turkey

³ Ataturk University, Nursing Faculty, Public Health Nursing Department, Erzurum, Turkey

Abstract:

Aim: The Covid-19 pandemic has caused people to be exposed to negative attitudes and stigma. The aim of the study was to investigate the stigma perceptions of public employees concerning Covid-19 and to determine variables thought to be related.

Materials and Methods: The study, which adopted a descriptive design, was conducted between 4/11/2021 and 1/1/2022. 351 employees in two public workplaces responded to the research. The Stigmatization of Covid-19 Questionnaire was delivered to the employees through an online platform. The participation rate was 63.8%. Data were analyzed using the SPSS 20.0 Package program.

Results: The majority of the participants (42.5%) fell within the age group of 36-45 years. 69.2% of them were male, and 61.8% were workers. While the mean score of self-stigma associated with Covid-19 was 50.61±9.73, stigma toward others was 78.68±13.01. There was a statistically significant difference between the mean scores of age, gender, education, marital status, history of previous Covid, and stigma toward others.

Conclusion: The self-stigma perceptions of employees were low, while those toward others were high. Factors such as age, gender, education, marital status, and previous experience with Covid-19 affected employees' perceptions of the stigma associated with Covid-19. The findings of the study highlight the importance of intervening early to provide psychological or social support for employees.

Keywords: Covid-19; stigma; perception; public employee

Öz:

Amaç: Covid-19 pandemisi bireylerin olumsuz tutumlara ve damgalanmaya maruz kalmasına neden olmuştur. Bu çalışmanın amacı; kamu çalışanlarının Covid-19'a ilişkin damgalama algılarını araştırmak ve bununla ilişkili olduğu düşünülen değişkenleri belirlemektir.

Gereç ve Yöntem: Tanımlayıcı olarak yapılan araştırma 4/11/2021 ile 1/1/2022 tarihleri arasında yapılmıştır. İki kamu işyerinden 351 çalışan, anketi yanıtlamış, Covid-19 damgalama anketi online platform üzerinden çalışanlara ulaştırılmıştır. Katılım oranı %63,8'dir. Veriler SPSS 20.0 istatistik paket programı kullanılarak analiz edilmiştir.

Bulgular: Katılımcıların %42,5'inin 36-45 yaş grubunda olduğu, %69,2'sinin erkek ve %61,8'inin işçi olduğu belirlendi Covid-19'a ilişkin kendini damgalama puan ortalaması 50,61±9,73 iken, başkalarına yönelik damgalama puan ortalaması 78,68±13,01 bulundu. Yaş, cinsiyet, eğitim düzeyi, medeni durum ve daha önce Covid geçirme faktörleri ile başkalarına yönelik damgalama puan ortalamaları arasında istatistiksel olarak anlamlı bir fark olduğu belirlendi.

Sonuç: Çalışanların kendilerini damgalama algıları düşük iken, başkalarına ilişkin damgalama algıları yüksektir. Yaş, cinsiyet, eğitim, medeni durum, daha önce Covid-19 geçirmiş olmak çalışanların Covid-19 ile ilgili damgalanma algılarını etkilemiştir. Bu bulgular, çalışanlara psikolojik veya sosyal destek sağlamak için erken müdahale etmenin önemini vurgulamaktadır.

Anahtar Kelimeler: Covid-19; damgalama; algı; kamu çalışanları

INTRODUCTION

Stigma is a deterrent that prevents the achievement of social goals and the realization of the concept of health (1). It can also be defined as showing negative attitudes or behaviors toward people or the environment (2). During the Covid-19 pandemic, according to research, those who were Covid-positive or encountered a Covid patient entertain thoughts that are detrimental to their social life and hinder their professional development. Such thoughts may result in negative attitudes toward oneself and others (3,4). Those who are Covid-positive might think they are stigmatized and discriminated against in society and such negative thoughts generate stress, reduce their quality of life, and cause other problems that can lead to trauma, mental illness, and even suicide (5,6).

“Stigma, whether directed to self or to others, increases loneliness, reduces vitality, and blunts the ability to cope with difficult situations” In a social sense, this feeling of being left alone and negatively labeled can also be defined and evaluated as psychological violence. It is thus essential to determine how this psychological violence or pressure affects individuals and where the stigma comes from. Ever since the beginning of the pandemic, all the necessary measures have been taken to prevent and avoid the disease. Despite these measures there were different attitudes and opinions towards health professionals: such as the virus transmission could be caused by them and that the incidence of the disease could be higher in the health care community. These ideas resulted in the members of the health care team—physicians, nurses, technicians, and so on—having negative attitudes toward themselves and others (7-14).

The studies which conducted with health care workers, teachers, laborers, students, technical personnel, and laboratory personnel showed that most of them have Covid-associated stigma (15-17). What these professions have in common is that most of them have Covid-associated stigma (15-17). In contrast, the national literature, while intensely evaluating the stigma perceptions of frontline health care workers, has rarely mentioned the stigma perceptions of other segments of society toward themselves and others. Identifying the groups that are socially excluded and stigmatized due to Covid and implementing the necessary interventions are essential to prevent the negative consequences of this exclusion. To fill this gap in the national literature, this research focused on public sector employees, aiming to assess their perceptions of Covid-19 stigma. It was also aimed to determine the associated factors such as

demographics and their covid-19 experiences with their perceptions of Covid-19 stigma.

Research questions

In the study, there were questions that could be answered ;

1. What/ How is the level of perception of Covid-19-related stigma of public employees?
2. What is the associated factors with the perception of Covid-19-related stigma of public employees?

MATERIALS and METHODS

Design

This was a descriptive study conducted to assess the perceptions of public service employees regarding Covid-19 stigma.

Participants

The study comprised 351 workers and civil servants who voluntarily agreed to participate. Eligibility criteria for the survey was to be working in public workplace during the pandemic period, the ability to understand in Turkish and access to online survey. Exclusion criteria of the study is to be manager in the workplaces. Questionnaires were distributed to all participants without sample selection and those who accepted voluntarily were included. All participants were informed about the study, and their informed consents were obtained online.

Data collection tool

Data were collected using a descriptive information form and stigmatization of Covid-19 Questionnaire by Malas and Malas (2021)(19).

Descriptive information form

The form included questions regarding age, sex, occupation, education level, marital status, chronic diseases, whether or not they ever had Covid, whether or not they thought the Covid-related workplace precautions were adequate, and their initial concerns during the pandemic.

Stigmatization of Covid-19 questionnaire

To assess public employees' perceptions of Covid-19 stigma toward others and themselves, Malas and Malas conducted a literature review and created two separate questionnaire forms (19). This form is not a standardized scale. Form A contains statements about how individuals feel and think when someone else complains about Covid-19 symptoms or talks about their treatment process experiences a complaint or treatment process about Covid illness. In contrast, Form B contains statements about how individuals feel and think when themselves complain about Covid-19 symptoms or talks about their treatment process experiences a complaint or treatment process about Covid illness. The participants were asked to respond to 24 statements

in Form A and 19 statements in Form B using a six-point Likert scale, ranging from "5: strongly agree," "1: strongly disagree," and "0: do not know." There are no negative statements in the forms (19). The high scores on both forms indicate that the participants' perceived increased Covid-19 stigma toward themselves and others.

Data collection and statistical analysis

Three hundred fifty-one people (workers and civil servants) participated in the study. The participation rate was 63.8%. The data were collected using an online questionnaire via Google forms platform. The form was delivered by the worker representative through social media during the rest time (10:00 am) of the employees. Informed consent of participants were taken via social media. It took 10 minutes to fill out the questionnaire.

The data were analyzed using the SPSS 20.0 package program. The statements in the question forms (A and B) used by Malas and Malas were evaluated by factor analysis and, consequently, they were grouped under two factors for Form A and two factors for Form B. The factor analysis results were used to determine whether the statements in the question forms (A and B) are relevant to the study. Therefore, when analyzing the responses to the current questionnaire, the statements for each form (Form A and B) were analyzed separately according to their average score.

The data's fit to the normal distribution was assessed using the Kolmogorov-Smirnov test, and comparative analysis was used for the data that showed normal distribution. The binary categorical variables (such as gender) and stigma means were compared using the independent t-test, and the variables with more than two groups were compared using the one-way ANOVA test ($p < 0.05$)

Ethics committee process

Informed consent form the workers, permission from the institution, and ethics committee approval (4.11.2021-2021/46) were obtained.

RESULTS

42.5% of participants was in the 36-to-45-years age group, 69.2% were male, 61.8% workers, 63.5% married, and 75.5% did not have chronic diseases.

Table.1 shows the participants' descriptive characteristics.

The mean score of the stigma toward others was 78.68 ± 13.01 , and the mean score of self-stigma was 50.61 ± 9.73 . A reliability analysis of the questionnaire was performed, with Form A having a cronbach's alpha value of 0.845 and Form B having 0.823.

Table 1: Findings on Descriptive Characteristics

		n	%
Age	26-35	97	27.6
	36-45	149	42.5
	46 and above	105	29.9
Gender	Female	108	30.8
	Male	243	69.2
Profession	Worker	217	61.8
	Civil Servants	134	38.2
Education	Secondary School	48	13.7
	High School	168	47.9
	University	108	30.8
	Post Graduate	27	7.6
Marital Status	Married	223	63.5
	Single	128	36.5
Chronic Illness	Yes	86	24.5
	No	265	75.5
Having Covid-19 Before	Yes	126	35.9
	No	225	64.1
Workplace Precautions	Sufficient	236	67.2
	Insufficient	115	32.8
Initial Concerns During the Pandemic	Infecting Family	228	65
	Stigma in Workplace	123	35
Total		351	100.0

The mean score of stigma toward others was is at the limit of statistical significance according to age groups ($p=0.05$). In the post-hoc tests performed to determine the source of the difference, the mean stigma scores in the 46 and above age group were found to be higher than the others.

A statistically significant difference was found between the gender and the mean score of stigma toward others ($p=0.007$). The mean score was found to be higher in females than in males.

Though no statistically significant difference was found between profession and the mean stigma scores ($p=0.624$), a statistically significant difference was found between education and the mean stigma score ($p=0.008$). According to the post-hoc analyses performed to determine the source of the difference, the mean stigma score of high school graduates was found to be higher than that of other graduates.

A statistically significant difference was found between marital status and the mean score of stigma toward others ($p=0.030$), the mean score of single ones were higher than married ones.

No statistically significant difference was found between having chronic illness and the mean score of stigma ($p=0.367$). A statistically significant difference was found between workplace precautions, having Covid-19 before and stigma toward others ($p<0.001$).

Between the initial concern during the pandemic and the mean score of stigma toward others a statistically significant difference was found ($p=0.014$). Accordingly, those who are Covid-positive and believe they will be stigmatized in the workplace show more negative attitudes toward others. Also, no statistically significant difference was found between the participants' descriptive characteristics and self-stigma ($p>0.05$). **Table.2** shows the comparison results between the participants' descriptive characteristics and the mean score of Covid stigma.

Table.2: Findings on comparison of descriptive characteristics and Covid-19 stigma score averages

	COVID-19 Stigma Toward Others mean±sd	COVID-19 Self-Stigma mean±sd
Age		
18-35	73.69±12.80	48.65±10.89
36-45	77.45± 9.57	49.54±8.36
46 and above	73.95±12.46	48.63±8.49
	F: 6.602 p:0.000	F: 1.193 p:0.312
Gender		
Female	77.72±11.91	49.19±9.82
Male	73.91±12.11	48.72±9.34
	t: 2.720 p:0.007	t: 0.432 p:0.666
Profession		
Worker	75.32±11.38	48.29±8.00
Civil Servants	74.67±13.37	49.79±11.45
	t: 0.491 p:0.624	t:-1.446 p:0.184
Education		
Secondary School	76.18±12.10	47.81±7.77
High School	77.00±10.17	48.72±7.50
University	72.06±14.27	49.45±11.73
Post Graduate	73.28±12.43	49.28±13.03
	F:4.028 p:0.008	F:0.363 p:0.780

Marital Status		
Married	74.10±13.45	49.17±9.81
Single	76.77±9.33	48.33±8.90
	t: -1.986 p:0.030	t: 0.797 p:0.426
Chronic Illness		
Yes	76.11±11.46	48.97±7.01
No	74.74±12.38	48.83±10.17
	t: 0.904 p:0.367	t: 0.114 p:0.910
Having Covid-19 Before		
Yes	77.89±9.01	49.89±7.80
No	73.49±13.38	48.29±10.27
	t: 3.289 p≤0.001	t: 1.524 p:0.101
Workplace Precautions		
Sufficient	73.46±13.31	48.62±10.30
Insufficient	78.37±8.54	49.37±7.55
	t: -3.607 p<0.001	t: -0.695 p:0.441
Initial Concerns During The Pandemic		
Infecting Family	73.90±11.91	48.76±9.70
Stigma in Workplace	77.24±12.37	49.06±9.11
	t: -2.468 p: 0.014	t: -0.283 p:0.777

t: Independent t test, F: One Way Anova Test, $p<.05$ statistical significance.

DISCUSSION

Social isolation causes people to distance themselves from their surroundings and not express their problems to others. Moreover, feeling excluded and negatively labeled in work environments triggers psychological stress and harms work performance and productivity (20). The social isolation ushered in by the Covid-19 pandemic also created similar situations. In this study, a statistical correlation was found between the age of public employees and stigma: those aged 46 and above had a higher perception of stigma toward others. This is in line with some findings in literature (19, 21). This finding, which could be because the individuals in this age group are sensitive and feel irritated about the contagious diseases and can exhibit negative attitudes and behaviors like stigmatization and labeling. The perception of Covid stigma toward others was found to be higher in females than in males, with women exhibiting more negative attitudes toward Covid patients or people in treatment. While Malas

and Malas found no significant difference between gender and stigma perception, Dickerson et al. found that stigma can be influenced by different factors regardless of gender (22). Malas and Malas found that men agreed more with questionnaire statements such as "I am hesitant to be friend a Covid patient," which shows that men are more affected by society's stigma and negative attitudes. This finding might be stemming from emotional nature of women. The link between gender and stigma in this study is consistent with the findings in the literature.

Occupation was found to not affect the perception of Covid stigma. However, according to the national and international community, Covid-19 infection is especially prevalent among health care workers, who face stigmatization from the rest of the society (8,21,23,24). In a study the perception of the stigmatization of health workers is high (19). Our study, because it focused on a different occupational group than health care workers, thus differs in this finding from the rest of the literature. Education was not found to affect self-stigma. However, high school graduates were found to have negative perceptions of others with Covid-19. In a study, education was found to affect self-stigma: with a decrease in education level, individuals' negative attitudes toward themselves increased (25). Although our finding—that education influences attitudes toward stigma—is consistent with the literature, it differs in terms of its importance, and it is evident that negative attitudes increase as education decreases. It might be an outcome of individuals with high education level getting information about Covid-19 disease from reliable references. Single employees were found to have negative attitudes toward others with Covid-19. However, as Bana found that marital status did not affect stigma perception (21), our result differs from these findings, which could be because our study focused on employees not health professionals.

Having chronic illness did not affect the perception of Covid stigma, a result that is consistent with Malas and Malas according to whom chronic diseases, designated as high-risk diseases and prioritized during the pandemic, do not affect the perception of covid stigma. It might stemmed from that individuals had an illness even it is a chronic disease or Covid-19 developed empathy towards each others.

Covid-positive employees, we found, showed high negative attitudes toward others, a finding specific to our study. While it can be expected from people who were Covid-positive or even received

treatment for it before to empathize with newly Covid-positive patients and be more considerate toward them, this was not the case; this could be because of the severe symptoms and negative experiences the Covid-positive had.

Those who considered the pandemic-related measures implemented in their workplace inadequate were found to have high perceptions of stigma toward others. According to the literature, the anxiety level of pulmonary patients who perceived social measures as inadequate was high, and the level of social anxiety and negative attitudes could be controlled by taking appropriate measures (26-28). The finding of our study is comparable to these results in this regard.

The most common response to the question "What is the concern during the pandemic process in research?" was "transmission of disease to family members." Our finding is similar to the concerns of health care workers who could not even go home and were housed in dormitories during the initial phase of the pandemic (29). Among the other common concerns were the negative perceptions of those who said, "I think I will be sick and stigmatized at work." This finding can be interpreted to mean that those who are sick and worried about being stigmatized also communicate these thoughts and attitudes to others. This finding is unique, since we found no other study that assessed the variables present in our study.

None of the factors found to be effective in this study influenced self-stigma. The self-stigma perceptions of workers (laborers, doctors, nurses, teachers, students, and so on) in their respective occupations found in the international literature are not consistent with the results of this study (15-18). This can be considered an effect of cultural and regional differences. The present study conducted in the eastern of Turkey. Thoughts or beliefs of citizens can differ in this culture.

Contributions and Limitations

The study was conducted in two public institutions not in private. It can be shown as a limitation. By the results of our study we believe that public employees self stigma due to the outbreak and the disease of Covid-19 has been revealed. Additionally, this study made employees be aware of the stigma associated with Covid-19 disease.

CONCLUSION

Stigma is a deterrent that can occur because of cultural differences, diseases, or for some other reason, and lead to negative judgments or attitudes. At the beginning of the Covid-19 pandemic, health care workers were the first to be socially

stigmatized, followed later by different other parts of community. This study assessed public health employees' perceptions of Covid stigma toward themselves and others. The perception of self stigma of participants were at a low level while the stigma towards others were high. Employees aged between 18 and 25, women, high school graduates, single people, those who had Covid before, those who believe their workplace interventions are inadequate, and those who are Covid-positive and believe they are stigmatized in the workplace all of them have negative attitudes toward Covid patients or those in treatment. In light of this, interventions to identify the causes of their negative attitudes and eliminate them, educational and informational practices, and studies to develop empathy are recommended for influential groups and segments.

Author's Contribution

The authors declare no conflict of interest.

The authors disclose that no grants or support resources were used.

All authors declared their contribution to the study at all stages and approved the final version of the manuscript.

All authors declared that this manuscript is not currently being considered for publication elsewhere.

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