PERCEIVED STIGMA OF NURSES WORKING IN A PANDEMIC HOSPITAL[1]

BİR PANDEMİ HASTANESİNDE ÇALIŞAN HEMŞİRELERİN DAMGALANMA ALGISI[1]

Sermin DINC[2] *MsN, Ph.D, Assist. Prof.* Suna UYSAL YALCIN[3] *MsN, Ph.D, Assist. Prof.*

Zeynep ZONP[4] *Ph.D., RN* Duygu GOZEN[5] *MsN, Ph.D, Professor*

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Abstract

Objective: It has been observed that nurses, who are responsible for providing one-to-one care to the health workers who are on the front line during the COVID-19 pandemic, are exposed to stigmatizing attitudes and behaviors. This study aims to determine nurses' perceptions and experiences of stigmatization in pandemic clinics and their feelings, thoughts, and perspectives on stigmatization during the COVID-19 pandemic process.

Method: This study was carried out using a qualitative research method using the descriptive phenomenological model. Face-to-face interviews were done with the nurses caring for patients diagnosed with COVID-19 using the purposeful sampling method until the data saturation was reached. Data saturation was achieved with 15 nurses (n = 15), then the interviews were terminated. A 10-item demographic information form was utilized to characterize the participants, and a semi-structured interview form consisting of six questions was employed to reveal the perception of stigma. The qualitative content analysis method was used in data analysis.

Results: The data were analyzed according to the perception of stigma and the views of nurses caring for COVID-19 patients under four themes: "stigmatizing attitudes and behaviors, "emotional reactions to stigmatization', "support systems', and 'expectations'.

Conclusion: The nurses have been an essential component of the professional healthcare team who are at the frontlines of the battle with COVID-19 working with intense and long hours during the pandemic period and being exposed to stigma by society and their families. Therefore, the nurses experienced unstable emotional oscillations in their moods like unhappiness, withdrawal, burnout, or anger.

Key Words: Covid-19, nurse, perception, stigma, qualitative

Özet

Amaç: COVID-19 pandemisi sırasında öncü olan sağlık çalışanlarına birebir bakım sağlama sorumluluğunu taşıyan hemşirelerin, damgalayıcı tutumlarla karşılaştıkları gözlemlenmiştir. Bu çalışma, pandemi kliniklerinde görev yapan hemşirelerin COVID-19 pandemi sürecinde damgalama algılarına yönelik düşünce, duygu ve perspektiflerini belirlemeyi amaçlamaktadır.

Yöntem: Bu çalışmada nitel araştırma yöntemi olan fenomenolojik model kullanılmıştır. Veri doygunluğuna ulaşılana kadar amaçlı örnekleme yöntemi kullanılarak COVID-19 tanılı hastalara bakım veren hemşirelerle yüz yüze görüşmeler yapılmıştır. Veri doygunluğu 15 hemşire (n = 15) ile sağlandı, ardından görüşmeler sonlandırıldı. Katılımcıların özelliklerini tanımlamak için 10 soruluk demografik bilgi formu kullanılmış ve damgalama algısını ortaya çıkarmak için altı sorudan oluşan yarı yapılandırılmış bir görüşme formu kullanılmıştır. Veri analizinde nitel içerik analizi yöntemi kullanılmıştır.

Bulgular: Veriler, hemşirelerin COVID-19 hastalarına bakım verenlerin damgalama algısı ve görüşleri dört tema altında analiz edildi: "damgalayıcı tutumlar ve davranışlar", "damgalamaya duygusal tepkiler", "destek sistemleri" ve "beklentiler".

Sonuç: Hemşireler, COVID-19 ile mücadelede ön saflarda yoğun ve uzun saatler boyunca çalışan sağlık ekibinin vazgeçilmez bir parçası olmuş ve toplum ve aileleri tarafından damgalamaya maruz kalmışlardır. Bu nedenle, hemşireler duygusal olarak kararsız ruh halleri yaşamışlardır, bu da mutsuzluk, çekilme, tükenmişlik veya öfke gibi duygusal dalgalanmalara neden olmuştur.

Anahtar Kelimeler: Algı, damgalama, COVID-19, hemşire

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[2]*Atlas University, Faculty of Health Sciences,* sermindnc@gmail.com, *Orcid: 000-0002-6078-2505*
[3]*Kocaeli Health and Technology University, Psychiatric and Mental Health Nursing Department,Kocaeli, Turkey.,* sunauysl@hotmail.com *Orcid: 0000-0002-1048-1448*
[4]*University of Michigan, School of Nursing, Postdoctoral Research Fellow, Independent Researcher* zeynepo@umich.edu, *Turkey. Orcid:0000-0001-9400-7825*
[5]*Istanbul University-Cerrahpaşa Florence Nightingale Faculty of Nursing Pediatric Nursing,* duygu.gozen@iuc.edu.tr, *Orcid: https://orcid.org/*0000-0001-9272-3561
Corresponding Author: Sermin DINC, sermindnc@gmail.com, Phone: *:+90*5424033430

1. INTRODUCTION

COVID-19, which spread from Wuhan, China to the whole world in December 2019, significantly impacted mortality and morbidity; it also negatively affected all of humanity psychologically, socially, and economically. The disease's high susceptibility to transmission between individuals, coupled with its rapid propagation, has necessitated measures such as quarantine and home isolation. While the presence of asymptomatic individuals and the late appearance of symptoms is life-threatening in some individuals, the delay in determining the host has created concern in society. This situation has brought fear, doubt, and prejudice in people's communication with each other (Liu et al., 2020). The presence of numerous scientific voids about the fundamental attributes of the disease has given rise to a plethora of concerns surrounding the epidemiological, diagnostic, and therapeutic dimensions of the ailment (Badfarm and Zandifarm, 2020) Furthermore, beyond the apprehension stemming from the abrupt onset of infectious diseases like COVID-19, the absence of a well-orchestrated and

meticulous execution of public health strategies, preventive measures, diagnostic procedures, and treatment protocols can exacerbate both fear and stigmatization. (Bobie et al., 2004).

Stigma is a fundamental concept regarding people's tendency to devalue others (Yılmaz et al., 2021). Stigmatization is a state of inferiority and exclusion from all ordinary people that undermines human dignity. Stigma entails being tainted and undesirable against what is normal and accepted. This is related to intelligence, culture, education, and information. Introversion, loss of connection with society or feelings of exclusion and loneliness (Doğanavşargil, 2013, 229-251), anxiety, despair, and helplessness are seen in people who are stigmatized (Fisher et al., 2019: Yılmaz et al., 2021).

The stigmatization directed towards individuals afflicted by the COVID-19 disease, as well as those attending to their care, has emerged as a significant issue amid the course of the pandemic. Social distance, quarantine practices, and the restriction of social life caused the awareness of the high risk of transmission to be nestled in society, resulting in the stigmatization of healthcare workers who have an increased risk of catching the disease. Health workers involved in the COVID-19 pandemic were faced with a new emerging virus about which they didn't have enough information. This virus which is highly contagious and lethal, spreads easily and quickly, lives for a long time on contact surfaces, increasing the risk of health workers catching the disease, and is asymptomatic in some cases, supports the idea that healthcare professionals can be carriers (Öztürk, 2018; Sotgiu et al., 2020).

Throughout the course of the COVID-19 pandemic, a notable observation was the exposure of frontline healthcare workers, particularly nurses involved in providing personalized care, to instances of stigmatizing attitudes and behaviors. Interestingly, while being heralded as heroes, these healthcare workers have encountered a paradoxical dualism (Yılmaz et al., 2021). Although healthcare professionals are applauded and declared heroes worldwide, research shows that people in society believe that healthcare professionals are carriers and spreaders of the disease and that they should be isolated from society. People's feelings of gratitude towards healthcare professionals do not prevent the development of stigmatizing behaviors (Fisher et al., 2019: Yılmaz et al., 2021). In a study covering the United States and Canada, conducted amid the COVID-19 pandemic, a web-based questionnaire focusing on the stigmatization of healthcare professionals was distributed to 3551 individuals without a healthcare background. Strikingly, over twenty-five percent of respondents expressed the belief that healthcare professionals should remain isolated from their communities and families (Taylor et al., 2019: Yılmaz, et al., 2021). Stigmatization creates an extra burden for healthcare professionals during

the pandemic, which is already difficult for every individual in society. This pressure created by stigmatization negatively affects the decision-making processes of healthcare professionals in times of crisis and causes distraction (Yılmaz et al., 2021). During the SARS and MERS epidemics encountered in previous years, it has been determined that healthcare professionals who cared for patients were under intense stress due to the high risk of infection, stigmatization, inadequate personnel, and equipment (Xiong et al., 2020).

Efforts directed towards elevating public consciousness regarding the essence of the illness and fostering a precise comprehension of the cognitive frameworks constituting coping mechanisms for potential apprehension and unease stand as imperative instruments in countering stigmatization. Enhancing the populace's awareness and cultivating trust within the public sphere, all while accounting for cultural nuances holds significance in the battle against the stigma entwined with the COVID-19 disease (Bardfarm et al., 2020). In the context of pandemic trajectories, healthcare professionals, who have historically and will continue to serve on the frontlines, remain vulnerable to stigmatization. The repercussions of stigmatizing actions and perceptions extend beyond the pandemic's cessation, enduring for protracted periods. The stigmatization fostered by pandemics necessitates lucid definition, the formulation of combating strategies, and the elevation of public consciousness.

This study aims to examine the levels of stigma perception among nurses providing care to COVID-19 patients, and the research questions are as follows:

- Have self-stigmatizing behaviors been observed in nurses providing care to COVID-19-diagnosed patients?
- Have nurses providing care to COVID-19-diagnosed patients been subjected to stigmatizing behaviors from society?
- Have nurses providing care to COVID-19-diagnosed patients and exposed to stigmatizing behaviors experienced changes in their emotional well-being?

2. METHODS

2.1 Study design and participants

The present study was conducted in a pandemic hospital in Istanbul, Turkey, using a descriptive phenomenological research model, which is recognized as a qualitative research approach. Descriptive phenomenology is the interpretation of individuals' daily life experiences, the meanings of these experiences, and the common aspects of those who experience them (Spiegelberg, 1960, 62-74). The sample for the study consisted of nurses

working in the pandemic wards of COVID-19. A fundamental criterion of the phenomenological model guiding the selection of study participants is that the individuals selected should have extensive experience of the phenomenon under study in all its dimensions (Creswell, 2020). Therefore, the inclusion criteria for this study were that the nurses are over 18 years old and have taken care of patients diagnosed with COVID-19. The research sample was deliberately chosen using a purposive sampling technique. The determination of the nurse participants' number for the sample took into consideration the concept of data saturation within the qualitative study, ultimately reaching saturation with a total of 15 nurses (n = 15).

2.2 Ethical approval

The ethical approval for the study was obtained from the Istanbul University Cerrahpaşa Non-Interventional Clinical Trials Ethics Committee on September 9, 2020, with the ethics committee reference number 83045809-604.01.02.

2.3 The research team and reflexivity

Both researchers have completed their doctorates in mental health and psychiatric nursing and are faculty members in the faculty of health sciences. One researcher is a specialist pediatric nurse and is currently pursuing her Ph.D. in pediatric nursing. She also holds the position of overseeing the training of nurses in a pandemic hospital. The other researcher serves as a faculty member (professor) in nursing. The nurses who agreed to participate in the study provided verbal and written consent.

2.4 Data collection

The data collection process concluded when no new themes emerged from participants' experiences. Semi-structured, in-depth interviews were conducted between September and November 2020, at times convenient for the participants. Each interview, lasting approximately 15 minutes, was recorded in audio format after obtaining explicit consent from every participant. Interviews were carried out in a quiet, well-ventilated room, adhering to social distancing and mask protocols through face-to-face meetings. Some nurses declined to participate in the study.

The interviewer, Mrs. SD, is a specialist nurse with qualitative work experience, employed in a pandemic hospital, and was not aware of the previous participants. Following an in-depth review of literature and expert opinions, a two-part data collection form was prepared. The first part gathered participants' demographic information, including age, marital status, cohabitants, work experience, pre-pandemic workplace, duration of service in the COVID-19 ward. The

second part consisted of a semi-structured interview form designed to explore the perceived stigma among the nurses. The semi-structured interview questions are provided below.

Face-to-face interactions experienced a decline during the initial phases of the COVID-19 pandemic due to stringent restrictions. However, with the arrival of the summer period, i.e., in June, the normalization process progressed step by step, and in July, normalization started in Turkey within the framework of specific rules. Since the data collection phase in our study was as of September, nurses' perceptions of stigma, experiences, and practices from the beginning of the pandemic period until today, during the restriction and normalization processes, were asked.

2.5 Data analyses

The audio recordings, totaling 12 pages, obtained in the study were transcribed verbatim by the researchers without any modifications, and the content analysis method was employed for data analysis. The researchers repeatedly read the interview transcripts, coding the data based on their meanings for analysis. In content analysis, similar data were grouped within specific concepts and themes, organized and interpreted in a way that the reader could understand. The data were coded and segmented based on their meanings for analysis.

According to Braun and Clarke (2006), the content analysis method involves the following steps: (1) familiarizing with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming the themes, and (6) producing the report. Two researchers with qualitative research knowledge and experience independently applied content analysis, identifying themes based on the outlined steps. The researchers engaged in discussions until reaching a consensus, identifying the themes deemed most suitable to describe the findings (Graneheim and Lundman, 2004, 26).

The semi-structured interview questions
Interview questions
1. How do you think taking care of a patient diagnosed with Covid-19 affected your life? Have you been separated from your family?
2. During the Covid-19 pandemic, did you feel obliged to separate yourself from the communication with your family?
3. Has the behavior of the people around you (neighbors, friends, family members, etc.) changed towards you?
4. Has there been any change in your behavior towards the people around you?
5. When caring for a Covid-19 patient, did you feel any difference in the patient's communication with you compared to other patients?
6. How was the patient's approach to your protective measures when caring for a Covid-19 patient?

3. RESULTS

The average age of the participating nurses was 25.2±4.32 years, and the majority of them were female and single. Their educational status varied but mostly undergraduate and associate degree holders (n=10). Although their work experience varies between 6 months to 18 years, their working time in the COVID-19 ward was between 5 months to 8 months (Table 1).

According to the analysis of the data, the perceptions of stigma and experiences of nurses caring for COVID-19 patients were grouped under four themes: ‘stigmatizing attitudes and behaviors,’ 'emotional reactions to stigma,' 'support systems' and 'expectations.'

Theme 1. Stigmatizing Attitudes and Behaviours

Sub-theme: The Impact of the Social Environment

The experiences of nurses who agreed to participate in our study and who work in clinics caring for COVID-19 patients have been documented by asking questions about their experiences, perceptions of stigma, practices, and emotions induced by human behaviors since the beginning of the COVID-19 pandemic.

Most of the nurses stated that they could not normalize in this normalization process. The close relatives and friends they met before the pandemic indicated that they did not want to meet with the nurses during this process or had a secret meeting. This circumstance arises from the fact that nurses are responsible for attending to COVID-19 patients' care.

'....my friends were seeing each other less, but they were treating me differently. For example, they used to say that I probably don't want to come to them, because I just got out of the hospital.' N1

'... most of my friends did not meet up with me because I am a healthcare professional. And they know I'm still working with a COVID-19 *patient. Most people don't find it right to meet up with me anyway' N2*

'We could meet up while social distancing and using masks, but they were more nervous. Although I said these things, we did not meet' N4

'In the places I went to, they said, 'You are a healthcare professional, you are taking care of a patient with COVID-19*, you may be carrying Covid, let's get back a little.' N8*

'....you are working at the hospital, you can be a carrier, my friends said.' N9

Nurses who live away from their families or have to live in a different place (housing, dormitory, hotel, etc.) stated that before they went to their families, they took a COVID-19 test, and when the result was negative, they made family visits. However, they stated that the discrimination of their close relatives continued despite this.

'*During the normalization process, I was going to my family after I had a test. My relatives asked, "Are you really negative?" There were no handshakes or hugging anyway…..' N5*

'I went home a few times; even when I went home, my family, my sister, and my brother-in-law were nervous N6

'....my mother's relatives used to say that when you talk on the phone, it is contagious. Don't talk to her too much.' N13

Nurses stated that if their friends were working in the field of health as well, this period would be easier for them.

'*My friends are healthcare professionals; they already know about the disease. So there was no problem. We talked on the phone. When the weather was good, they came to the garden. We have a garden, and we met within the rules of social distancing.'N3*

'My nurse friends do not have such things, but I have never met my non-healthcare friends either.' N10

'... Because my friends are afraid of transmitting the disease to their families, but I meet my other friends who are healthcare professionals.' N12

'Normally, I was meeting my friends working at the hospital, and we continue to meet at the moment.' N13

Individuals in the proximity of the nurses expressed the belief that the nurses themselves are contagious due to their engagement in caring for Covid-19 patients. It is seen that the nurses feel bad and upset because of this situation. It is thought that the primary source of this fear is that many people have insufficient information about the disease or lack the knowledge of the transmission routes of the disease.

'My neighbor used to bake us a cake for support because we are healthcare professionals; they didn't want to take the cake plate back. When we wanted to give it back, they said no, you should keep it' N5

'...I couldn't find a uniform after washing mines . I didn't have another one, so I went to the tailor I always preferred. I wanted to have a form sew. I gave my form for measurement, but the tailor did not take it. The tailor said I don't accept nurse's uniforma' N11

Sub Theme 2. Self-stigmatization

This is another critical factor that determines the perception of stigmatization in the immediate environment. There is a positive correlation between the degree of internalized stigmatization among nurses and their heightened perception of being stigmatized.

'....I tried to stay away from my family. I tried to protect my loved ones from myself.' N11

'...I had a fear of infecting my family while I was visiting them' N13

'..we are directly in the source of the disease. No matter how much we pay attention to the hygiene rules, it happens somehow. This comes down to some moral responsibility. I tried to be extra careful because I couldn't handle this burden, so I avoided meeting people' N8

Theme 2. Emotional reactions to stigmatization

Caring for Covid-19 patients led to nurses experiencing exclusion from both their immediate and wider social circles. Nurses with a perception of exclusion stated that they experienced negative emotions such as unhappiness, adductive, fatigue, and anger.

'.....I felt excluded. Even in the building, we had situations like there is a healthcare professional here, let's stay away from there'

'...I felt excluded. It was mentally bad. We are here not because we want to, but because we have a duty' N11

'.... my mental health was already broken. It was like depression at that time. You can't meet your friends, you can't talk to your friends. I became an introvert' N12

'...it felt bad, it made me feel like I was infected with the virus' N10

'Actually, this situation makes people feel excluded. I think I took more precautions than them. Because I know the source. I know the precautions I should take, but people do not know what precautions to take from others. In fact, I have to be afraid of them' N8

'...I experienced a lot of fatigue. I was very tired during this process. I didn't see my family for 5 months. I only contacted them by phone. I could not see any of my friends.' N7

Theme 3. Support Systems

The nurses' close family and COVID-19 patients were their best supporters. Most nurses stated that patients diagnosed with COVID-19 were more respectful and communicated better than other patients.

'Patients in the Covid section are lonely like us, so I think they are more respectful to us. This situation also made me happy.' N2

'...they treat us with respect, I feel like they are doing their best to prevent us from getting sick' N3

'... COVID-19 *patients behaved well towards us. They saw that we were helping them' N5*

'...we had no problems in communicating. That is to say, we got along very well with COVID-19 *patients.' N8*

'...since everyone has distanced themselves from them, our communication with them creates a feeling of gratitude in them, they love us sincerely.' N14

'..... the feeling of gratitude has increased in my family. I am the only healthcare professional in the family. They act as if something happens to them as if there is no one else.' N14

'My family: No matter what happens, we will continue to meet, no problem, we trust you, you are already taking care of yourself', they said' N9

'...My sister is a healthcare professional and a physician. The attitude of my family towards me has not changed. Since we are all healthcare professionals, we were conscious and met each other.' N10

'I was going to settle somewhere else, but that would make me worse. I also discussed the issue with my family. My room was already separate. During this time, I could be isolated in my room I didn't need to go, my family said that they will support me.' N7

Theme 4. Expectations

One of the most important consequences of the perception of stigma is that because of stigmatization nurses do not feel like they deserve a place in the society or even belong to it. They emphasized that society should respect nurses and not exclude them.

'I would like society to be more aware. I'd like the applause to be meaningful. I would like them not only to applaud but also to give meaning to their applause' N5

'I would like to feel that they accompany me' N5

'... I could tell you that we were working under challenging conditions. Protective equipment was destroying us. When we came out of the overalls, we were soaked from head to toe. I know for a fact that I changed uniforms 4 times a day. It was exhausting; on top of it all, the psychology of the environment and the fear of COVID-19 destroyed us. I expected people to be conscious and support us.' N11

'While we are paying so much attention, people are not paying any attention. Public vehicles are full, and we warned those without masks or those who wear them incorrectly. So, the diseases are not transmitted from them, but from us to everyone? Everyone should treat us with respect N9

'We tried to fight alone, apart from everyone else. I think it was a source of stress. I even considered resigning. I wish the people around us and our friends would support us.' N8

'I thought, do I need to try so hard? People's indifference made some wonder, was it worth all the effort? I feel like what we've done is wasted' N8

Table 1. Characteristics of participants

Nurse No	Age	Gender	Marital statu	Education Status	Person/People Living with	Work experience, years	Working Time in Covid-19 Unit
N1	29	Female	Maried	University	Partner and Children	5 years 5months	5 months
N2	39	Female	Maried	University	Partner and Children	18 year	6 months
N3	28	Female	Single	University	With Parents	5year	6 months
N4	22	Female	Single	High School	Housemate	8 months	8 months
N5	23	Female	Single	Foundation degree	Housemate	4 years	7 months
N6	23	Female	Single	Foundation degree	With Parents	6 years	6 months
N7	24	Female	Single	Foundation degree	Alone	6 months	6 months
N8	23	Female	Single	High School	Housemate	4 years	6 months
N9	24	Female	Maried	Foundation degree	Partner and Children	5 years	8 months
N10	24	Female	Maried	High School	Partner and Children	1,5 year	7 months
N11	24	Female	Single	University	Alone	1 year	7 months
N12	25	Female	Single	University	With Parents	8 months	6 months
N13	24	Female	Single	University	With Parents	11 months	8 months
N14	21	Female	Single	Foundation degree	With Parents	1 year	8 months
N15	25	Male	Single	University	With Parents	7 months	7 months

4. DISCUSSION

The global impact of the COVID-19 pandemic has adversely affected health, economies, and social life worldwide. This period, closely tied to the health system and healthcare professionals, has placed them on the frontline, exposing them to numerous adverse effects. Similar to past pandemics, healthcare professionals have faced challenges such as stigmatization, the proliferation of misinformation, and heightened fear, all of which have had detrimental effects on their well-being.

When infection control techniques such as quarantine and isolation are used to prevent the spread of disease during an epidemic or pandemic, there is a fear of the unknown and the potential for human fatalities. The presence of unknown processes, the fear, and anxiety prevailing in society, can cause behaviors such as marginalization, discrimination, exclusion, and stigmatization in individuals. Healthcare professionals who are at the forefront of the pandemic are at increased risk of stigmatization in the past and the future. In this study, the perception and experiences of the stigma of nurses working in pandemic clinics and the determination of their feelings, thoughts, and perspectives regarding stigmatization during the COVID-19 pandemic were examined.

Nurses state that as healthcare team members working at the forefront during the pandemic period, they are discriminated against by their close friends, relatives, and society. Their relatives do not want to meet with them. As a result of the conducted research by Dye et al. (2020), which reached 7411 healthcare professionals through social media covering Asia, Oceania, North America, Africa Latin America, Europe, the Caribbean, and; 8% (595) of the participants stated that they or their family members were bullied or hurt, 27.3% believed that people who had COVID-19 or cared for a COVID-19 patient lost their respect and status. In Mexico, nurses were not allowed to use public transport and reported that they were exposed to physical attacks (Diaz, 2020). It is thought that stigmatization and bullying against healthcare professionals increase with the lack of information and the increased anxiety in society.

In our study, the nurses stated that they received negative feedback from their family members or their social environment and that the people were uneasy about the nurses' presence, although the nurses took all precautions, had tests done, and strictly followed all the rules as an individual working in the hospital, before visiting the family.

As a result of a study conducted in Egypt, fears arising from communication with healthcare professionals were reported in various ways. For example, incidents have been reported in

which taxi drivers have refused to pick up doctors, restaurants have refused to serve meals to hospitals, and residents have refused to accept health professionals as neighbors. (Abdelhafizand and Alorabi, 2020). In these studies, which showed similar results to our research, it was observed that individuals were exposed to stigmatization starting from their closest family members to their inner circle of friends. Healthcare professionals should be supported by preventing the spread of false or incomplete information about healthcare professionals, not only during the pandemic period but also before and after.

Increased stigmatizing behaviors towards individuals cause an increase in the sense of stigma in the individual. Internalized stigmatization or self-stigmatization is the acceptance of negative emotions and judgments in society and the person's orientation towards themselves. It can increase feelings such as worthlessness, shame, and withdrawal. It can cause a lack of self-confidence and a decrease in self-sufficiency in individuals, and it can cause trauma in individuals in the future (Doğanavşargil, 2013). The participants in this study expressed their feelings of stigma, which they imagined themselves, along with the stigmatizing behaviors they were exposed to by their environment. Healthcare professionals who have to cope with psychological distress such as discrimination and stigmatization also stated that they were concerned about their health and the health of their families. Since they work in the hospital and provide care for sick individuals with COVID-19, they have fears of infecting their families and making them sick. They stated that they could not meet with their families because of the conscientious responsibility created by the possibility of transmitting the infection. Although those individuals took high precautions, the fear of contamination and the fact that they do not meet with their families indicate that individuals consider themselves a source or carrier of infection. In parallel with this study, In Maunder et al. (2003) study during the SARS epidemic, it has been reported that healthcare professionals feel responsible and benevolent and fear infecting their families. Khalid et al. (2016), in their study during the MERS-CoV epidemic, stated that healthcare professionals had a fear of infecting their families. 67.9% of nurses providing primary health care in Australia stated that they were afraid of carrying infection to their loved ones because they were working in the hospital during the COVID-19 period (Halcomb et al., 2020: Peprah and Gyasi, 2021, 215-218).

In our study, nurses stated that the individuals around them considered them contagious because of the wrong information they had, which caused negative feelings in them study conducted by Xu and Zang (2020) during the COVID-19 pandemic found that nurses experienced negative emotions such as fear, depression and anxiety. A qualitative study

conducted with nurses working in COVID-19 units in Lebanon shows that symptoms such as frustration, severe anger, and stress occurred as a result of discrimination, stigma, and fear (Fawaz and Samaha, 2020: Singh & Subedi, 2020). It is stated that there is an increase in mental illnesses, including anxiety, depression, and tension, during epidemics (Duan and Zhu, 2020, 300-302). Khalid et al. (2016) found that the main source of stress during the MERS-CoV epidemic was the fear of being infected and infecting their families, which led to shared anxiety among healthcare workers. Liu et al. (2020) emphasize that healthcare professionals have a strong sense of responsibility and are prone to teamwork. Still, the discrimination they are exposed to can weaken their sense of responsibility and teamwork.

In this case, where the feeling of stigmatization in healthcare workers negatively affects individuals' psychology, it could also adversely affect public health as healthcare professionals have an active role in patient care. As a result of Brooks et al. (2020) work on the emotional states of healthcare professionals in the COVID-19 pandemic, stated that there are frustration, anxiety, and stress disorders in healthcare professionals. Liu et al. (2020) examined the difficulties experienced by doctors and nurses while working in COVID-19 wards in a qualitative study. Healthcare providers reported having fears of infecting others, feeling powerless to manage patients' conditions, and having difficulty managing relationships during the pandemic. At the same time, suicidal tendencies are observed due to the stress caused by caring for patients with COVID-19 infection, fear of carrying the disease and developing anxiety (Pachya et al., 2020: Ramaci et al., 2020). It has been reported that 600 nurses died due to COVID-19 as of June 2020 (Pachya et al., 2020). The presence of nurses who lost their lives in the fight against COVID-19 can trigger emotional reactions such as fear, anxiety, and depression in nurses.

5. CONCLUSIONS

During the COVID-19 pandemic, healthcare professionals received widespread praise and recognition, being hailed as heroes in the media and acknowledged by governmental figures both within Turkey and globally. The act of applauding healthcare professionals became a global ritual during certain periods. While healthcare professionals were supported through applause, the prevalence of stigmatization persisted. In contrast to this trend, nurses in this study anticipated that such applause was appropriate. In essence, healthcare professionals expected that as support was expressed through applause, other individuals in society would also adhere to hygiene and social distancing rules, fostering a community that demonstrated respect and understanding. This collective support made healthcare professionals feel less isolated.

Unfortunately, the challenging working conditions imposed by the pandemic have led to feelings of loneliness among nurses due to social stigmatization. However, despite the inadequacies observed in existing studies, some nurses participating in this study highlighted that the most effective support came from COVID-19 patients and their families. Unlike the general societal support for healthcare professionals within the safety of their homes, true understanding and support were found among the sick individuals who closely witnessed the efforts of healthcare professionals. Furthermore, a systematic support program specifically developed for healthcare professionals has not been encountered.

The most fundamental reasons for stigmatizing behaviors include a lack of knowledge, the rapid spread of false information through the media, and societal fear. Beyond negatively impacting healthcare professionals, stigmatization can also have adverse effects on society and the health system. Ensuring that society receives accurate information from reliable sources, coupled with effective epidemic management, can contribute to the reduction of stigmatizing behaviors. Recording both problems and their solutions in crisis management is vital for developing new strategies.

6. RELEVANCE FOR CLINICAL PRACTICE

In global pandemics such as the COVID-19 pandemic, which cause death and illness worldwide, nurses at the forefront are known to be exposed to various stigmatizing behaviors. Due to the patient profile, they care for, it has been noted that they are affected in terms of their mental health both by the behaviors carried out by the community and the stigmatizing attitudes they develop towards themselves. This research addresses the attitudes and behaviors that nurses are exposed to, shedding light on the challenges they face. The findings of the study provide a valuable resource for future adjustments in the healthcare system and guidelines for potential pandemic processes.

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Conflict of interest

All the authors have no financial or other relationships to report.

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REFERENCES

Abdelhafizand A., Alorabi M. (2020). Social stigma: The hidden threat of COVID-19. front, *Public Health,* 8(1): 429. doi: https://doi.org/10.3389/fpubh.2020.00429.

Bardfarm R., Zandıfar A. (2020). Stigma over COVID-19: New conception beyond individual sense. *Archives of Medical Research*, 51, 593-594. doi: 10.1016/j.arcmed.2020.05.006.

Bobie P., Sy F., Holton K., Govert B., Liang A. (2004). Fear and stigma: The epidemic within the SARS outbreak. *Emerging Infectious Diseases*, 10(2):358-363. doi:10.3201/eid1002.030750.

Braun V., Clarke V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77–101. DOİ:10.1191/1478088706qp063oa.

Brooks S., Webster R., Smith L., Woodland L. (2020). The psychological ımpact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 395(10227) :912–920. doi: 10.1016/S0140-6736(20)30460-8.

Cresswell K., Ramalingam S., Sheikh A. (2020). Can robots improve testing capacity for SARS-CoV-2?. *Journal of medical Internet research*, *22*(8), e20169.

Diaz M. (2020). Coronavirus: Health workers face violent attacks in Mexico. *BBC News*. Available: https://www.bbc.com/news/world-latin- america-52676939. Accessible: 12/12/2020.

Doğanavşargil Baysal Ö. (2013). Stigma and mental health. *Archives Medical Review Journal*, 22(2):239-251.

Duan L., Zhu G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, *7*(4): 300–302. doi: 10.1016/S2215-0366(20)30073-0.

Dye T., Alacantara, L., Siddqi S., Barbosu M. (2020). Risk of COVID-19-related bullying, harassment and stigma among healthcare workers: An analytical crosssectional global study. *BMJ Open*. doi:10.1136/bmjopen-2020-046620.

Fawaz M., Samaha A. (2020). The psychosocial effects of being quarantined following exposure to COVID-19: A qualitative study of Lebanese health care workers. *International Journal of Social Psychiatry*, 66(6): 560–565. doi: 10.1177/0020764020932202.

Fischer L., Mansergh G., Lynch J., Santibanez S. (2019). Addressing disease-related stigma during İnfectious disease outbreaks. *Disaster Medical Public Health Prep,* 5-6: 989-994. DOİ: 10.1017/dmp.2018.157.

Graneheim U.H., Lundman B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2): 105-12. doi: 10.1016/j.nedt.2003.10.001.

Halcomb E., Mclness S., Williams A., Ashley C. (2020). The experiences of primary healthcare nurses during the COVID-19 pandemic in Australia. *Journal of Nursing Scholarship*, 55(3): 553-563. doi: 10.1111/jnu.12589.

Khalid I., Khalid T. J., Qabajah M. R., Barnard A. G. (2016). Healthcare worker's emotions, per- ceived stressors, and coping strategies during a MERS-CoV outbreak. *Clinical Medicine & Research*, *14*(1): 7–14. doi: 10.3121/cmr.2016.1303

Liu Q., Luo D., Haase J., Guo Q., Wang X. (2020). The experiences of healthcare providers during the COVID-19 crisis in China: a qualitative study. *The Lancet*, l (8). doi: 10.1016/S2214-109X(20)30204-7.

Öztürk F. (2018). Damgalanma kavramı ve tüberküloz. International Refereed Journal of Nursing Research, 13. Doi*: 10.17371/UHD.2018.2.10.*

Pachya A. T., Pachya U., Thapa N., Tandukar R., Shrestha J. S., Thapa J., Subedi M. (2020). Challenges and opportunities for nurses during the COVID-19 pandemic. *Journal of Karnali Academy of Health Sciences*, *3: 1-6*.

Peprah P., Gyasi RM. (2021). Stigma and COVID-19 crisis: a wake-up call. *International Journal Health Plann Management*, 1: 215-218. doi: 10.1002/hpm.3065.

Ramaci T., Barattucci M., Ledda C., Rapisarda V. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability*, 12: 3834. doi:10.3390/su12093834.

Singh R., Subedi M. (2020). COVID-19 and stigma: Social discrimination towards frontline healthcare providers and COVID-19 recovered patients in Nepal. *Asian Journal of Psychiatry,* June. doi: 10.1016/j.ajp.2020.102222.

Sotgiu G., Dobler C. (2020). Social stigma in the time of coronovirüs disease 2019. *Eur Respir Journal*, 56: 2002461. doi: 10.1183/13993003.02461-2020.

Spiegelberg H. (1960). Husserl's phenomenology and existentialism. *The journal of Philosophy*, *57*(2), 62-74.

Taylor S., Landry G., Rachor G., Paluszek M. (2020). Fear and avoidance of healthcare workers: An important, under-recognized form of stigmatization during the COVID-19 *pandemic.* Journal of Anxiety Disorders, 75: 102289. doi: 10.1016/j.janxdis.2020.102289.

Tong A., Sainsbury P., Craig J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6): 349–357. https:// doi.org/10.1093/intqhc/mzm042.

Xiong Y., Peng L. (2020). Focusing on healthcare providers' experiences in the COVID-19 crisis. *The Lancet*, 8(6). doi.org/10.1016/S2214-109X(20)30214-X.

Xu M.C., Zhang Y. (2020). Psychological survey of the first-line clinical front-line support nurses to combat new coronavirus-infected pneumonia. *Nursing Research of China*, *34*(3): 368–370. doi.org/10.3389/fpsyt.2020.598712.

Yılmaz Y., Erdoğan A., Hocaoğlu Ç. (2021). COVID-19 and stigma. *Kocaeli Medical J*ournal, 10 (1): 47-55. doi: 10.5505/ktd.2021.99266.