Short Communication

The stigmatisation of heatlhcare workers in Covid-19 period

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ABSTRACT: The Corona Virus Disease (COVID-19) has caused universal psychological impact, this work has been undertaken to define the psychosocial impact of this period, such as the stigmatisation, and discrimination of healthcare workers. According to scientific literature, the healthcare workers were significantly to report stigmatisation, and rejection from people in their local neighbourhoods, or in their family, during pandemic period. This situation might lead to various negative impacts, such as anxiety, depression, burnout, feelings of guilty.

Keywords: Stigamtisation, Healthcare workers, Corona Virus.

INTRODUCTION

The history of humanity is characterized by the succession of different diseases, especially infectious epidemics or pandemics. Also, pandemics was intertwined with literature and art (such as, the plague for Boccaccio, for Manzoni, for Camus). These infectious pathologies have been associated with discrimination and stigma, and when cure and healing from these diseases were achieved the stigma decreases.

The term 'stigma' describes physical characteristics, and the feeling of traits that mark the bearer as having lower social value, and has been used to describe the process of negative discrimination against people (Barret et al., 2008). For Murakami et al., (2016), this stigma is associated with a number of consequences, including social isolation, poor self-esteem, and psychological distress.

According to scientific literature, stigma in context of infectious disease may be influence the management of infectious disease emergencies (Barret et al., 2008).

The Covid-19 disease is unique because a large number of people and healthcare workers, were infected. Healthcare workers spent hours each day putting on and removing airtight protective equipment, which only added to the exhaustion that the workers were experiencing from the increased workload that was caused from the Covid-19 outbreak.

In fact, during the quarantine period due to epidemics or pandemics, such as SARS, H1N1, several studies reported that healthcare workers were significantly to report stigmatisation, and rejection from people in theirl local neighbourhoods, or in their family (Bai et al., 2004). The intolerance has been highlighted in people during quarantine period revealing how intolerance to uncertainty determines an increase the anxiety. The stigma can seriously delay detection and treatment efforts, cooperation with contract tracing and isolation measures, these dinamics were illustrated by several authors during the pandemic period. Public fear and stigma played a significant role in the social and institutional responses to pandemic influenza (Cava et al., 2005).

Such as, several healthcare workers involved in the Ebola outbreak in Senegal reported that quarantine had led their families to consider their jobs to be too risky, creating intrahousehold tension (Desclaux et al., 2017; Hawryluck et al., 2004).

Research indicates that widespread stigma has been documented against healthcare workers during the pandemic period, and this condition may be the alienation and humiliation of these workers (Wester et al., 2019).

A stigmatized trait can lead to experiences of discrimination. Being stigmatized can put one at risk for low self-esteem depression and lower quality of life (Lee et al., 2005).

In the last period for Corona Virus, staff members of hospital were discouraged from interacting with their neighbors and family members, thereby increasing feelings of isolation (Bai et al., 2004).

Healthcare workers with stigmatisation are exposed to the risk of mental health disorders, including suicidal ideation and behaviour, there is evidence of high prevalence of psychiatric comorbidity in stigmatisation, especially major depression, anxiety disorder, which are associated to a worse clinical course and outcome. This situation might lead to various negative impacts on health workers' psychological and physical health, such as increase in stress and anxiety levels; feelings of anger, guilty, insecurity, burnout.

In the cases in which the fear of people has not been well processed and made aware, the fear becomes discrimination or prejudice as in the case of quarantine. Healthcare workers can be experienced as dangerous, and the care context can be perceived as a threat to clients' phychological and physical assurance, activating an aggressive response (Mento et al., 2020).

According to the stress-coping model of stigma, an individual's wellbeing is undermined when their perception of the harm due to stigma (the primary appraisal) exceeds their perceived ability to cope with the stigma, the secondary appraisal (Ru¨sch et al., 2014; Kaiser et al., 2004).

The internalization of stigma is transformative; a set of desired and assessed self-identities (for example, as a parent, as a partner, or as an employee) is gradually subsumed by a stigmatized and devalued identity or set of identities (Yanos et al., 2008).

Conclusion

In conclusion, the stigmatisation can lead to various negative psychological and physical outcomes in health workers; resilience-promoting interventions and protective strategies have been proposed as preventive approaches to improve skills for addressing workplace stress, improving health and well-being, and preventing adverse outcomes associated with occupational stressors.

Organizations will need to develop an integrated administrative and psychosocial assessment, to the occupational and psychological challenges that are caused by future outbreaks of this problems for manage and prevent this phenomena.

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