

Social stigma towards nurses: Time to refocus on what matters most

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Dear Editor,

I read the article "Social stigma towards nurses taking care of patients with COVID-19 in Indonesia: A mixed-methods study" by [Manik et al. \(2021\)](#) with great interest, but also with a sense of disappointment, sadness and anger, particularly in regard to the social stigma encountered by these nurses, which partially originates from their colleagues. While fear is understandable due to the sense of uncertainty brought about by the pandemic, being labelled a "plague spreader" and ostracised by their communities is uncalled for and cruel. This timely paper provides a first-hand narrative of the nurses' job and a critical analysis of the reality that nurses face in carrying out their professional responsibility to care for patients during a pandemic crisis. We learned the implication of stigmatisation of COVID-19 patients and its effects on the healthcare system, their families and healthcare professionals who come into close contact with people affected by the virus. Numerous acts of violence, harassment and stigmatisation have been reported in association with the COVID-19 pandemic, with 67 per cent of these recorded cases of violence and harassment directed at healthcare professionals ([Devi, 2020](#)).

This paper serves as a wake-up call to health organisations to refocus tangible and coherent strategies on what matters most on these frontlines: creating a safe, non-judgmental and professional environment that supports nurses in their daily professional responsibilities while also allowing them to manage the danger and threat of moral injury that they could face during the pandemic. Is this, however, viable? The answer is yes. First, during these perplexing and unpredictable times, health organisations are in the best position to de-escalate tensions and promote solidarity. In all honesty, the health organisation must balance between requesting that nurses perform their professional responsibilities and using their power to

ensure that nurses' morale is maintained despite the pandemic catastrophe. [Manik et al. \(2021\)](#) also added an essential and courageous voice to the debate about healthcare professional solidarity. Health organisations can no longer naively admire the enormous sacrifices made by nurses if we mistreat them. It is then necessary to reaffirm the points I made earlier about the importance of nursing leaders recognising and responding to moral distress ([Zolkefli, 2020](#)). Second, health organisations have an institutional responsibility to ensure that it is safe for employees to discuss mental health issues and reassure nurses about the potential consequences of such disclosure on their careers. The team leaders or nurse managers are considered to be the ones that provide psychological support to the nurses. While it is a manager's moral responsibility to foster a positive, ethical practice climate, it is also critical for the nurse leader to be open and welcoming to personnel with ethical concerns ([Makaroff et al., 2014](#)). The manager's responsibility on the ward also involves promoting, encouraging and supporting staff in seeking help. This 'in-house' social support may be one of the salient ways to keep all staff protected.

Third, it is also critical that affected nurses be ready to take the psychological support and resources available and be prepared to tell their managers if they require assistance. Nurses must not be afraid to communicate real or perceived difficulties to managers related to stigma or concerns about their mental health. At the same time, whether or not the nurses are directly affected by the social stigma associated with the pandemic, the importance of social support from colleagues cannot be overstated. Colleagues are like family, and we are responsible for shielding them from any undesirable stigmas that may arise during the pandemic. Such acts of solidarity (through social media groups, for example) can be one of the most effective ways to counter stigma. Fourth, social stigmas can

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be alleviated if the government consistently promotes the nurses' solidarity activities. Because ambiguous information is the 'catalyst of stigma', consistent methods to prevent pandemic disinformation are fundamental.

In short, we must consider how long nurses can keep their resilience in the face of social stigma and what additional role nurse leaders might play in this context. In all honesty, now is not the time to ask nurses to manage social stigma, stress and psychological well-being while remaining resilient in the quiet. Nurses have not only been put in a vulnerable position, but they are also very well aware that their physical and mental fortitude has been sorely stretched. Even though we must accept that nursing staff has shrunk, most nurses claimed that it is their duty to continue caring for patients. While it is critical to developing healthy coping strategies and mechanisms in managing social stigma, especially in the high-stakes environment of COVID-19, it is equally crucial to provide concerted and robust support to the nursing community when and where it is needed.

Keywords

COVID-19; social stigma; nurses; leadership; mental health; violence; anger; morals

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References

- Devi, S. (2020). COVID-19 exacerbates violence against health workers. *The Lancet*, 396(10252), 658. [https://doi.org/10.1016/S0140-6736\(20\)31858-4](https://doi.org/10.1016/S0140-6736(20)31858-4)
- Makaroff, K. S., Storch, J., Pauly, B., & Newton, L. (2014). Searching for ethical leadership in nursing. *Nursing Ethics*, 21(6), 642-658. <https://doi.org/10.1177/0969733013513213>
- Manik, M. J., Natalia, S., & Theresia, T. (2021). Social stigma towards nurses taking care of patients with COVID-19 in Indonesia: A mixed-methods study. *Belitung Nursing Journal*, 7(2), 98-106. <https://doi.org/10.33546/bnj.1322>
- Zolkefli, Y. (2020). Ethical leadership in nursing during the COVID-19 pandemic. *The Malaysian Journal of Nursing (MJN)*, 12(2), 3-4. <https://doi.org/10.31674/mjn.2020.v12i02.001>

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