

Original Article

The Relation between Nurses' Perception of Social Stigmatization and Professional Commitment during the COVID 19 Pandemic

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Abstract

Purpose: The aim of this study was to determine the relation between nurses' perception of social stigmatization and professional commitment during the COVID 19 pandemic.

Methods: Data collection was conducted online, and 307 nurses participated.

Results: Total scores were 57 (21-94) on the Social Stigmatization Perception Scale and 71 (51-104) on the Professional Commitment in Nursing Scale. As nurses' social stigmatization perception scores increased, so did their professional commitment ($r=0.268$; $p<0.001$).

A high social stigmatization perception score affected nurses' professional commitment levels.

Conclusion: It was concluded that more research is needed with larger samples to determine the factors correlating nurses' social stigmatization perception and professional commitment.

Keywords: Social stigmatization, professional commitment, COVID 19, nursing

Introduction

Social stigmatization is defined as the perception of being a problem to society, defective or unwanted, and socially unacceptable (Corrigan 2015; Gursoy & Gizir, 2018; Vogel et al. 2007; Vogel et al., 2009), and it is felt more in times of epidemics. When the recent global pandemic period is examined; stigma caused by COVID 19 is associated with lack of knowledge about how the disease spreads, the need to blame someone, fear of illness and death, and gossip that spreads rumors and myths (CDC 2021).

Especially, groups like diagnosed patients and their relatives, people close to patients, health workers, health institutions, countries, regions, districts, people returning from travel, and those of Asian race are reported to be exposed to stigmatization and microaggression (CCOHC 2021; CDC 2021; Shigemura 2020). Health stigmatization expresses negative, that is defamatory and

discriminatory, attitudes to a person or group diagnosed with a particular illness and the places where this illness occurs.

Particularly with infectious diseases, ideas which are unfounded or based on wrong information may develop in relation to the disease. As a result, the people targeted may suffer discrimination and stigmatization (Gursoy & Gizir, 2018).

The aim of this study was to determine the connection between social stigmatization, which is another struggle faced by nurses who already face many problems in the COVID 19 pandemic and who are at the forefront of care, and professional commitment

The research questions guiding the study

What is the perception of stigma in nurses during the covid 19 pandemic?

Is there a relationship between social stigma and professional commitment for nurses?

Background

Epidemics have throughout history caused stigmatization to those who are infected or likely to become infected, and to health workers and administrators. Social stigmatization causes distancing between the stigmatized persons and those around them. Nurses, who are in close contact with patients, display discriminatory behavior even when social distancing is observed and the necessary precautions are taken when shopping or when meeting inside a building or at home (TPD 2020; UNICEF 2020). Health workers, principally nurses, who are struggling during the current COVID 19 outbreak, also had important responsibilities in previous epidemics, such as SARS and Ebola (Nie et al. 2020). Caring for COVID 19 patients is not only a high-risk job for nurses, it can also have serious results such as infecting themselves and others (Ghawadra et al. 2019). Therefore, many nurses say that they have experienced difficulties and stigmatization on different topics by people around them (Aksoy & Kocak, 2020). Stigmatized people internalize a feeling of worthlessness, and develop emotional reflex reactions such as social withdrawal, shame and guilt (Goffman 1963). It is reported that in similar epidemics, psychological problems and resignations in nurses further increased (Lie 2015). It is thought that these problems negatively affect nurses' professional commitments.

In Turkey as elsewhere, it is the wish of nurses, who have an important place in the health team, to adopt professional commitment (Derin et al. 2018), defined as the psychological connections developed between them by their profession and the emotional reactions to their profession, the value of the profession and its aims, to evaluate a person's possible alternatives regarding the profession, and as a result of this to remain in the profession (Derin et al. 2018; Polat & Naldoken 2019). Professional commitment consists of three elements: continuity, and emotional and normative commitment. Professional commitment in nursing is defined as providing good care service through values, having autonomy accepted, and gaining knowledge and skills which allow the formation of an ethical idea

on self-management. In the nature of the nursing profession is an attitude which contributes to the sense of belonging to the profession, which provides a physical, mental and emotional connection to professional behavior, and which, according to circumstances, must control provision of the best service, taking into account patients' professional and personal characteristics (García-Moyano et al. 2019). Despite awareness of the professional risks in providing health care services at this difficult time and worries about their own and their families' safety, nurses work with a sense of mission and loyalty. Nurses' struggle with COVID 19 continues through clinical, academic, management and professional organizations (Gocmen Baykara & Eyupoglu 2020). The increase in COVID 19 patient numbers, social stigmatization, inadequacy in nursing employment, the increased burden of wearing personal protective equipment, and the physical load threaten nurses' health (Nie et al. 2020) and affect their working conditions. Nurses' professional commitment is important for pursuing their job in a professional way, for developing themselves technically, and for achieving a stable working life (Benligiray & Sonmez 2011). Increased social and organizational support for nurses will improve professional commitment, self-reliance and job satisfaction (Benligiray & Sonmez, 2011; Honyenuga & Adzoyi 2012; Jung & Cho 2015; Jung et al. 2020; Teng et al. 2007).

The aim of this study was to determine the connection between social stigmatization, which is another struggle faced by nurses who already face many problems in the COVID 19 pandemic and who are at the forefront of care, and professional commitment

Methods

Study Design: This descriptive study was conducted with nurses actively working during the COVID 19 period. Data was collected online in February and March 2022 using Google Forms. The data collection process was terminated when the response rate of the questionnaires and the speed of reaching the potential audience decreased. The 307 nurses who agreed to participate in the study and who answered the questions

completely were included in the study group without sample selection.

Ethics committee permission for the research was obtained from the Amasya University Non-Interventional Clinical Research Ethics Committee No. 23756, dated 5 November 2020, and institutional permission was obtained from the T.C. Ministry of Health.

A personal information form showing sociodemographic characteristics, the Social Stigmatization Perception Scale and the Professional Commitment to Nursing Scale were used in data collection.

Personal Information Form: This consisted of 11 questions on the participants' sociodemographic information, their willing choice of the nursing profession, and whether they had been diagnosed with COVID 19.

Social Stigmatization Perception Scale: This five-way Likert-type scale developed by Eren Bana shows the social stigmatization perception of health workers. It consists of 19 items in four sub-sections – social stigmatization, professional respect, exclusion, and witnessing stigmatization – and its overall reliability value is 0.86. The Cronbach alpha reliability values for social stigmatization, professional respect, exclusion and witnessing stigmatization are 0.91, 0.89, 0.74 and 0.75 respectively. The score obtainable on the scale ranges between 19 and 95. A higher score on the scale is interpreted as an increased perception of social stigmatization (Bana 2020). In this study, the reliability value was found to be 0.77.

Professional Commitment to Nursing Scale: This scale was developed in 2000 (Lu et al 2000) to assess professional commitment to nursing, and was adapted to Turkish by Cetinkaya, et al. in 2015. It consists of 26 four-way Likert-type items in three sub-sections – willingness to make an effort, maintaining profession membership and belief in aims and values. Its Cronbach Alpha coefficient is 0.90. The Cronbach Alpha reliability values of the sub-sections of willingness to make an effort, maintaining profession membership and belief in aims and values are 0.88, 0.77 and 0.67 respectively. The possible score ranges from 26 to 104. A higher score is interpreted as greater commitment to the nursing profession. In this

study, the reliability value of the scale was 0.61.

Statistical Analysis: The program package SPSS 20 was used to analyze data. After analysis of the data for normality with the Kolmogorov-Smirnov test, statistical analysis was performed using the appropriate parametric or non-parametric analysis methods. A confidence interval of 95% and a statistical significance level of $p < 0.05$ were accepted. Demographic data was evaluated with descriptive statistics. Spearman correlation analysis was used to determine the correlation between the two scales, and the Mann-Whitney U test was used in independent two-way group comparison with the sub-section and total scores of the scales. The Kruskal Wallis H test was used in the analysis of more than two independent groups.

Results

Females made up 85.7% of the participants and males 14.3%. Their mean age was 27 years (min-max 20-58). Regarding marital status, 53.7% were single, 44% were married, and 2.3% were separated. Most (84.7%) participants were university graduates, 6.9% worked in COVID 19-related units and 56.4% had been diagnosed with COVID 19. The proportion of participants who had chosen the nursing profession willingly was 70.4%. Table 1 shows all sociodemographic data and mean scale scores.

The participants' total score on the Social Stigmatization Perception Scale was at a medium level (57), and was 22, 18, 10 and 8 respectively for the sub-sections of social stigmatization, professional respect, exclusion and witnessing stigmatization.

The mean total score for the Professional Commitment to Nursing Scale was above medium (71), and the scores for the sub-sections of willingness to make an effort, maintaining profession membership and belief in aims and values were 34.5, 20 and 17 respectively.

There was a weak positive correlation between the two scales ($r = 0.268$; $p < 0.001$). According to this finding, as the nurses' social stigmatization perception increased, their professional commitment also increased.

In addition, a similar correlation was found between the mean professional commitment in nursing score and the mean scores on the sub-sections of professional respect and witnessing stigmatization ($p < 0.005$).

Table 2 shows the correlation between scales. Nurses whose professional respect perception was high also had significantly high professional commitment ($p < 0.05$).

No significant difference was found in participants with a COVID 19 diagnosis according to those without COVID 19 in their

score on the social stigmatization perception scale of 57.40, and the professional commitment score of 70.85 of those with a COVID 19 diagnosis was found to be significantly high.

The social stigmatization perception and professional commitment of those who had chosen the nursing profession willingly were higher than in those who had come to the profession unwillingly ($p = 0.008$, $p = 0.000$). No significant correlation was found in social stigmatization perception according to the units where the participants worked.

Table 1. Comparison of the Nurses' Social Stigmatization Perception Scale and Professional Commitment in Nursing Scale According to Their Descriptive Characteristics

Descriptive Characteristics	n	%	Social Stigmatization Perception Scale M (min-max)	Professional Commitment in Nursing Scale M (min-max)
Gender				
Female	263	85.7	57 (32-94)	71 (51-104)
Male	44	14.3	57 (21-89)	72 (54-103)
Marital status				
Single	165	53.7	57 (29-90)	72 (51-96)
Married	135	44.0	57 (21-94)	70 (52-104)
Separated	7	2.3	57 (34-64)	73 (61-91)
Education level				
High school	20	6.5	59 (29-80)	68.5 (52-81)
First degree	260	84.7	56.5 (21-94)	71 (51-104)
Postgraduate degree	27	8.8	62 (40-90)	73 (55-96)
Perceived income				
Income < expenditure	123	40.1	57 (21-81)	70 (51-103)
Income = expenditure	147	47.9	57 (32-94)	71 (53-104)
Income > expenditure	37	12.1	60 (34-89)	71 (52-96)
Place of work				
Covid 19 clinic	21	6.9	51.25 (34-64)	69.5 (61-80)
Other clinic	286	93.1	58 (21-94)	71 (51-104)
Years of work				
1-5 years	158	51.5	57 (29-90)	72 (51-96)
6-10 years	59	19.2	57 (21-89)	70 (52-103)
11-15 years	43	14.0	58 (32-74)	68 (53-86)
16 years or more	47	15.3	57 (41-94)	70 (54-104)
Willing choice of nursing				
Yes	216	70.4	58 (21-94)	72 (51-104)
No	91	29.6	56 (29-77)	68 (54-86)
Diagnosed with Covid 19				
Yes				
No	173	56.4	57 (21-94)	70 (51-104)
	134	43.6	57 (34-90)	71 (52-96)
Age (years) (Mean±sD)	27 (min-max 20-58)'			

Table 2. Correlation of Mean Scores of the Nurses' Social Stigmatization Perception Scale and Professional Commitment in Nursing Scale

Social Stigmatization Perception Scale	Professional Commitment in Nursing Scale
Social stigmatization	r= 0.066 p= 0.246
Professional respect	r= 0.285 p= 0.000
Exclusion	r= 0.037 p= 0.523
Witnessing stigmatization	r= 0.160 p= 0.005

Table 3. Distribution of Nurses' Social Stigmatization Perception Scale and Professional Commitment in Nursing Scale Score Means

Scales	n	Median	Min-max score
Social Stigmatization Perception Scale	307	57	21-94
Social stigmatization	307	22	6-30
Professional respect	307	18	7-35
Exclusion	307	10	4-20
Witnessing stigmatization	307	8	2-10
Professional Commitment in Nursing Scale	307	71	51-104
Willingness to make an effort	307	34.5±8*	-
Maintaining profession membership	307	20	8-32
Belief in aims and values	307	17	5-20

Discussion

The findings of this study are discussed in relation to the literature to investigate the correlation between the nurses' social stigmatization perception and professional commitment.

Few studies were found in the literature examining nurses' perception of social stigmatization, but studies were found grouped under the headings of "social stigmatization" or "stigmatization". In our study, the perception of social stigmatization was found to be at a medium level. In a study by Eren Bana, the perception of social stigmatization was found to be higher in nurses than in other health professions (Bana 2020). Similarly, Ozmen & Erdem reported

that stigmatization was widespread in nurses (Cetinkaya & Ozmen, 2015). The results of these studies support our own, but there are also studies in the literature showing that the psychological stigmatization tendency levels of nurses are low (Yilmaz et al. 2021).

In our study, the nurses' perception of social stigmatization was at a medium level, but in a study using a stigmatization scale, nurses' psychological stigmatization tendency levels were below medium (Yilmaz et al. 2021); in another study, nurses' social stigmatization perception was higher than in other health personnel (Bana 2020), and in a study with nurses working in a hospital, stigmatization was reported to be widespread (Yilmaz et al. 2021).

In a study in Indonesia conducted to describe social stigmatization of nurses caring for COVID 19 patients or suspected or possible COVID 19 cases, nurses' social stigmatization scores were found to be below medium (Ozmen & Erdem 2021). In a meta-analysis study by Yuan et al. (2022), it was found that perceived stigmatization was 34% in the whole population, but the prevalence of stigmatization in health workers was 30% (Yuan et al. 2022).

It was seen in studies with health workers that the proportion of health workers thinking they were stigmatized and excluded was high (Tasdelen et al. 2022; Bagcchi, 2020; Ramaci et al. 2020). In a study with individuals in contact with COVID 19 living in Istanbul, nearly a quarter of the participants said that they thought they had been stigmatized because of their contact (Okhan et al. 2021). In a study with Egyptian doctors involved directly in the care of COVID 19 patients, it was found that as in our study, participants' stigmatization scores were at a medium level (Mostafa et al. 2020). It was seen in a study in China that in order to prevent infection, many nurses were excluded by their families, friends and colleagues, and therefore were forced to contend with not only the COVID 19 pandemic, but also the fear of infecting their families and stigmatization by other people (Nie et al. 2020). A study during the Ebola crisis found that nurses experienced intense stigmatization from their families, colleagues and society, and during the outbreak, health workers were seen as a source of infection (Hewlett & Hewlett 2005). Similarly, a study with health workers after a SARS outbreak in China found that discrimination and stigmatization increased the isolation of health workers and had potentially long-term effects on their wellbeing (Liu et al. 2012). In another study, more than 25% of participants stated that health workers had to accept serious restrictions to their freedom such as isolation from society and their family, and more than 33% stated that they avoided health workers from a fear of infection (Taylor et al. 2020).

A study in Turkey investigating the psychological effects of the COVID 19 pandemic on nurses and midwives found that 8.4% of the participants left the job of child-

mind, 16.8% did not want their neighbors to visit them, and 70.7% experienced difficulties in their social lives (Aksoy & Kocak 2020). In another study with Korean nurses working with MERS-CoV patients, showed that a significant proportion of the nurses were distanced from their families or friends and were forbidden to use the lifts where they lived, and their children were not allowed to go to school (Jung & Cho 2015). According to this, it is seen that all health workers, especially nurses, suffer exclusion during worldwide epidemics. It was similarly found in our study that the exclusion scale score was above medium because of COVID 19.

Some of the reasons in our study why the perception of social stigmatization was at a medium level are that there were too few nurses working in units concerned with COVID 19, most participants had chosen the nursing profession willingly, their professional commitment was high, and there are cultural differences in the perception of stigmatization. Reasons for the variety of perception of stigmatization shown in different studies may be listed as inadequate professional commitment, differences in health care policies, differences in the scales used to measure stigmatization, and the variety of samples.

Nurses' professional commitment is of great importance in fighting COVID 19. In studies in the literature, as in our study, nurses' professional commitment was found to be above medium (Bulut & Cevik 2021; Donmez & Karakus 2019; Gokalp 2021; Ozkan et al. 2021; Uysal & Karakurt 2020). Some studies also found professional commitment to be at a medium level (Mersin et al. 2020; Yilmaz & Uysal 2021). In one qualitative study in 2019 examining nurses' views of the care of COVID 19 patients, it was reported that nurses maintained their professional commitment even in the COVID 19 pandemic in order to fulfil their caregiving duties in the basic philosophy of the nursing profession (Rathnayake 2021).

No study was found in the literature examining the correlation between nurses' perception of social stigmatization and their professional commitment. Studies investigating the fear of COVID 19 were

found which showed that fear of COVID 19 affected work performance and professional commitment (Ersan & Suslu 2022; Mersin et al. 2020; Rathnayake 2021; Yilmaz & Uysal, 2021). It was seen in a study on the airline sector that professional commitment increased during the COVID 19 pandemic because of fear of losing employment (Ozturk & Uslu 2021). The effect of any fear or stigmatization on professional commitment, even indirectly, supports the conclusion in our study that as the perception of social stigmatization increases, professional commitment also increases. More work is needed on the perception of social stigmatization affecting professional commitment.

Limitations: The research was conducted online and between specific dates. This was a limitation in contacting the sample.

Conclusion and Recommendations: The results of our study show that there is a need for effective and comprehensive interventions against the harmful effects of the outbreak of an infectious disease like COVID 19, and to reduce the stigmatization relating to infectious disease in nurses. Nurses' high perception of social stigmatization affects levels of professional respect, exclusion, and professional commitment. Tackling the subject of social stigmatization, which is thought to be the reason why nurses' professional commitment is shaken, necessitates the creation of societal awareness and plans to increase professional commitment in nurses. Improving nurses' working environment and conditions will increase professional commitment and satisfaction and provide a suitable environment so that nurses will not leave the profession. Examining our results and the literature, it was concluded that more work is needed with bigger samples to determine the factors relating nurses' social stigmatization and professional commitment.

Relevance for clinical practice: Stigma and social exclusion are factors that undermine professional commitment, along with mental health, especially for nurses at the forefront of patient care. In order to maintain the prestige of the profession, commitment to the profession and the quality of health services, the authorities must work meticulously and

take protective measures for the employees. In order for nursing to gain the respect and status it deserves in the society, it can be recommended to raise awareness about the professional burden and to provide basic training on stigma. At the same time, informing the public about the transmission routes of diseases and preventive measures will remove the stigma against health professions.

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