The Relationship between Stigma and Anxiety among Nurses during COVID-19 Pandemic

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ABSTRACT

Background: Puskesmas as public health facility encounter challenges in facing COVID-19, including nurses who provides care for patients who faces challenges in this emergency. The frequent interaction of nurses with patients put nurses in a high risk of being exposed to COVID-19. This situation triggers a negative stigma towards nurses in the community which impacted a lot of nurses.

Purpose: The purpose of this study is the relation between anxiety level and stigma on nurses during the COVID-19 pandemic.

Methods: The study used a descriptive analytic study with a cross-sectional study design with 96 respondents from Puskesmas Jambi City. Statistical test used in this research is Chi Square.

Results: Statistical test result shows that there is a significant relation between stigma and anxiety on nurses in Puskesmas Jambi city with p value=0.001.

Conclusions: Nurses are COVID-19 front liners, who are always exposed with patients, along with the stigma that comes from the community. The stigma could affect the nurses psychologically. Therefore, more attention is needed regarding this matter. Increasing public knowledge regarding infectious disease is one of the first steps in handling this issue as it could change the public perception regarding COVID-19 and its urgently needed to eliminate the negative stigma against nurses. for the next study, it can be a reference and research more about other factors that cause anxiety in nurses during the COVID-19 pandemic

Keywords: stigma; anxiety; COVID-19

INTRODUCTION

COVID-19 is an infectious disease which is caused by recently found corona virus which is medically known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Human case of COVID-19 is firstly identified in Wuhan, Chin in December 2019. Corona virus is a large family of viruses that is commonly found in animals and humans. The recently discovered coronavirus has caused the COVID-19 disease (Organization, I. L, 2020).

Nursing and Healthcare Practices

- Nurses are facing stigma during the COVID-19 pandemic.
- The stigma experienced by nurses affects nurses anxiety during the COVID-19 pandemic.
- Psychological support is needed for nurses to reduce anxiety during covid-19. Thus, nurses can provide more optimal health services.

There are a lot of medical staff in the hospital. However, medical staff who pose as the frontliners are the nurses. Nurses have several roles. As a caregiver, nurses will be actively involved 24 hours in giving nursing care. As an educator, nurses provide education to patients, families, and communities (Kemenkes, 2020). According to Organization, I. L, (2020), nurses are also involved in strengthen communities’ understanding regarding COVID-19 which includes preventive actions and symptoms. This is done in order to increase the sense of crisis. Therefore, communities are more aware and implement preventive, healthy lifestyle, and is not panic. Beside those roles, nurses are also act as an advocate where nurses will help to reduce stigma on COVID-19 positive patients and their families. Generally, nurses have important role in promotive, preventive and nursing service during COVID-19 pandemic.

All of the nurses involved in the care of COVID-19 patients have sacrifices their personal and family matters. Nurses have sacrificed their safety with the threat of being infected by COVID-19 which could result in death. As a part of frontliners who handle COVID-19 pandemic, there are a lot of nurses who experience burnout, physically and mentally. Their high workload in treating COVID-19 case along with limited personal protective equipment and nutritional needs that are not necessarily adequate resulted in the decrease of body immune and also higher risk in contracting the virus.

Hospital as a health public facility encounters challenges in facing COVID-19 pandemic, especially nurses who provides nursing for patients. A research study done to 994 medical staff and nurses in Wuhan found that 34.4% of them are experiencing light symptom of mental health issue, 22.4% mild symptom, and 6.3% of them with severe symptom. Mental health issues were assessed from anxiety, stress, depression, and insomnia level experienced by nurses. The main factors that trigger the psychological distress are exposure to patients infected with COVID-19 and psychological support (Kang et al., 2020). In reality, nurses works in vulnerable situation to contract COVID-19, isolated from social environment, and is in contact with asymptomatic patients which affected nurses’ psychological response. Another study about nurses’ stress in facing infectious disease emergency situation done by (Oh N et al., 2020) in South Korean nurses during MERS pandemic shows that the average stress level of nurses is round 32.91 (SD: 7.30). Insufficient basic knowledge about MERS becomes the factor that related with stress that is experienced by nurses. A study about nurses’ anxiety during COVID-19 pandemic currently is still very limited. This research is important to be carried out as a consideration in policy making as an effort to break the chain of COVID-19 transmission.

METHODS

Design
This study is a quantitative study using cross-sectional design (Arikunto, 2010).

Sample and Setting
Populations used in this research are all nurses in Puskesmas Jambi City. The sample used are executive nurses who worked in Puskesmas Jambi City. Sampling technique being used is consecutive sampling. The data is gathered for 2 days with respondent of 96 nurses.

Instruments
The variable in this study is stigma as the independent variable and anxiety as dependent variable. Research instrument used to assess anxiety is DASS questionnaire (Depression Anxiety and Stress Scale) (Henry & Crawford, 2005) and stigma questionnaire, using the Infection Stigma Scale (CSS) which has been modified, consisting of 14 statements and has been tested for validity and reliability with a value of Cronbach alpha 0.81.
Data Analysis
Data analysis used in this study is univariate and bivariate data analysis where Chi Square is used to do bivariate analysis.

Ethical Consideration
Research ethic in this study involved nurses as the research subject. Therefore, the process must meet the standard of research ethic. In this study, researchers ask the respondents’ consent to participate as a respondent after the explanation regarding the research process is explained. Respondent signed the informed consent while researchers guarantee the data confidentiality.

RESULTS
The univariate analysis result in this research is that amongst 96 nurses, 54.1% doesn’t experience negative stigma, meanwhile 45.9% experienced negative stigma. The illustration regarding the stigma frequency distribution is explained on the table 1.

Univariate analysis in done for anxiety variable shows that amongst 96 nurses, 47.9% experienced mild anxiety, 15.6% with light anxiety, and 36.5% did not experienced anxiety during COVID-19 pandemic. Further explanation illustrated on the table 2.

Analysis on the relation between stigma with the anxiety level of nurses in Puskesmas Jambi city during COVID-19 pandemic resulted in the p-value of 0.01 (p≤0.05), there is a significant relation between negative stigma and anxiety in nurses. Further explanation illustrated on the table 3.

DISCUSSION
Result from this research shows that from 96 nurses, 54.1% doesn’t experience negative stigma, meanwhile 45.9% experienced negative stigma. 47.9% of nurses experienced mid-level of anxiety, 15.6% experienced low level of anxiety, and 36.5% doesn’t experienced any anxiety. It is shown that there is a significant relation between negative stigma and anxiety in nurses.

Menon et al., (2020) stated that the health workers who are at the forefront of handling COVID-19 patients are faced with quite heavy pressure after the pandemic occurred, one of which must be faced is the stigma associated with COVID-19. The emergence of this stigma is due to the large amount of false information/hoax spreading in the community regarding COVID-19 and the fear that these health workers might carry the virus after treating COVID-19 patients in their workplaces. Everyone who works at health care facilities and treat patients with COVID-19 cases as well not escape the stigmatization of society. This is because the officers who have been in contact with a COVID-19 patient has a high probability of spread the disease to the community (Klankhajhon & Sthien, 2022). They are considered untouchable or being approached and even experienced discrimination and social isolation by the community (Singh & Subedi, 2020).

Throughout negative stigma, an individual connects their mental struggle with internal cause (Seligman et al., 2005). When an individual stigmatized themselves, it causes their pride to decrease, loss of confident, loss of self-control, and high level of desperation addition, individuals who experiencing devaluation and discrimination may divert themselves with engage in risky behavior, such as substance abuse, with negative health (Clair et al., 2017).

Stigma is a negative view in regards of certain condition. Social stigma and social discrimination could be linked to COVID-19, for example to people who have been infected, families and medical staff specifically nurses who act as the front liners in handling COVID-19 patients with high risk of being infected.

Medical staff are at high risk of experiencing psychological issue in forms of mild to severe anxiety and stress due to the various pressure that increased, and they must face (Lai et al., 2020). Fear, specifically in the increased risk

Table 1. Distribution of Stigma (n = 96)

<table>
<thead>
<tr>
<th>Negative Stigma</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>52</td>
<td>54.1</td>
</tr>
<tr>
<td>Present</td>
<td>44</td>
<td>45.9</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2. Distribution of Anxiety Level (n = 96)

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>35</td>
<td>36.5</td>
</tr>
<tr>
<td>Light</td>
<td>15</td>
<td>15.6</td>
</tr>
<tr>
<td>Mild</td>
<td>46</td>
<td>47.9</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>100</td>
</tr>
</tbody>
</table>
of being infected and the probability of infected
the one they love is also another burden for
them (Dwiyanto et al., 2022). A lot of medical
staff need to isolate themselves from families
and their closest one even though they didn’t
have COVID-19. This is a really hard decision
that could resulted in a significant psychological
burden (Kang et al., 2020).

Each individual has their own coping
mechanism in facing issue and each has
different effect. The cause of medical staff who
experienced anxiety are high work demands
including long working hours the, the increased
amounts of patients, the harder it is to get
social support due to the negative stigma in
the communities towards front liners, personal
protective equipment that limits the movement,
insufficient information regarding prolong
infection to infected people, and the fear that
the front liners working if they infect COVID-19
to their families and friends due to their work.

The limited knowledge that the community
has regarding the infection and the prevention
of COVID-19 is a factor that triggers the
negative stigma to nurses who is actively
engaged with COVID-19. Nurses are dubbed
as someone who brings the disease to others.

Limitations
The research was conducted during the
COVID-19 pandemic outbreak. The limited
process of collecting research data is minimized
contact between researchers and research
respondents. However, researchers are still
trying to optimize while complying with the
COVID 19 health protocol. The administration
of non-narcotic analgesic drugs (NSAIDs) in
post-laparotomy patients may confound the
respondents’ pain intensity. The type, dose,
and frequency of drug administration are
conducted by doctors and cannot be controlled
by researchers. However, researchers
have attempted to exclude respondents by
administering narcotic analgesic drugs to avoid
bias.

### CONCLUSION

This research shows that there is relation between stigma and anxiety on nurses in Puskesmas. The stigma could affect the nurses psychologically. Therefore, more attention is needed regarding this matter. Increasing public knowledge regarding infectious disease is one of the first steps in handling this issue as it could change the public perception regarding COVID-19 and its urgently needed to eliminate the negative stigma against nurses. For the next study, it can be a reference and research more about other factors that cause anxiety in nurses during the COVID-19 pandemic

### Declaration of Interest

No conflict of interest

### Acknowledgment

Researcher would like to thank all the head
of Puskesmas who have given the research
permits, head of the room and room nurses
regarding the data collection and research
process. In addition, researcher also would
like to thank all parties who have supported.
It is suggested that further research could
examine other factors that cause anxiety during
COVID-19 pandemic.

### Funding

None

### Data Availability

The datasets generated during and/or analyzed
during the current study are available from the
corresponding author on reasonable request.

### REFERENCES

Arikunto, S. (2010). Research Procedure A
Practical Approach. Rineka Copyright.

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