CONCEPT ANALYSIS

# Stigmatization of Nurses: A Concept Analysis

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## Abstract

For the past months, a new strand of Coronavirus, SARS-CoV-2 has been challenging our health care systems worldwide. Healthcare workers especially nurses are not just at risk of adverse physical symptoms but may suffer from psychological stress. This is one scenario of a stigmatized nurse.

The goal of primary care is to improve patients' health, longevity, and quality of life through the provision of patient-centered care. To do so healthcare providers must overcome any stressful activities or circumstances like stigma. This concept focused mainly on a stigmatized nurse. For this concept analysis, the framework of Walker and Avant was used. Definitions of terms are discussed. Cases were also identified for a better representation of the concept. Empirical referents and implications to nursing are also presented.

**Keywords:** *Nurse, Stigma, concept analysis*

## Selection of a concept

Stigma can happen to anyone and can truly affect individuals negatively. It can happen to an individual, to a family, community, or within an organization. Stigmatization of nurses has been an issue in recent years which has a great impact on the delivery of health care, therefore it is necessary to understand nursing stigma or a stigma affecting the nurse to reduce not only social and emotional distress on their part but also promote competence, improve quality services, and increase self-esteem and restoration of functioning as a health care professional. Thus this study clarified the concept of stigma in nurses by using a concept analysis method, defined the construct of nursing stigma, and provided a general theory that explains the conditions under which stigmas are likely to arise, how this process unfolds and the initial effects stigma inflict to a nurse.

## Aims of Analysis

Walker and Avants' (2005) framework for concept analysis was used to elaborate and exhaustively explain the concept of stigma. The aims of this analysis include (a) identifying or determining related terms and uses of the concept; (b) identifying all antecedents; (c) identifying all defining attributes and explaining them relatively; (d) identifying consequences; (e) constructing and giving examples of a model, related, borderline, contrary and invented cases; and (f) identifying empirical referents.

## Identify uses of the concept

Walker and Avant (2005) recommended using dictionaries, thesauruses, knowledge from colleagues, and any possible literature to identify the use of the concept. According to "The American Heritage Dictionary (2012), Stigma is a relationship of disgrace or public disapproval with something, such as an action or condition". There are three types of stigma; structural stigma, public stigma, and stigma by association. First, structural stigma refers to the imbalance and injustice seen in a social institution. An example of this could be the poor quality of healthcare services delivered by stigmatized healthcare professionals, specifically the nurse towards an individual. Public stigma describes the negative attitudes of the general population, that could be the patient/client or the colleagues, towards a stigmatized nurse. Lastly, stigma by association means discrimination due to being involved with an individual or specifically a nurse who is stigmatized (Larson and Corrigan; Werner, Goldstein and Heinik, 2011).

## Determine the defining attributes

These attributes provide insight into the concept. It is being noted that all attributes must arise before a phenomenon can be labeled stigma. The following attributes were identified after an analysis of articles about stigma and were simultaneously refined and tested by analysis of the cases and related concepts.

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a. Other's negative perceptions, attitudes, emotions, and avoidant behaviors towards the nurse because of unusualness including the negative situations, events, behaviors, problem or disease associated with the nurse or because of unordinary characteristics.

b. Other's beliefs that the unusualness of the nurse is somehow harmful, dangerous, unhealthy, capable of affecting them negatively or different from general social norms. (Brickley et. al 2009, Hinshaw 2005 and Pirutinsky et. al 2010) and;

c. Other's beliefs that the other members of the organization or the colleagues of the nurse are directly or indirectly contaminated by the stigmatized nurse so that every member of the organization is also considered as harmful, dangerous, unhealthy, capable of having a negative effect on others, or different from general social norms (Corrigan et al, 2010).

## Antecedents

• 1st antecedent - overall unusualness of an individual or organization. One example of unusualness is the occurrence of highly negative events to a nurse. Specifically, this refers to the occurrence or history of negative situations, events, incidents, problems, or diseases happening to a nurse who affects either the whole organization or one member of the organization. This can include being involved in a scandal, being affected by COVID-19, or having a very ill member. (Dever C. and Dewette T, 2014).

• 2nd antecedent – the spread of information about that individual or organization to the wider public. In this matter, other people come to know the supposedly negative aspects of that individual or organization, such as the negative incident that they were involved in, the unordinary characteristics or structure of that individual or organization.

## Consequences

The emotional consequences of a nurse experiencing a stigma are typically the feeling of disregard, disrespect, and incompetency. They feel shame, fear, anxiety, intense concern, and loss of trust. Related to that, the quality of healthcare services decreases (Brickley et. al 2009, Larson and Corrigan 2011, Werner et al 2010).

Organizational consequences include clients'/customers' complaints because of mistrust leading to the possibility of dismissal of the institution, and possible resignation of personnel that may lead to understaffing resulting in poor delivery of healthcare services (Goffman E., 2005).

## Cases

The concept analysis method described by Walker and Avant (2005) used case studies to clarify or to picture out the concept and its attributes.

### a. Model Case

Story of a 52 years old nurse who recovered from a stroke.

*Carolina is a 52-year-old staff nurse currently working in a private clinic and hospital for 32 years. She is a trained operating room nurse and an emergency room nurse.*

*Carolina was diagnosed with hypertension stage II when she was 40 years old. One night shift they had 6 cases of exploratory and laparotomy which made Carolina exhausted and tired. When she got home from duty, Carolina complained of chest heaviness, dizziness, and numbness of extremities that prompted her to consult a doctor. So, her husband rushed her to the hospital. She was admitted to the intensive care unit with a diagnosis of CVD infarct, stroke new-onset. Immediately after recovering from a stroke, she went back to work. But consequently, changes in her routine or functioning were noticed. Carolina admitted that some of her knowledge was lost believing that this is because of the stroke she suffered recently. She was consciously unaware of what she is doing. The incident became viral to the public and marked a negative impression. All of the people in that place and even her colleagues viewed Carolina as incompetent. They see Carolina as a threat and harmful to the public.*

This model case shows all of the three attributes of stigma. Carolina is experiencing others' negative attitudes, emotions, and avoidance because of Carolina's incompetence brought by memory loss from a stroke. Most people talk about her negatively at her back. Other people outside or within the organization believes that her unusual attitude makes her incompetent, dangerous specifically to clients/patients, unhealthy to the public, and capable of affecting them negatively or different from general social norms. And lastly, other people see the entire clinic or her colleagues as incompetent as being influenced by Carolina, so people tend not to consider that clinic for consultation.

### b. Borderline Case

*Angela is a 25 years old nurse who transferred from a public to a private hospital. One employee named Rizza, who is her college friend, finds out the reason why Angela transferred. It was found out that Angela was dismissed from the public hospital because of consecutive medication errors, recurrent absences without official leaves, and attitude problems like being bossy and aggressive. From then on, Angela seems to isolate herself away from others.*

*One morning during her 7-3 shift at the OB-Gyne ward, Angela was assigned to one patient named Claudia. However, Claudia heard the rumors about nurse Angela, so she does not want her to be her nurse. She requested another nurse to take care of her.*

*So Angela leaves the room quietly. She was traumatized. Every time she handles a patient, there is that feeling of*

*stigma. There is that fear, the fear that it might happen again. She was irritable and preoccupied with that incident.*

*After two months Angela recovered from stigma. She does her functions well. In fact you cannot see any more in her face the feeling of fear, shame, and doubt. Angela shared what she experienced with other nurses, how such an incident affects her life most specifically being a provider of care.*

This is a borderline case. This story has two out of the three attributes of a stigmatized nurse. Patient Claudia had a negative perception, attitudes, and emotions to nurse Angela since she knew her negative background. Thus, Claudia does not want Angela to be her attending nurse so she asks for another nurse.

### c. Contrary Case

*Leah is a 24 years old pediatric nurse of a tertiary hospital for almost 3 years. Leah is gorgeous. As time passed by, she became uncomfortable hanging out with girls. So, she knew in herself that being a woman is not her gender preference. Eventually, Leah became passive in her work. She does not want to handle patients, specifically female patients, because of the fear that they will stigmatize her. Later on, other nurses and even her supervisor noticed the change in her behaviors and attitudes. She now confessed to her supervisor, her family, workmates, and friends that she is a lesbian. The main concern of Leah at first was the fear of discrimination, disrespect, rejection, immorality, and the feeling of mistrust from her patients. She might lose her family, her friends, or even her employment because of the fear that everybody would stigmatize her for her preferred gender. She feels that her self-esteem was decreased which compromised her duties and responsibilities as a nurse. However, Leah's family, friends, co-workers, and even her patients accepted her. Actually, one patient told Leah that she was very nice because of her uniqueness and this attitude increased the patient's self-esteem and confidence. They told her that it does not matter what her decision was, and they did not care about her preferred gender.*

The case is an example of a contrary case, as it contains none of the attributes of stigma. Leah confessed that she is a lesbian. Despite her revelation, her family, friends, co-workers, and even her patients did not express any negative emotions, attitudes, or behaviors toward her. In addition, they did not think that being a lesbian would be harmful, unhealthy, or in any way affect them negatively, most especially to her patients. As such, Leah continued to get along with her friends and continued her service as a competent nurse.

### d. Related Case

*Ria is a 23 years old nurse assigned to the medical ward. She handles a maximum of 20 patients a day. One time during her 7-3 shift, when she was preparing for her 10:00 AM medications of her patients, suddenly a patient in room A named Soledad complained of sweating and chest pain. So*

*nurse Ria immediately get her vital signs and revealed blood pressure of 140/90, PR: 32 beats per minute, RR: 32 breaths per minute, and temperature of 36.2 degrees Celcius. She referred the patient to Dr. James during his rounds and ordered 12 lead ECG, and eventually, the patient was intubated.*

*On the other hand, patient Hallen at room B complained that why his 10:00 AM antibiotic medication is still not yet administered and the time is already 10:30 am. So when nurse Ria came in. He scolded her in front of other patients.*

*After administering the medication, the patient became calm and come to realize how busy the nurse was, that she attended an emergency.*

The case is an example of a related case. It demonstrates ideas that are very similar to the main concept but differ when examined closely (Walker and Avant, 2005). From the story, it's just like stigma happened to nurse Ria, stigma-like aroused because of an arrested patient that delays the medication of patient Hallen. So stigma here came not from Ria's real attitude but came from the nature of her work.

### e. Invented Case

*Arjay is a 22 years old nurse working in a hospital of princes and princesses named Disney Hospital. One night, he was drunk and had a hung-over on his 7-3 shift duty so his mind was floating, and cannot focus to work. During his duty, he administered the wrong medication to Princess Fiona, so Shrek, her watcher, was very angry and scolded Arjay in front of other patients.*

*It seems that all the patients of Arjay don't trust him. Other patients thought that other nurses are like him so they tend to transfer to another hospital. He was depressed which lead to consecutive absences.*

This story is an example of an invented case since it was a fictional story but contains all of the attributes. It was depicted in the story the existence of princes and princesses from Disney land.

### Empirical Referents

Empirical referents are essential because they support the concept's validity by providing ways to evaluate the existence of the concept. Once identified, the empirical referents are useful with developing the instrument since they were developed based on theoretical analysis of the concept (Walker and Avant 2005).

So far, there is no measurement specifically measuring stigma in nursing or a stigmatized nurse. The majority of studies found in the literature have used qualitative methods for examining individual subjective stigma experiences. However, more quantitative measures were employed by others. Most of them

adapted existing measurements and those scales were particular to certain conditions. For example, they evaluated nursing stigma due to mental illness. Corrigan et. al (2006) utilized the first seven items such as blame, anger, pity, help, dangerous, fear, and avoidance from the attribution questionnaire measuring primary stigma related to mental illness.

In terms of measuring a general stigma related to nursing based on the attribute from this analysis, the empirical referents seem to be very diffused and complicated. For example, others' negative perceptions and beliefs are critical parts of the concept of stigma related to nurses. However, those parts are hard to measure and sometimes hard to guess from the individual's position, since they involve others' invisible emotions to uncertain attitudes and behaviors. Thus, it seems to be more appropriate to measure both attributes and consequences at the same time when quantifying the phenomenon of stigma to nurses. Thus, more in-depth study is needed in this area.

**Impact on Patients**

Experiences of discrimination, disrespect, and awareness of stigmatized social status can cause nurses to experience stress and have other acute reactions that may compromise their duties and responsibilities most specifically in the delivery of quality healthcare services regardless of how compliant the patients are.

The effect of stigma can be immediate, long-term, or both. The direct effects of provider attitudes on patient-centered care may reduce the quality of the patient encounter, harming patient outcomes and reducing patient satisfaction. It may also affect the whole competencies of the institution where the stigmatized nurse is employed.

## Conclusion

This study analyzed the concept of stigma by using the concept analysis method. The stigma merely focused on an individual who is the nurse and how it affects her functions, especially in the delivery of health care services. The defining attributes, antecedents, and consequences of stigma were discussed. The use of cases, such as model, borderline, contrary, related, and invented cases, helps better illustrate stigma as a concept.

Stigma on the part of the provider affects the patient in both measurable and immeasurable ways. It can reduce the quality and even the quantity of patient-centered care and can signal to the nurse that he/she is being perceived by the patient in terms of his or her stigmatized identity which in turn may affect the patient's perception of, and compliance with provider's recommendations.

Healthcare providers including nurses meet numerous patients daily and tend to focus only on their patients' medical condition that they tend to forget sometimes their personal status, most especially their functions as a nurse. The result of my analysis of

stigma will hopefully not only extend awareness to healthcare professionals but also for them to realize how stigma greatly affects their functions most especially in the delivery of healthcare to patients.

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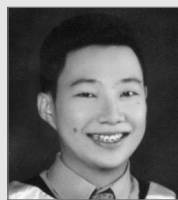
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