

Public's sentiment on COVID-19 nurses survivor

Asti Melani Astari¹, Whaisna Switaningtyas², Yati Sri Hayati¹

¹Nursing Department, Faculty of Health Sciences, Universitas Brawijaya, Malang, Indonesia

²Nursing Master Program, Faculty of Health Sciences, Universitas Brawijaya, Malang, Indonesia

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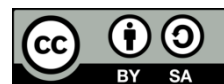
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ABSTRACT

Nurse plays a critical role in health services during the coronavirus disease 2019 (COVID-19) pandemic. Their duties and responsibilities impose them to stay around the patients with a high probability to become the spreaders of the virus. This study explored the experience of nurses about the public's sentiment when the nurses confirmed COVID-19. This qualitative research was performed using a phenomenological approach. The data were collected through direct in-depth interviews and then analyzed using the Colaizzi method with a seven-step approach to 12 participants. The results showed: i) feeling stigmatized by the community and ii) feeling that the social stigma has an impact on the family, both of which are composed of several sub-themes and categories. Participants found a lot of experiences and challenges because they had to carry out their responsibilities in an environment enforcing them at risk of contracting the virus. Participants who had ever been confirmed positive for the COVID-19 perceived the stigma and negative views by the community. They needed support from all parties to create a good atmosphere and correct the wrong information related to the treatment of patients with COVID-19. Families and communities should provide motivation for the confirmed COVID-19 nurses to recover and complete the isolation procedure.

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Corresponding Author:

Asti Melani Astari

Department of Nursing Science, Medical Faculty, Brawijaya University

Puncak Dieng Eksklusif, Kunci, Kalisongo, Dau, Malang, East Java 65151, Indonesia

Email: astariasti.fk@ub.ac.id

1. INTRODUCTION

The world was shocked by the emergence of severe acute respiratory syndrome coronavirus (SARS-CoV-2) or severe acute corona virus disease-2 causing a disease named coronavirus disease 2019 (COVID-19) [1]. The first case of COVID-19 was found in Wuhan, China, in December 2019, in which five people were hospitalized and one of them died from acute respiratory disorders [2]. The large increase in cases in various countries caused this disease to be categorized as a pandemic on March 11, 2020 [3]. In Indonesia, since the first case was officially announced, there have been 1,901,490 positive cases, claiming 52,730 deaths. This condition may caused a change in the perspective of the community and health workers when they were confirmed COVID-19 [4].

Nurses have a central role in dealing with this pandemic circle. While millions of people are implementing protocols to prevent the spread of the virus by staying at home, health workers are doing the opposite: going to the hospital, performing tasks, and putting themselves at high potential risk of exposure to COVID-19 [5], [6]. From two countries in the world that experienced large numbers of COVID-19 cases, data showed that 3,300 health workers were infected with COVID-19 in China [7] and 20% of cases in Italy were health workers. Based on the polymerase chain reaction or COVID-19 test as the golden standard for

detecting the presence of genetic material from the virus, a study conducted in the United Kingdom (UK) said that nurses had the highest percentage in the (34.9%), followed by young doctors (15-16%), consultants, and other staff. The highest polymerase chain reaction (PCR) positive values were found in nurses working inwards related to patients with respiratory disorders, dialysis, and intensive care unit (ICU) [8].

This phenomenological study aimed to determine the public's view on nurses who are confirmed positive for COVID-19, from the perspective of nurses. This was considered useful to develop research on the management of interactions and protection for nurses in the event of a similar health problem. The formulation of the problem from this research is: what is the public's sentiment on COVID-19 nurse's survivor based on their perspective? The outcome of this study can be valuable for the nurses to have self management to avoid stress during COVID-19 pandemic that caused by external factor such as public sentiment about them.

2. RESEARCH METHOD

This research employed a qualitative method with a descriptive phenomenological approach. It is easier for researchers to explore the main meaning of the nurse's experience by focusing on things that happened intentionally or with full awareness of the participants. This method was chosen because it can explore an in-depth picture of the views of people who have been confirmed positive for COVID-19 from the perspective of the nurses themselves. The research location was in the city of Malang, East Java, Indonesia. Data were taken from March 3 to May 4, 2021. Using a purposive sampling technique, the total sample obtained was 12 people. The qualitative method used the researchers themselves as the research instrument. This research was conducted after obtaining ethical clearance from the Health Research Ethics Commission, Faculty of Medicine, Universitas Brawijaya Malang with the number No. 53/EC/KEPK-S2/02/2021. Data analysis was carried out with a phenomenological study approach using the Colaizzi method, namely a clear thematic analysis procedure using a seven-step participant approach. Data saturation was obtained in the 12th participant, so no new themes were found in this study. The inclusion criteria set in the selection of participants were: i) participants are nurses who have experience working in hospitals for more than one year, ii) participants work in COVID-19 referral hospitals in Malang City, iii) participants live with their families core, iv) participants have been confirmed positive for COVID-19, as evidenced by PCR COVID-19 test results, v) participants have been in self-isolation or isolation in non-ICU hospitals when confirmed positive for COVID-19, and vi) participants have been declared cured, as evidenced by negative PCR COVID-19 test results during the research process.

Data collection was carried out through in-depth interviews which were carried out if the participants had expressed their willingness to sign the informed consent form. The researchers ensured that they and the participants were not infected with COVID-19, as evidenced by the PCR results which showed negative COVID-19. Then, direct in-depth interviews were conducted using open-ended questions in 1 to 2 sessions with an allocation of 30 to 60 minutes for each session. One of the researchers recorded using a voice recorder all findings expressed by participants and other findings including mood, tone of voice, body language, and facial expressions. The researchers then made a verbatim transcript within 24 hours after the in-depth interviews were conducted, and then continued with the data analysis stage [9]. The second and third researchers conducted an independent review of the meaning expressed by the participants, then discussed the themes that emerged from each category of meaning.

The researchers had a qualitative research background, studied the master program in Nursing, and came from the city of Malang. Besides, they were also the implementing nurse at the COVID-19 referral hospital so that they knew the research site quite well. However, they ignored all personal assumptions regarding the phenomenon under study. They would also put aside the knowledge and understanding under study (bracketing), and tried to position themselves and see things from the participant's point of view. Another process carried out was source triangulation by re-checking the voice recorder and field notes at different times.

3. RESULTS AND DISCUSSION

3.1. Demographic data analysis result

The majority of respondents were female (58.3%). Half of the respondents were in the age group under 30 years old. A total of 75% of the participants were nurses in charge in non-COVID rooms as shown in Table 1.

Table 1. Participants' characteristics (n=12)

Participant code	Age (year)	Sex (M/F)	Status	Room type	Working period (year)
P1	33	Male	Married	Non COVID	10
P2	35	Female	Married	Non COVID	13
P3	25	Female	Single	Non COVID	2
P4	29	Female	Married	Non COVID	4
P5	29	Female	Married	Non COVID	5
P6	28	Male	Single	Non COVID	5
P7	32	Male	Married	COVID	10
P8	27	Female	Married	Non COVID	5
P9	27	Female	Single	Non COVID	4
P10	45	Male	Married	Non COVID	20
P11	29	Female	Single	COVID	3
P12	29	Male	Single	COVID	3

3.2. Theme analysis result

The results of the interpretation revealed several meaningful participant keywords, which were grouped into categories. Several categories that had the same meaning were grouped into sub-themes, which eventually produced two themes:

Theme 1: Feeling stigmatized by the community.

Stigma is a negative characteristic that attaches to a person's personality because of the influence of his environment [10]. Contextually, this theme means that participants feel they are viewed negatively by society due to their confirmed status of having COVID-19 [11].

This theme consists of several sub-themes, namely: exiled by family and society, as illustrated in the following quote:

"When I was going to visit someone, after finishing a few days of isolation, he said, 'No! Wait! You just tested positive for COVID-19.' So it's like, 'Oh my God! I'm rejected!'" (P5)

"...and after I reported (that I was confirmed positive for COVID-19), people immediately ostracized me... Until, because of a lot of bad comments, I was finally kicked out of the WhatsApp group right away).. " (P2)

WhatsApp: telecommunication application

The second sub-theme is; stigmatization by the community, as illustrated in the following quotes:

"...and the people are very disgusted: seeing Covid is like a disgrace. So, we just accept their opinion; that's how it really is.. " (P7)

The third sub-theme is; unrest in society, as illustrated in the following quotes:

"Then there were also those who were angry... because their village was isolated after someone reported positive for Covid (participants) so that their activities are disrupted. So there was a dispute with the neighbors..." (P2)

"...There was news that the next door neighbor had reported to the village..." (P7)

The fourth sub-theme is families and communities protect themselves and worry excessively, as evidenced by the following statements:

"...They immediately put on jackets and masks, covered their faces with plastic bags with holes only for their eyes and mouths, wore socks up to this part of their bodies (pointing to their upper arms), then covered them with plastic bags. Oh, my God..." (P2)

Theme 2: Feeling that the social stigma an impact on the family

This theme emerged based on the results of in-depth interviews conducted, as the impact of the first theme. However, in this theme, participants' fear and guilt towards their families are clearly depicted. This theme consists of several sub-themes, namely; the impact: the ostracization of family members is illustrated in the following quote:

“..I was not afraid about myself, but I was afraid that my family would be ostracized by the community..” (P1)

“...I was afraid that people would immediately ostracize me and my husband after I reported that I was positive for Covid... I felt sorry for the family..” (P2)

“...So I wouldn't be comfortable if they knew I was confirmed positive for COVID. I was afraid they would ostracize me for carrying a disease; moreover, I was not a native ...” (P4)

“...I was afraid that society would discriminate my family..” (P8)

The second sub-theme is accusations by the public, as illustrated in the following quote:

“..But when I was confirmed positive for COVID-19, I really had to prepare myself and my family, because what I was afraid of was stigmatization in society, which was very high at that time...” (P1)

“...Because the stigmatization today is that they are afraid of being thought to have Covid....” (P11)

“..I was afraid I would be accused if I didn't report it (to the head of the Neighborhood Association)..” (P2)

3.3. Discussion

3.3.1. Feeling stigmatized by the community

This theme discusses the negative views perceived by participants when they are confirmed to have COVID-19 [4], [12]. Similar to evidence from Khanal study, more than half of the health workers experienced stigma during COVID-19. Stigma faced by health workers was also significantly associated with the higher odds of presence of fear of COVID-19 [13]. People perceive COVID-19 as a highly contagious disease, so they don't want to come near, even though the participants in this study have ended the isolation procedure. The community fear was that the health worker was also infected and posed a danger to the whole area [14]. COVID -19 illness manifests many disease characteristics likely to evoke stigma: the illness being considered by others as the bearer's responsibility, the illness being fatal and contagious and due to quarantine and isolation becoming quickly apparent to others [15]. Research conducted in Korea revealed that people who have recovered are no longer infectious so they cannot become a medium for transmitting the virus to their environment. The majority of participants (66.7%) feel in doubt because, on the one hand, they have to treat patients in the hospital but, on the other hand, they are also at potential risk, which is not only related to the dangers to health that may arise when they are confirmed positive for COVID-19 but also the mental impact that must be borne when they are proven positive for COVID-19 [16]. Participants feel guilty if their family is affected by what they are doing, including the status “confirmed positive for COVID-19” they have [17].

A deeper digging of the data also found the impression that participants were afraid of being “accused of being the cause” if there were neighbors who were confirmed positive for COVID-19. This is closely related to the public's lack of understanding about the transmission medium of the virus. As revealed by Tandon [18], accurate information about COVID-19 plays a key point in increasing public understanding which will later affect health behavior and public acceptance of nurses who are confirmed positive for COVID-19 [18]. If this is not taken into account, society tends to blame the person who was first confirmed, instead of to increasingly comply with health protocols. The rise of untrue news is also the cause of stigma in the community. This happens especially to health workers because they are people who are in close contact with the COVID-19 treatment environment [19]. COVID-19 survivors experience significantly more overall stigma and heightened stigma in domains of social rejection, financial insecurity, internalized shame and social isolation [20].

The uneven distribution of laboratory service facilities as tracing media is also one of the reasons. As we know, some people who are confirmed positive for COVID-19 but without symptoms are free to move amid society [5], [21]. On the other hand, health workers who have more facilities to check at the hospital where they work, and who confirmed positive, are labeled as carriers of the virus instead.

3.3.2. Feeling that social stigma had an impact on the family

This theme shows that social stigma also has an impact on the families of the participants. Participants perceived that their families were ostracized by the social environment due to their illness [22]. This allows participants to be put under more pressure because their status of being confirmed positive for COVID-19 will not only affect themselves but also their families [23]. This finding is supported by research revealing that the highest scores on measures of depression and stress are experienced by people who work in medical settings and their families [8]. Yuan study stated that people who had COVID-19-infected family members also reported higher levels of stigma than those without [20].

Another consequence of the public's negative view on nurses and health workers who are confirmed positive for COVID-19 is the impression of being afraid to admit that they are suffering from COVID-19 [24]. This will indeed make someone who is confirmed positive for COVID-19 from being shunned by the public, but another impact is that they will find it difficult to self-isolate [25]. Some neighbors or colleagues will be very likely to come to the house of a confirmed positive COVID-19 patient and make direct contact so that the risk of transmitting the virus will be greater.

Unusual pressure exerted by nurses can become uncontrollable and lead to burnout syndrome. The study revealed that nurses have a risk of depression two times greater than other health workers [26]. This of course will have a direct impact on the reduction in the number of nurses if no immediate follow-up is carried out. Other study evidence that a family intervention approach is essential to enhance Borderline Personality Disorder treatment [14].

Family is the main supporting component. All participants expressed that they did not want their families to be affected by their statuses of being confirmed positive for COVID-19 [27]. This impact can mean transmitting the virus and then becoming sick, or the psychological impact of ostracism and stigma from society. However, participants must still be in a work environment that has a potential risk of exposure [28]. Therefore, appropriate interventions need to be carried out immediately by strengthening social support from various aspects, seeking information through appropriate sources, and positive coping mechanisms carried out by nurses, families, and communities [25]. Teksin *et al.* [30] reported that stigma is an important predictor affecting mental health and quality of life. Our study may also be significant concerning providing insight into infectious diseases-related stigmatization and the potential consequences of it.

The limitation of the study was found when the researcher could not clearly describe the facial expressions of the participants during the interview. It is because they wearing mask as one of health protocol requirements during pandemic. Participants' non-verbal language was obtained from eye gaze, brow furrowing, body, and hand movements.

4. CONCLUSION

Based on the results of the research on the public's view on nurses who were confirmed positive for COVID-19, two main themes were found: feeling of being stigmatized by society, which then led to the second theme, namely feeling that the social stigma had an impact on their families. The existence of support from the community for nurses and families is expected to provide a conducive environment to prevent psychological impacts on nurses. Open access to appropriate information and knowledge is also expected to improve the mindset of people who view COVID-19 sufferers as a disgrace so that they were not exiled anymore. Thus, other negative risks that may arise, such as burnout among nurses, can be minimized.





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BIOGRAPHIES OF AUTHORS







Asti Melani Astari     is a maternity nurse as well as a qualitative researcher, is the Deputy Dean of the Faculty of Health Sciences Universitas Brawijaya. Previously Dr. Asti is the Head of Nursing Department, Faculty of Health Sciences, Universitas Brawijaya. Dr. Asti received a Bachelor’s degree in Nursing from Padjadjaran University, and Master of Maternity Nursing & Doctoral Degree from the Nursing Faculty Universitas Indonesia. Her research focuses on the woman health, community health & qualitative research. He can be contacted at email: astiastari.fk@ub.ac.id.



Whaisna Switaningtyas     is an intensive care nurse. Whaisna received a Diploma's degree in Nursing from Poltekkes dr. Soepraoen Health Institute, a Bachelor's degree from Tribhuwana Tungadewi University, and a Master of Nursing degree from Brawijaya University. Her research focuses on the nursing care. She can be contacted at email: whaisnaswita@gmail.com.



Yati sri Hayati     is a community nurse as well as a researcher, is the Head of Nursing Bachelor Program of the Faculty of Health. Dr. Yati received a Bachelor's degree in Nursing from Padjadjaran University, Master of Science from Airlangga University & Doctoral degree from the Nursing Faculty Universitas Indonesia. Her research focuses on the community, family & gerontology nursing. She can be contacted at email: yshayati.fk@ub.ac.id.