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Letter to Editor

Stigmatization: A threat to patient safety during the coronavirus disease 2019 pandemic

Leila Mardanian Dehkordi[1] , Shahrzad Ghiyasvandian[2]*

[1]Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran
[2]Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

*Corresponding Author:
Shahrzad Ghiyasvandian, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran.
Email: shghiyas@tums.ac.ir

Dear Editor,

The coronavirus disease 2019 (COVID-19) pandemic has created an unprecedented panic worldwide mainly due to the fear over contact with afflicted individuals, misconceptions and misunderstanding about COVID-19 (1), and fear over the unknown (2). Fear is directly related to the rate of disease transmission, morbidity, and mortality (3). Such fear is mainly due to the lack of knowledge about COVID-19, its transmission, and its treatment (4) and may negatively affect rational thinking and justify the isolation (2) and stigmatization of individuals with COVID-19 (4, 5). Stigma is defined as a description which greatly discredits individuals and is associated with different negative consequences such as ignorance, prejudice, and discrimination (6). It is also described as a personal experience or social process associated with exclusion, rejection, blame, and devaluation caused by negative social judgments about an individual or a group affected by a health condition (7). Stigma is mainly due to poor knowledge (ignorance or incorrect information), attitude (prejudicial judgment), or practice (discrimination) (6). Media reports and misconceptions can also aggravate public fear and serve to justify irrational behaviors towards affected individuals (2) such as stigmatization and discrimination (8). There are different types of stigma including self-stigma, public stigma, professional stigma, and institutional stigma. Self-stigma, also called internalized stigma, refers to the negative attitudes of an individual towards his/her illness (9). Public stigma refers to public negative attitudes towards individuals with illnesses mainly due to misconceptions, fear, and prejudice (9). Professional stigma occurs either when healthcare professionals hold stigmatizing attitudes towards their patients based on their fear and misunderstanding of the causes and

symptoms of illnesses or when healthcare professionals experience stigmatization by the public or colleagues due to their work and contact with stigmatized individuals. Institutional stigma is defined as organizational policies or culture of negative attitudes and beliefs about stigmatized individuals and can be aggravated by legal frameworks, public policies, and professional practices and can turn into public stigma (9). Stigma is a social, rather than a personal, problem (10) and is not easily removed with knowledge improvement and medical technology2. Stigma has significant adverse effects on the psycho-emotional capacity of its victims (2) and can aggravate the effects of the underlying disease (5). Self-stigma can lead to failure to access treatments, disempowerment, low self-efficacy, and low quality of life (9). Social stigma can also negatively affect not only the afflicted individuals, but also their families, friends, and communities (8). Professional stigma can affect care- and treatment-related services available to the afflicted individuals (2,10) and thereby affect their well-being and recovery (11). Fear and concern related to COVID-19 may make afflicted individuals avoid and postpone seeking medical care (12,13). A study reported that inappropriate environmental conditions, isolated rooms, and nonobservance of protective precautions can create tension and stress during patient care and lead to concerns over infectious disease transmission (13). Stigma is also associated with negative consequences such as unhealthy behaviors and negative reactions to stigma such as hiding symptoms from others (14,15), avoidance from undergoing laboratory tests for COVID-19 diagnosis and seeking medical care, and avoidance from engagement in healthy behaviors (16). Thus, it increases the risk of COVID-19 transmission to others (15), increases the fear associated with the pandemic (2), and endangers patient safety. Moreover,

it causes problems such as harassment, discrimination, sense of life insecurity, psychological disorders, loss of social and emotional capital, and damage to the integrity of families and societies (14). Given the serious effects of stigmatization on personal and public health, strategies are needed to reduce COVID-19-associated stigmatization and improve personal and public health. Examples of these strategies include improvement of public and healthcare providers' knowledge, provision of more personal protective equipment to healthcare providers, healthcare provider education about personal protection, provision of accurate and reliable information in media, avoidance from the exaggeration of disease burden, severity, and mortality, and use of appropriate terms such as "physical distancing" instead of inappropriate terms such as "social distancing". Use of appropriate terms can improve sense of unity and support and improve integrity. Other strategies to reduce stigmatization and discrimination are improvement of public knowledge about COVID-19, respect for the individuality and self-esteem of afflicted individuals, sharing reliable scientific information by celebrities, bloggers, social media influencers, and religious leaders, strengthening individuals' social ties and social responsibility, sharing experiences of patients with COVID-19 with others, correcting misconceptions, and establishing public and multi-disciplinary informational networks to prevent false news about COVID-19 and patients (17).

Conflict of Interests
The authors report no conflict of interest.

Ethical Approval
Not applicable.

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