

# They Don't Even Want You Living On Your Own Street

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**Background:** The 2003 global outbreak of Severe Acute Respiratory Syndrome (SARS) brought attention to the important role of health care professionals as non-traditional "first responders" during infectious disease outbreaks. Health care professionals showed extreme dedication to public health as they combated fatigue, emotional distress, burnout and stigma over several months, responding to each wave of the SARS outbreak in Toronto and Vancouver (R. Maunder, 2004; R. Maunder et al., 2003). The consequences of these challenges were long-lasting and emotionally taxing, particularly the stigmatization of nurses and health care workers (HCWs) by their institutions, communities, friends and families.

## Methods:

This study involved hosting five focus groups, (Ottawa (2), Toronto, Vancouver, and Halifax) using the Structured Interview Matrix method; each session was 4.5 hours in duration and facilitated by a member of the research team. Participants were recruited through nursing unions, nursing associations and professional colleges, advertisements in local newspapers, email listservs and referrals from colleagues. Participants included registered nurses, registered practical nurses, or nursing managers working in emergency or critical care; including infection control workers, nurse educators and representatives of nursing unions. No limitations were placed on participants relative to their work status, nor any other personal characteristics. All participants signed a consent form approved by the university research ethics board.

A structured interview guide was used for all the focus groups. Additional probes were used to facilitate the plenary discussion component of the interview matrix focus group. Qualitative inductive analysis of the focus group data was conducted by a team of four researchers. The notes from each session were double coded using Nvivo7™ software, based on a coding grid which included different types of supports, and categories which overlapped with elements of Perceived Organizational Support (POS) theory (Rhodes & Eisenberger, 2002). Additional nodes were added to the coding grid as needed.

## Results:

### Stigmatization of health care workers by the hospital institutions

- "In our hospital, we were told that our hospital would be a SARS hospital, and within 2 weeks all the management offices were moved to another location. We were told it was because of amalgamation and it was going to happen anyways, but it sent a strong message" (Toronto)
- "During SARS, someone brought us food/water - was it because they didn't want emergency nurses in the cafeteria?" (Toronto)
- "Emergency nurses walked in and no one else would want to talk to them - co-workers stigmatized each other - moved to next table" (Ottawa)
- "Resentment they might feel towards colleagues who choose not to come to work, resentment from colleagues, how to all work together after it's all over... just like during a strike" (Halifax)

**"Soldiers are seen as going to put themselves at risk for greater good, whereas nurses are stigmatized." (Halifax)**

### Stigmatization of health care workers by family and friends

- "One mother didn't want to visit her daughter who was nurse in Toronto during SARS, because the mom worked at a nursing home and didn't want to infect residents" (Ottawa)
- "It can strain relationships. People have different ways of dealing with stress...and your significant other may not want you around, or be fearful of catching something from you" (Ottawa)
- "During SARS people found that people they used to socialize with weren't calling. But the reality is that health care workers were affected and it was nurses" (Vancouver)
- "Stigma can also extend to family members "my kids can't play with your kids" (Ottawa)



### Stigmatization of health care workers in the community

- "During SARS, there was a sign on my doctor's office door saying I wasn't welcome to go to my doctor because of where I work, in an acute care facility. I need some place to be assessed, to get care. Probably at the hospital, since I can't go anywhere else" (Ottawa)
- "Is there support from the community; are the people living around the hospital going to support us? When we had a SARS incident, some people stopped getting rides home" (Vancouver)
- "There is stigma from educated, professionals - how can you expect compassion from general public if educated professional don't give you the respect" (Ottawa)
- "As health care workers we were seen as heroes and angels admired from afar - but people didn't want to be in your shoes" (Vancouver)
- "Throughout SARS, nurses were embarrassed and ashamed to admit what they do for a living" (Ottawa)

**Conclusions:** The issue of stigmatization directed toward health care workers is an important factor relating to the mediating role of social support in coping with stressful conditions. When distressed, individuals attempt to mobilize social support through their formal and informal networks. During an infectious outbreak, if health care professionals experience stigma from within their support networks, it poses an additional source of stress, and may limit their ability to cope with the challenging circumstances. In turn, this may have negative consequences on their mental and physical health, and limit their capacity to respond during an outbreak.

## Discussion:

Stigmatization of nurses by hospital coworkers, communities, friends and family members left nurses feeling isolated and ashamed. Along with the need for emotional support for nurses, caregiving issues were also particularly alarming. Many nurses described how their communities valued their contribution to the outbreak, yet ostracized them and their children by avoiding contact for fear of infection. There were several reported instances of children of HCWs not being accepted at daycares for fear of contaminating other children. As discussed in several of the focus groups: "Hospitals need to offer onsite daycare (because) the children of health care workers won't be accepted at daycare - they don't even want you living on your own street".

The nurses reflected on how they were treated by the public and within their social networks during the SARS outbreak. Emotional concerns related to the likelihood of being stigmatized within their health care institutions, by the public, and their friends and family members were consistent across all the focus groups. Nurses in Toronto expressed sadness and resentment on being avoided and stigmatized, despite the critical role they played in controlling the SARS outbreak: "Isolation, abandonment - friends, family, bus passengers, coworkers, community, management - it's like the plague, like a mark on your door, because everyone in the neighborhood knows you work at the hospital". Stigmatization was particularly heightened for HCWs of Asian descent. As SARS emerged and was initially transmitted in China, health care professionals from Asian communities faced additional challenges within the hospital and in the public (Leung, 2004).



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