The Relationship Between Stigmatization of Nurses and Their Personal Well-being in the COVID-19 Pandemic

COVİD-19 Pandemisinde Hemşirelerin Damgalanma Durumları ile Kişisel İyi Oluşları Arasındaki İlişki

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ABSTRACT

Introduction: The 2019 coronavirus disease (Covid-19) outbreak is a public health emergency of international concern and poses a resilience challenge. Research data are needed to develop evidence-based strategies to reduce adverse psychological effects and psychiatric symptoms during the epidemic. This study aims to determine the relationship between nurses' stigma andpersonal well-being in the first stage of the Covid-19 epidemic in Turkey. It is thought that the results obtained will contribute to the correct management of human behavior in current and future epidemics and will guide policymakers.

Methods: A total of 301 nurses working in the surgical clinics and operating rooms of two separate public hospitals operating in Istanbul between 1 -15 May 2020. It was aimed to reach the whole population by not choosing a sample. However, 82 nurses were excluded due to the shift work system, being on leave, and not participating in the study. The research was carried out with 219 participating nurses. Data were collected with the Individual Information Form, which included demographic questions created by the researchers, and the Stigma in Pandemics scale. SPPS 25.0 statistical package program was used to evaluate the data.

Results: The mean score of the Stigma Scale in Pandemics of the nurses was $\bar{X} = 3.38\pm0.8$, and the mean score of the Personal Well-Being Scale was $\bar{X} = 68.75\pm5.5$ "as moderate. In addition, it was determined that nurses' fear of contagion or contagion and social isolation sub-dimensions scores were high, and the scores of being exposed to written and verbal attacks were low.According to the results of the correlation analysis, the relationship between the stigma of nurses and their well-being in the Covid-19 pandemic is negative and at a low level.

Discussion and Conclusion: Nurses feel moderately stigmatized by the society in the Covid-19 pandemic, which negatively affects their subjective well-being.

Keywords: stigmatization, nurses, personal well-being, Covid-19, pandemic

ÖZ

Giriş ve Amaç: 2019 koronavirüs hastalığı (COVID-19) salgını, uluslararası endişe duyulan bir halk sağlığı acil durumudur ve psikolojik dayanıklılığa karşı bir zorluk oluşturmaktadır. Salgın sırasında olumsuz psikolojik etkileri ve psikiyatrik semptomları azaltmak için kanıta dayalı stratejiler geliştirmek için araştırma verilerine ihtiyaç vardır. Bu çalışmanın amacı, Türkiye'deki Covid-19 salgının ilk aşamasında hemşirelerin damgalanma durumları ile kişisel iyi oluşları arasındaki ilişkinin belirlemesidir. Elde edilen sonuçlar ile şuan ve gelecekteki salgın hastalıklarda insan davranışlarının doğru yönetilmesine katkı sağlayarak politika yapıcılara yol gösterceği düşünülmektedir.

Yöntem ve Gereçler: 21-15 mayıs 2020 tarihleri arasında İstanbul ilinde faaliyette bulunan iki ayrı kamu hastanesinin cerrahi klinikleri ile ameliyathanelerinde görev yapan toplam 301 hemşire oluşturdu. Örneklem seçimine gidilmeyerek evrenin tamamına ulaşılmasıhedeflendi. Ancak vardiyalı çalışma sistemi ve izinli olma, araştırmaya katılmayı istememe nedenleriyle 82 hemşire kapsam dışı bırakıldı. Araştırma 219 katılımcı hemşire ile gerçekleştirildi.Veriler araştırmacılar tarafından oluşturulan demografik soruların yer aldığı Bireysel Bilgi Formu ve Pandemilerde Sitigma ölçeği ile toplandı. Verlerin değerlendirilmesinde SPPS 25.0 istatistikpaket programı kullanıldı.

Bulgular: Katılımcı hemşirelerin COVID-19 pandemisinde Pandemilerde Sitigma ölçeği puan ortalamasının $\bar{X} = 3.38\pm0,8$ ve Kişisel İyi Oluş Ölçeği puan ortalamasının $\bar{X} = 68,75\pm5,5$ "olarak orta düzeydeydi. Ayrıca hemşirelerin bulaştırma veya bulaşma korkusu ile sosyal izolasyon alt boyutları puanlarının yüksek,yazılı ve sözlü saldırıya maruz kalma alt boyutu puanının düşük olduğu saptandı.Yapılan korelasyon analizi sonucuna göre Covid-19 pandemisinde hemşirelerin damgalanma durumları ile kişisel iyi oluşları arasındaki ilişki negatif yönlü düşük düzeyde ilişki olduğu belirlendi.

Tartışma ve Sonuç: Hemşirelerin COVID-19 salgınında kendilerini toplum tarafından orta düzeyde damgalanmış hissetmekte ve bu durum öznel iyi oluşlarını olumsuz yönde etkilemektedir.

Anahtar Kelimeler: damgalanma, hemşireler, kişisel iyi oluş, Covid-19, pandemi

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INTRODUCTION

The outbreak of SARS-CoV-2 infection has been named Coronavirus Disease 2019 (COVİD-19) by the World Health Organization (1). COVİD-19 quickly spread to many countries and was declared pandemia by the World Health Organization. COVİD-19 disease is a respiratory disease caused by a new coronavirus and first detected in Wuhan, China in December 2019.The disease is highly contagious and its main clinical symptoms are fever, dry cough, fatigue, myalgia, and shortness of breath (1). The disease is mainly transmitted by droplets. In addition, the droplets emitted by sick individuals through coughing and sneezing are transmitted by touching and touching the mouth, nose or eye mucosa after contact with other people's hands (2). The rapid spread of COVİD-19 from person to person, the increase in the number of infected people, increased awareness of infection-related mortality and the new nature of viral infection have raised concerns in people (3). In this process, all healthcare professionals and nurses at the national level, especially in the control, prevention and management of COVİD-19 infection, both in public health centers and in emergency clinics of hospitals, COVİD-19 clinics and intensive care units, continued to carry out their duties by making the necessary preparations. Healthcare workers are at the forefront of the fight against any pandemic and are therefore at risk of becoming infected with the pathogen that caused the pandemic. The risks and dangers faced by healthcare professionals include exposure to the pathogen, as well as long working hours, psychological stress, extreme fatigue, occupational burnout, stigma, physical and psychological violence (4). Stigma is a distressing and anxious situation for healthcare workers and nurses in all these situations. Health stigma includes negative, disparaging, hostile, devaluing and discriminatory attitudes towards a person or group with a particular illness, where the illness occurs, and things related to the illness. Especially in infectious diseases, people are stigmatized due to a link associated with the disease, stereotypes circulate with unrealistic or distorted information, and target people are exposed to discrimination. Throughout history, pandemics have led to stigmatization of those who get sick, those who are most likely to become ill, managers and healthcare workers (5-7). Particularly, healthcare professionals and nurses working in close contact with the patient and with high risk are exposed to stigmatization due to the possibility of contracting and transmitting the disease, they are excluded, people sending good messages remotely, when they see them in shopping, in the apartment, at home, and discriminatory even when necessary social distance and adequate precautions are taken. It is stated that they may encounter behaviors (6). The most painful and destructive effect of stigma is that people think that they are no longer a member of the society to which they feel connected. With the exclusionary attitude of the society, the person feels increasingly lonely and withdraws from his environment and withdraws, thoughts such as anxiety symptoms, social withdrawal, pessimism, hopelessness, inadequacy, helplessness, guilt can trigger mental illnesses (5,6). In a study conducted by Pham et al. In Vietnam, it was revealed that healthcare workers working with HIV / AIDS patients suffer from HIV / AIDS risk and "stigma" anxiety if they get sick, and this anxiety negatively affects their job satisfaction (8). These negative emotions, of course, affect the personal well-being of healthcare professionals and nurses. Personal well-being is a term that describes how an individual feels about his or her life. It also includes individuals' emotional responses, satisfaction in their living spaces and subjective evaluation of the overall quality of life (9,10). Especially in recent days, no study has been found to determine whether nurses who work one-on-one with patients with COVİD-19 have been stigmatized and their well-being in this period due to the high risk of being infected and working with these

patients. Therefore, in this study, it was aimed to determine the relationship between stigmatization and personal well-being in nurses working with COVİD-19 patients.

METHODS

Study Design
This research was conducted as descriptive and cross-sectional study.

Sample
The universe of the study consisted of 301 nurses working in two public hospitals operating in Istanbul between 1 and 15 May 2020. It was aimed to reach the entire universe by not choosing the sample. However, 82 nurses were excluded because of the shift working system, being on leave and not wanting to participate in the study. The research was carried out with 219 participating nurses.

Data Collection Tools
"Individual Information Form", "Personal Well-being Index-Adult (PWBI-A) Form" and "Stigma in Pandemics Scale" were used in the study.

Individual Information Form: In this form, which was created by scanning the literature, the participants' age, gender, marital status, unit, educational status and nursing profession, and general questions about the Covid-19 pandemic were included. The general questions in this section are "Do you like your profession?", "Have you been diagnosed with COVID-19 ? " How you worked before you were diagnosed with COVİD-19? "How do you find the management of the Covid-19 pandemic process in our country?" It is intended to determine the predictions of the participants about the pandemic.

The Stigma Scale in Pandemics: The scale, which was developed by the researchers by scanning the literature, consists of 15 statements and includes the events experienced / experienced by the nurses in the last three months. The scale consists of 4 sub-dimensions: Fear of Contagion (3 items), Social Isolation (4 items), Written and Verbal Assault (5 items), Negative Self Perception (3 items). The scale was designed as a 5-point Likert type and the participants were asked to mark between 1 and 5 how much they agreed with each item. (1 = Never, 5 = Always). Scale score; It was calculated by adding the score value of the items in each sub-dimension and dividing it by the number of items in that sub-dimension. The higher the score, the higher the perceived stigma.

Personal Well-being Index-Adult (PWBI-A) Form: It was developed by the International Wellbeing Group. The most commonly used scale in the field of positive psychology is an Adult Personal Well-Being Index (PWB-A) form Meral (2014) was adapted into Turkish by adults over the sample in Turkey (10). It measures subjective well-being based on the satisfaction levels of individuals in eight areas of life, in accordance with the structure of the concept. It is a thematic and 11-point Likert type (0-10) measurement tool. Each of the eight areas of life that the PWBI-A form aims to measure is measured with a total of eight questions (sample scale items: How safe do you feel yourself ? - How satisfied are you with your spiritual life religious, spiritual life, etc.?). The lowest score that can be obtained from the 11-point Likert-type scale without reverse coded items (0: Not satisfied- 5: Unsatisfied- 10: Completely satisfied) is 0, the highest score is 80. The score obtained from the scale corresponds to the average of eight sub-dimensions and the increase in the score corresponds to the increase in the perception of personal well-being. What the relevant score means becomes meaningful according to the calculation [(Total Score From the Scale / The Highest Score Can Be Taken From the Scale) x 100]. For example, if a person has a total of 60 from the scale, this score is divided by 80, which is the highest score that can be obtained from the scale, and the result is mul-

tiplied by 100 [(60/80) x 100]. According to the calculation to be made, the score of the relevant person is 75 and this score in the range of 0 -100 is a good personal well-being score, balanced according to the homeostasis (self-balance) theory.

Data Collection Method

It was aimed that the data did not constitute an obstacle to the geographical boundaries and to reduce the random error in the size of the population- sample. Considering the existence of quarantine due to the pandemic disease, they were collected online using the internet environment via google forms. The explanation regarding the filling of the data collection forms was made in the first part of the forms and it was stated that the questionnaires should be answered in the 15-day period between 1-15 May 2020. The time to answer the questionnaires in the study took approximately 5-7 minutes.

Ethical Aspect of the Research

In this study, ethical approval was obtained from the ethics committee of a foundation university (ethical approval number: 03/07/2020-E.3014). Online approvals of the participants that they volunteered to participate in the study were obtained. The research was conducted in accordance with the Helsinki Declaration Principles.

Evaluation of Data

SPPS 25.0 statistics package program was used to evaluate the data. The distribution of the questions in the Individual Information Form was evaluated as frequency, percentage, and scale scores as mean, standard deviation. Before the analysis, the normal distribution of the data was examined with the Kolmogorov-Smirnov test and it was found that it showed a normal distribution. "t" test was used for independent samples (Independent samples) in the comparison of parameters between groups in case of two groups in comparison of quantitative data. In the comparison of quantitative data, in the case of more than two groups, the one-way (Oneway) Anova test was used in the intergroup comparison of the parameters, and the Bonferroni test and the hierarchical logistic regression analysis were used to determine the group that caused the difference. The results were evaluated at 95 percent confidence interval and $p < 0.05$ significance level.

RESULTS

The average age of the 219 nurses participating in the study is 37.18 ± 11.51, 42% of them are in the 31-40 age group and 80.8% are female. It was determined that 71.3% of the nurses were undergraduate graduates, 31.1% were working in surgical clinics and 81.3% were married. In addition, 58.4% of the participant nurses loved their profession moderately, 60.3% were diagnosed with CO-VID-19, 59.4% worked in the pandemic clinic, 60.3% had positive behaviors from the people around them during the pandemic process. it was determined that they thought they were exhibiting (Table 1).

As a result of the evaluation of the research data, the total score of the stigmatization scale for Covid-19 Pandemic was $\bar{X} = 3.38 \pm 0.8$ in the "Fear of Contagion" sub-dimension, $\bar{X} = 4.41 \pm 0.4$ in the "Social Isolation" sub-dimension, $\bar{X} = 4.25 \pm 0, 7$, $\bar{X} = 2.88 \pm 0.9$ in the "Verbal and Written Attack" sub-dimension, and $\bar{X} = 3.25 \pm 0.7$ in the "Negative Self Perception" sub-dimension. According to these findings, it was determined that the stigma scale scores of the nurses for the Covid-19 pandemic were moderate, but the scores of the social isolation sub-dimensions with the fear of transmission or contamination were high, and the scores of the sub-dimensions of being exposed to written and verbal attacks were low (Table 2).

Table 1: Socio-Demographic and Risk Perception for The Covid -19 Outbreak (N = 219)		n	%
Gender	Female	**177**	**80.8 %**
	Male	42	19.2 %
Age	18-30 years old	78	35.6 %
	31-40 years	92	42 %
	41-50 years	27	1% 2.4
	51 years and older	22	1 6 %
Education status	High school	24	10.9 %
	Associate Degree	11th	5 %
	License	156	71.3 %
	Master's and above	28	% 17 8
Working unit	Intensive care	26	11.9%
	Surgical unit	77	35.1 %
	Internal unit	57	26%
	Operating room	37	16.9 %
	Policlinic	19	8.7 %
	Administrative units	3	1.3 %
Do you like your profession?	Low level	38	17.3 %
	Intermediate	128	58.4 %
	High level	53	24.2 %
Have you been diagnosed with COVID-19?	Yes	132	60.3 %
	No	87	39.7 %
How did you work before you were diagnosed with COVID-19?	I was working in the pandemic clinic	51	23.3 %
	I was indirectly working in the pandemic clinic	130	59.4 %
	I was working indirectly and directly in the pandemic clinic	38	% 17, 3
Marital Status	The married	178	81.3 %
	Single	41	18.7 %
How were the attitudes of the people around you towards you and other healthcare professionals during the pandemic?	Positive	132	60% 3
	Negative	31	14.1 %
	Neutral	56	25.6 %
How do you find the management of the COVID-19 pandemic process in our country	Very good	60	27.4 %
	Good	48	21.9 %
	I am index	111	50.7 %
	Bad	0	0 %
	Very bad	0	0%

As a result of the evaluation of the research data, the total score average of the nurses' Personal Well-being Scale was $\bar{X} = 68.75 \pm 5.5$, and among the eight questions in the scale, the highest levels of health status (7.42 ± 0.7) and spiritual life (7.09 ± 1) were found to be satisfied (Table 3).

When the participants' mean scores for the Covid-19 pandemic were compared with the stigma scale and the personal well-being scale, it was found that 'gender made a significant difference. It was determined that the difference originated from women ($p > 0.05$) for the stigma scale in pandemics and men ($p > 0.05$) for the personal well-being scale. In addition, a statistically significant difference was found according to the variables of age, marital status, being diagnosed with Covıd-19 and liking the profession ($p < 0.05$). It was determined that this difference was due to the age range of 31-40 years, and the high personal well-being scores of the married people as marital status, and the high scores of the stigma scale in those who have caught Covıd-19 and those who love their profession at a low level, and the high personal well-being scores of those who love their profession at high was detected (Table 4).

According to the Pearson correlation analysis between the total score average of the Stigma in Pandemics and Personal Well-being scales of the nurses included in the study and the mean scores of the sub-dimensions, a negative and moderate relationship was found between the averages of the two scales. In addition, a negative and moderate correlation was found between all sub-dimensions of the stigma scale

and the personal well-being scale (Table 5).

Table 2. Pandemic in s Stigma Scale Mean Scores Internal Consistency Coefficients (*n = 219*)			
Stigma Scale Items for Covid-19 Pandemic		SD	Cronbach Alpha
Fear of Contagion	4 , 4 1	, 480	
I'm afraid I will infect my family	3 , 94	1.01	, 84
I wanted to stay at the hotel to avoid infecting my family and relatives because I was at risk	3 , 93	, 946	
During this period, I was asked to stay elsewhere. I entered the building I'm sitting absorb been asked	4 , 51	, 659	
Social Isolation	4, 2 5	, 715	
Hotels did not open their doors to me. Did not give a place to stay	1.1 2	, 899	
Everyone treated me more distant than other people.	4.29	, 946	, 82
They didn't want to talk to me	3.85	1.06	
My friends stopped their phone calls with me	1 , 58	, 712	
Verbal and Written Assault	2 , 88	, 765	
Incriminating articles were written against me in the building where I live.	2 , 01	, 978	
People said hurtful things as I passed by	2.4 4	, 982	, 78
I was told that God punished me	2.1 1	, 948	
Someone insulted me	2 , 08	, 974	
Charged for my COVID-19 situation	3.28	1.10	
Negative Self Perception	3 , 2 5	, 763	
I was embarrassed to have this disease.	1.05	1.10	
I felt completely worthless	4.17	1.10	
I felt I was giving too much trouble to my family	3.90	1.10	
Stigma Scale Total Score Average for Covid-19 Pandemic	3 , 3 8	, 8 1 9	, 78
p <0.05			

Table 3. Personal Well-Being Scale Mean Scores, Internal Consistency Coefficients (n = 219)			
Personal Well-being Scale Items			
	$\bar{X}$	SD	Cronbach Alpha
How satisfied are you with your living conditions?	5,27	1,85	
How satisfied are you with your health condition?	7,42	,729	
How satisfied are you with your achievements in your life?	6,89	1,16	
How satisfied are you with your relationships with other people?	7,25	,849	
How safe do you feel?	6,28	,671	,83
How satisfied are you with your relations with society, being a part of society?	6,18	,981	
How safe do you feel about your future?	6,04	,905	
How satisfied are you with your spiritual life (religious, spiritual life, etc.)?	7,09	1,00	
Personal Well-Being Scale Total Score average	68,75	8,55	
p < 0.05 , $\bar{X}$: Mean, SD: standard deviation			

Table 4 Comparison of Individual Characteristics of Participating Nurses with Stigma and PersonalWell-being Scale Score Average in Pandemics (n = 219)				
	Stigma Scale in Pandemics		Personal Well-being Scale	
	$\bar{X}$	SD	$\bar{X}$	SD
Gender				
Famela	3,59	,530	63,36	5,97
Male	3,16	,711	76,33	5,92
t	3,106		2,571	
P	,044*		,022*	
Age				
18-30 years old	2,90	,000	63,40	6,01
18-30 years old	3,23	,693	63,53	6,19
31-40 years old	3,62	1,18	66,82	,989
41-50 years	3,19	,235	68,56	5,21
51 years and older	3,41	,271	63,29	4,25
F	2.109		5,253	
P	,000*		,005*	
Education status				
High school	3,58	,000	69,25	5,21
Associate Degree	3,43	,605	67,77	6,61
License	3,36	,433	64,27	5,84
Master's and above	3,31	,483	67,31	5,69
F	1.109		,751	
P	,057		,075*	
Marital status				
The married	2,61	,106	67,42	7,72
The Single	2,59	,094	63,63	5,48
t	0,253		4,213	
P	,117		,012*	
Do you like your profession?				
Low level	3,79	,510	65,25	5,21
Intermediate	3,33	,605	66,77	6,61
High level	2,38	,413	73,27	5,81
F	3,223		4,613	
P	,0027*		,032*	
Have you been diagnosed with COVID-19?				
Yes	3,69	,630	65,23	6,85
No	3,13	,311	71,26	6,72
F	3,648		3,587	
P	,014		,028	
*p < 0.05, $\bar{X}$: Mean, SD: standard deviation				

Table 5. Correlation Analysis for the Relationship Between Stigma in Pandemics and Personal Well-being Scale of Participating Nurses (n = 219)								
	X̄	SD	1	2	3	4	5	6
1.Fear of Ice	4,41	0,4	1,00	,547	,-214	,612	,479	,-479
2. Social Isolation	4,25	0,7	,547	1,00	,-179	,578	,712	,-384
3.Written and Verbal Assault	2,88	0,9	,-214	,-179	1,00	,313	,657	,-219
4. Negative Self Perception	3,25	0,7	,612	,578	,313	1,00	,591	,-628
5.Sitigma Scale	3,38	0,8	,479	,712	,657	,591	1,00	,-586
6.Personal Well-Being Scale	68,75	8,55	,-479	,-384	,-219	,628	,586	1,00
p < 0.05* , X̄ : Mean, SD: standard deviation								

DISCUSSION

Coronavirus Disease 2019 (Covid-19) has impacted its rapid spread, high risk of transmission and rapid progression of the disease, increased mortality rates, unknown nature, people's fears, anxiety and psychological problems (11). Not only the psychological problems related to the Covid-19 infection, but also the fear and anxiety of transmission from person to person cause the negative stigma to increase day by day (12). In this study, it was determined that more than half (59.4%) of the nurses participating in the study worked in the pandemic clinic and again more than half (60.3%) were diagnosed with Covid-19. It was found that 60.3% of the nurses thought that the people around them displayed positive behaviors during the pandemic process. (Table 1). In addition, the nurses' stigma scale scores for the Covid-19 pandemic were moderate, but the scores of the social isolation sub-dimensions were high for fear of transmission or contamination. It was determined that sub-dimension scores of being exposed to written and verbal assault were low (Table 2).

It is reported that healthcare workers, Covid-19 patients and survivors were exposed to stigma in various ways during this pandemic worldwide. In Mexico, for example, doctors and nurses have been found to ride bicycles due to being denied access to public transport and being subjected to physical attacks. Similarly, in Malawi, health workers were reported not to be allowed to use public transport, were insulted on the street and evacuated from rented apartments. Media reports in India revealed that doctors and healthcare professionals dealing with Covid-19 patients face significant social exclusion; they were asked to evacuate the rented houses and even reported being attacked while performing their duties (13). Similar to the literature, in this study, it was determined that nurses were exposed to stigma, albeit at a moderate level, and they were particularly concerned about the issues under the sub-headings of transmission of the disease to their relatives and social isolation. In the study conducted by Shechter, et al., with 657 healthcare workers, three out of every 4 healthcare workers are extremely disturbed by the fear of infecting Covid-19 to their families or friends. In addition, most of the healthcare professionals stated that they were very sorry for having to maintain "social distance" from the family (14). Increasing cases and mortality rates during the pandemic can put healthcare workers in the front line under extreme pressure due to many factors such as social isolation, stigma and discrimination, which can lead to psychological problems (15). Therefore, this situation may negatively affect the personalities of healthcare professionals and nurses.

In this study, the total score average of the nur-

ses's Personal Well-being Scale was $\bar{X} = 68.75 \pm 5.5$, and among the eight questions in the scale, the highest number of health conditions (7.42 ± 0.7) and spiritual life (7.09 ± 1) were found to be satisfied (Table 3). In general, nurses are not satisfied with their living conditions, their success in life, and their relationships with other people during the Covid period. It shows that they are not happy at the desired level in terms of feeling safe and secure about the future, as well as in their relations with the society. They only stated that they felt moderately good about being healthy and about spiritual life (religion, spiritual life, etc.) during the study period. In a cross-sectional survey of 1257 healthcare workers in China during the Covid-19 outbreak, more than 70% of the study participants reported distress, 50% depression, and 34% insomnia, while more severe symptoms were generally seen in nurses (12). In another study, it was found that symptoms of acute stress, depression and anxiety were observed in healthcare workers. (14). In similar outbreaks, significant psychological distress has been reported among healthcare workers, including depression, anxiety, and insomnia, for example, during outbreaks of Middle East Respiratory Syndrome (MERS) (16) and Severe Acute Respiratory Syndrome (SARS) (17). This situation shows us that working in a particularly high-risk environment and direct patient care can lead to poor mental health consequences for healthcare workers during outbreaks of infectious diseases. Factors that influence the psychological impact and stigma of society are made up of several things, including internal and external factors. Factors affecting psychological status are age, gender, educational background, economics, support systems, health conditions and sources of information. All these factors can affect each other and cause a deterioration in the psychological state of the society. However, the negative stigma that exists in society is influenced by environmental factors, history of concomitant chronic diseases, discrimination, self-isolation, and people's perceptions of the

issue (18). In this study, when the participants' mean scores for the Covid-19 pandemic were compared with the sitigma scale and personal well-being scale, gender made a significant difference and the difference was due to women (p> 0.05) for the sitigma scale in pandemics and men (p> 0.05) for the personal well-being scale. determined. Similarly, there are studies showing that depressive and anxiety symptoms are higher in female healthcare workers (12,19). In this study, the fact that men felt better than women and that they were less affected by the stigma associated with this, both the low number of male nurses participating in the study, they were less affected by what was said, and they were better prepared for this situation psychologically and perhaps better family support. We can attribute it to being. Because, in a study, it was determined that anxiety and depression were higher in those who were less psychologically prepared, those who lacked self-efficacy and family support, and those with low sleep quality (18). In addition, a statistically significant difference was found in our study according to the variables of age, marital status, being diagnosed with Covid-19 and liking the profession (p <0.05). It was determined that this difference was caused by the age range of 31-40 years, high personal well-being scores of those who are married and love their profession at a high level, and those who have Covid-19 and those who love their profession at a low level are due to the high scores of the stigma scale (Table 4). It is stated that factors such as age, gender, education level, health status, information about Covid-19, economic status, exposure to disease and support are effective in the emergence of psychological effects such as depression and anxiety, that is, situations where personal well-being is not good (20). In our study similar to this information, we can attribute the better personal well-being of especially those between the ages of 31-40 to their higher professional experience, to their higher level of knowledge and to protection from infection. In a study conducted in China, it was

determined that the depressive tendencies of those under the age of 35 were higher than the other age group. (20). Marriage can be associated with spousal support. Because while people are trying to prevent transmission of the virus, the closure of schools, places of worship and workplaces eliminates the benefits of social support and isolation can cause feelings of vulnerability. Therefore, it can be said that the lack of social support for single and lonely living people causes them to feel unwell and those who are married to feel better. A study conducted in Singapore also found that single physicians are at higher risk of developing psychiatric symptoms than married nurses (21). Mental health officials should therefore consistently strive to improve social support systems to both eliminate stigma and increase personal well-being. Similarly, it is possible to say that it is a normal result for those who love the profession to feel good. The opposite situation negatively affects well-being. When a literature review was examined, it was seen that stigmatization, abandonment and isolation behaviors were not only in Covid-19, but also in the period of SARS, H1N1 and Ebola (22). It is stated that social stigma and discriminatory attitudes are exhibited especially against the sick individuals, and this situation creates feelings of abandonment in the individuals (20). In this study, it was determined that the stigma scores of the nurses with Covid-19 were higher and therefore their well-being was lower. In a study conducted during the SARS period in Taiwan, it was determined that 9.7% of the general population sample experienced discrimination due to the quarantine of themselves, their families or friends or because they were family members of healthcare professionals (23). In general, it is stated that in many countries of the world, healthcare workers, including India, the USA, and Australia, show that they are exposed to such situations and are even beaten, threatened and removed from their homesf (24). Whereas, spreading the right information not only can help prevent the stigma of Covid-19 in humans, but can also eliminate social discrimination faced by healthcare workers. This will protect the mental health

of healthcare professionals and increase personal well-being. It will also help to effectively control the public health crisis.

CONCLUSION

Nurses feel moderately stigmatized by society in the Covid-19 outbreak, which negatively affects their subjective well-being. Throughout history, pandemics have led to stigmatization of those who get sick, those who are most likely to become ill, managers and healthcare workers. The perceptions, beliefs, attitudes and generally psychological reactions of communities where uncertainty has increased and the pandemic has affected can act as a ff "vector" in reducing the motivation of nurses, who are healthcare workers. Studies to identify and evaluate such characteristics that may differ from society to society are considered necessary for the success of combating the pandemic Consequently, providing comprehensive support from both managers and the community to improve the mental health of patients, recovering patients and frontline healthcare workers during the Covid-19 crisis required. It is important to educate the society in order to prevent stigma.
Practice Implications: Nurses feel moderately stigmatized by the society during the Covid-19 pandemic, and this situation negatively affects their subjective well-being.

Implications for psychiatric nursing practice

While evidence is emerging about the impact of Covid-19 on the general population and the challenges facing healthcare, much less is known about how the pandemic directly affects the delivery of nursing services. Targeted guidelines are needed to support mental health nurses who provide care and support to people with severe mental distress during a pandemic, often in unsuitable settings. The findings of this research identify areas that require attention and investment to prepare for future crises and the consequences of the pandemic. By understanding the impact of the pandemic on mental health nursing care,

we can understand the current gaps in guidance, the challenges faced, and the impact of the crisis on care for mental health care users. By doing this, we can plan the continuing nature of this epidemic and what the crisis may leave for our service users and workforce. This article provides insight into the impact of the Covid-19 outbreak on the service and care mental health nurses are expected to do and can provide. This will enable us to ensure that future planning, guidance, support and protection take place during ongoing and future crises.

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