REVIEW

COVID-19 Stigmatization: Concept Analysis

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Abstract

The new coronavirus disease (COVID-19) is spreading rapidly worldwide and has been declared as a pandemic in 2020. Countries have taken many measures against the pandemic. However, the spread of the virus could not be entirely slowed down. People who are diagnosed with COVID-19 and their families, healthcare workers, citizens of countries in the Far East, the elderly, and people who travel are stigmatized. Stigmatization can have a negative effect on individuals, families, and on society. Discrimination as a result of stigma prevents people in society from receiving proper care and treatment and leads to psychological problems. Stigma should be prevented to mitigate the effects of COVID-19. The objective of this study was to analyze the concept of COVID-19 stigma. This concept was analyzed with the Walker and Avant concept analysis method. In literature review, articles that are accessible and relevant for concept analysis were found by searching with the keywords "damgalamak, damga, etiketleme, stigma, stigmatize, stigmatization, kavram analizi, concept analysis, COVID-19, COVID-19 stigma, and COVID-19 damgalama" in PubMed, Science Direct and Google Academic databases between the months of January and May, 2020. However, no study was found about COVID-19 stigma concept analysis in literature. Therefore, this COVID-19 stigma concept analysis will provide guidance to healthcare professionals.

Keywords: COVID-19, SARS-CoV-2, stigma, concept analysis

Introduction

The new coronavirus disease (COVID-19) was first detected in December 2019 in the city of Wuhan in China. COVID-19 was defined as a disease associated with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) factor, which has rapidly spread worldwide (Jakovljevic et al., 2020; Kamer & Çolak, 2020; Ramaci et al,. 2020; Zhou et al., 2020). The disease is mostly seen in people between the ages of 30 and 79 (Kamer & Çolak, 2020; Wu & McGoogan, 2019). Approximately half of the people diagnosed with COVID-19 have only mild or no symptoms, and the main symptoms in the other half are fever, fatigue, dry cough, myalgia, and dyspnea (Bosnalı & Tander, 2020; Bruns et al., 2020; Kamer & Çolak, 2020). The number of people infected with the COVID-19 virus has been increasing worldwide. The World Health Organization (WHO) decided that it was an international public health matter and declared COVID-19 as a pandemic.

Countries worldwide have taken many measures against the pandemic; however, the spread of the virus could not be entirely slowed down. Despite the measures taken, the virus has caused panic and fear in people. Turkish Psychiatric Association (2020). Social relations have changed due to the virus, with people trying hard to stay away from others in order to avoid being infected. Furthermore, anyone, including healthcare workers, who coughs and appears tired, or even those who do not have any symptoms, is considered to be a patient of COVID-19 by people around them. This perception, which can be defined as COVID-19 stigma, has a negative effect on people in all parts of their lives (Kaya, 2020; The Psychiatric Association of Turkey, 2020). "Stigma" means a mark of disgrace or infamy—a stain or reproach on one's reputation (Avcil et al., 2016). "Stigma" is a "mark" that is discrediting and provides the basis for discrimination of an individual from the rest of the group. The word stigma was first used in the ancient Greek language and was used to mean a punch, hole, scar, or mark. Today, it is used as a way of devaluating and discrediting someone (Özmen & Erdem, 2018). Stigma can be seen throughout history. It was seen more in ancient societies, especially during pandemics and in cases of mental illnesses. (Barrett & Brown, 2008; Çam & Bilge, 2013; Özmen & Erdem, 2018).

Stigma can be experienced at many levels, and it can cause discrimination within interpersonal relations. Discrimination is the deprivation of the rights of certain people in a society owing to stigmatization and prejudice (Avcil et al., 2016; Ay, 2017; Çömez & Sarıkaya, 2017). A stigma underlines that the stigmatized individuals are different, and many negative characteristics are attributed to these people owing to these differences (Çam & Çuhadar, 2011). Thus, stigma becomes as dangerous as the disease itself and prevents patients from receiving proper care and treatment (Avcil et al., 2016; Park & Park, 2014; Salih & Landers, 2019).

People who are stigmatized because of COVID-19 are those who are diagnosed with the disease and their families, healthcare workers, citizens of countries in the Far East, the elderly, and people who travel (The Psychiatric Association of Turkey (2020). Stigmatized people can experience problems in every part of life. Furthermore, a majority of people in society do not ask for healthcare and prefer not to give information to their families and friends even when they have COVID-19 symptoms for the fear of being stigmatized. On account of that, the diagnosis and the treatment processes of the virus are not managed effectively, and thus, the pandemic cannot be brought under control (Bruns et al., 2020). Stigmatization should be prevented to mitigate the effects of the COVID-19 pandemic. In this regard, it is very important for individuals to have access to information sources to get support that helps them to cope with negative situations. It is also important for the media to use careful language that does not allow stigmatization and for healthcare workers to raise awareness about stigma. With their increasing importance, especially during this pandemic, healthcare professionals should understand the concept of stigma and raise awareness in the public to prevent stigmatization. Therefore, in our review, the definition of COVID-19 stigma is given and the concept analysis has been done to provide guidance to healthcare professionals.

Material and Methods

Concept analysis is a method that investigates a concept, provides in-depth analysis about it, differentiates it from other similar concepts, and assesses the validity of the concept to make it more understandable and up to date (Meleis, 2012; Walker & Avant, 2011).

Different methods can be used for concept analysis. In this review, Walker and Avant's concept analysis method was used to analyze the concept of COVID-19 stigmatization (Walker & Avant, 2011). This concept analysis is performed in eight stages, which are:

Main Points

- The number of people infected with the COVID-19 virus has been increasing worldwide.
- The World Health Organization (WHO) decided that it was an international public health matter and declared COVID-19 a pandemic.
- Considering their increasing importance, especially during this pandemic, healthcare professionals should understand the stigma concept and raise awareness about stigma among the public to prevent stigmatization.

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1. Choosing a concept: The concept to be analyzed is chosen at this stage.
2. Determining the purpose of the concept analysis: The purpose of the concept analysis is determined.
3. Identifying all uses of the concept: Definitions of the concept are reviewed and uses of the concept in all potential areas are investigated.
4. Defining attributes of the concept: Characteristics of the concept in literature are defined.
5. Identifying a model case: A model case that includes all characteristics of the concept is created.
6. Identifying borderline and contrary cases: A borderline case, which includes some of the characteristics of the concept, and a contrary case, which includes none of the characteristics, are identified.
7. Identifying antecedents and consequences of the concept: Antecedents are events that must occur prior to the manifestation of a concept. Consequences are events that occur as a result of it.
8. Identifying measurement methods for the concept: Ways to measure the concept are identified.

In this review, articles that are accessible and relevant for concept analysis were found by searching with the keywords "damgalamak, damga, stigma, stigmatize, stigmatization, kavram analizi, concept analysis, COVID-19, COVID-19 stigma, and COVID-19 damgalama" in PubMed, ScienceDirect and the Google Scholar databases between the months of January and May 2020. The Turkish Language Association dictionary and Oxford English dictionary were reviewed. Individuals were informed that the interviews would be used for research purposes, and their permission was obtained.

Findings

Choosing a Concept
"COVID-19 stigmatization" was chosen as the concept to be analyzed in this review.

Determining the Purpose of the Concept Analysis
The purpose of this study was to define the stigma faced by healthcare workers, patients and their families, citizens of Far East countries, the elderly, and people who travel, and to make sure that the concept is well understood.

Identifying All Uses of the Concept
In this section of the review, according to Walker and Avant (2017), the dictionary definition of the concept and its use in different areas have been investigated. However, no dictionary definition was found for "COVID-19 stigma" in searches. Therefore, the dictionary definition of the concept of the related stigma and its use in different areas were investigated.

Dictionary Definition of Stigma
The word "stigma" has 4 different meanings according to the Turkish Language Association dictionary. The first meaning of stigma in Turkish is "a mark on an object." It also means "a tool to make marks" and "a mark/sign made by such a tool." In addition, it means "an apparent sign, mark, or feature on an object that shows the owner or the date of that object." The final

meaning of stigma is "a mark of disgrace or infamy; a stain or reproach, as on one's reputation" (Turkish Language Association Dictionary (2020). The meaning of stigmatize is "to make baseless allegations against someone" and "to condemn someone openly or formally for an infamous crime." In addition to the above meaning, in Turkish, to stigmatize means "make/leave a mark or sign on something" (Turkish Language Association Dictionary, 2020). The word stigma was first used in the ancient Greek language. According to the Oxford English dictionary, in English, "stigma" means "negative feelings that people have about particular circumstances or characteristics that somebody may have." In English, the word "Stigmatize" means "to treat someone/something in a way so as to make the person/thing look/feel bad or insignificant." The word "stigmatization/stigmatisation" means "behavior that makes someone feel bad" (Oxford Dictionaries, 2020).

Definitions of Stigma in Other Disciplines

The stigma concept was first used in sociology as a discrediting attribute or a mark of disgrace that leads society to see someone as not normal, which can cause prejudices and discrimination. Then, stigma started to be used in other fields such as health sciences, criminology, psychology, social psychology, and organizational behavior (Bos et al., 2013; Güvenir et al., 2004). In Turkish, one of the uses of the word "stigmatize" is to convey that something/someone has a major effect on a situation/event. The labeling concept is used to refer to a person, situation, organization etc. in social media.

Different people in the community with whom a person interacts with may have different opinions and behaviors toward the person who has an illness or has some other condition. This can cause the person to be stigmatized. The discriminatory and stigmatizing attitude toward Asian people at the beginning of the COVID-19 pandemic was later also directed toward healthcare workers, patients and their families, citizens of the Far East countries, the elderly, and people who travel, contributing to the worldwide spread of the virus. (The Psychiatric Association of Turkey, 2020). The reasons people stigmatize others could be prejudices, discrimination, stereotyping, fear, and anger (Baysal, 2013). People who stigmatize others having infectious diseases can also avoid seeking medical help when they need to (Reluga et al., 2019). The stigma concept can negatively affect and restrict both the person who is stigmatized as well as the person doing the stigmatization. When literature is reviewed, studies on stigma are mostly done in people with psychological disorders, infectious diseases such as acquired immunodeficiency syndrome (AIDS), and obesity. The objective of this study was to investigate the stigmatization of people due to the COVID-19 pandemic.

Defining Attributes of the Concept

Definitions and descriptions about the stigma concept in literature are reviewed in this section. The goal is to make the COVID-19 stigma concept more understandable with the help of information from literature. Additionally, the concept will be updated as the most up-to-date literature is used (Walker & Avant, 2011). Based on the definitions of stigma in literature, this concept is found to be linked to labeling,

emotional reaction, stereotype, prejudice, discrimination, attitude, internalized stigma, and perceived stigma concepts (Corrigan & Lundin, 2011; Lindberg et al., 2014; Özmen & Erdem, 2018; Taşkın, 2007).

According to Link and Phelan (2006), stigmatization based on a health problem happens in three ways. The first is the stigmatization by someone against another person (Link & Phelan, 2006). A person with health problems can be blamed, discriminated, and ostracized by healthy people or groups. Second, stigmatization toward a person with health problems can be done by using direct or indirect pressure and marginalization through institutional regulations. Finally, the person with a health problem can feel guilty due to his or her condition. With this, he may internalize the stigma he experiences.

Labeling

When we look at the meaning of "labeling," we see the definition of "identity." Furthermore, a label also means "a piece of paper on a product that displays information about the product, such as the product type, amount, price, etc." It can also be described as "a small note attached on things, such as books, to show the owner information." In Turkish (etiquette), it also means "the customary code of polite behavior in society" (Turkish Language Association Dictionary, 2020). Labeling of a person with the aim to discriminate, alienate, discredit, or defame causes stigma (Goffman, 1963). Labeling and stigmatization can sometimes be used interchangeably. Having said that, not every labeling attempt for a disease will result in stigmatization (Özmen & Erdem, 2018). But, if stigmatization occurs as a result of labeling, the person's behavior is evaluated based on the labeling. According to Taşkın (2007), some psychological diagnoses come under labeling (Taşkın, 2007).

Emotional Reaction

Emotional reactions can develop in a person who is stigmatized as dangerous, dysfunctional, unruly, and a loser due to prejudices and stereotyping. For example, the person can feel anger, fear, self-pity, and can become nervous and anxious (Taşkın, 2007).

Internalized Stigma

When people are stigmatized, they can internalize stigmatizing attitudes and reactions. As a result of this, they can feel unworthy or ashamed and may withdraw themselves from society (Yüksel et al., 2014).

Perception of Stigma

The attitudes and behavior of a person may be affected as a result of perceived stigma. Sometimes, perception of stigma can occur despite the lack of a stimulus. The difference between this and internalized stigma is that the person does not internalize the stigma (Baysal, 2013).

Stereotype

This concept is used to describe a common view of society of a particular situation. This common view is not necessarily accepted by all members of the society or by other societies. People who stereotype a person as dangerous may avoid

and alienate that person. Nevertheless, stereotypes are not always negative (Baysal, 2013; Corrigan & Lundin, 2001).

Prejudice

Prejudices and stereotypes on the same subject can interact. A person's judgment of a situation can be based on public view. In other words, the person can have a new judgment based on stereotypes and other judgments without doing a cognitive evaluation. (Baysal, 2013; Corrigan & Lundin, 2001; Taşkın, 2007).

Discrimination

Cognitive and emotional responses to a situation that involves stereotyping and prejudice can develop. These responses are reflected in a person's behavior. The person can show discriminatory, alienating, and restricting behavior toward certain people or subjects (Corrigan & Lundin, 2001; Taşkın, 2007).

Attitude

People are influenced by their environment when developing perspectives. Experiences about events can lead to either positive or negative emotional and cognitive reactions. Reactions and perspectives of people are considered as attitudes (Corrigan & Lundin, 2001).

Identifying a Model Case

A model case that includes all characteristics of the concept is created. The case is described as below:

A.Y. is a 25-year-old nurse. She is married and has one child. She changes service in the hospital because of the pandemic and starts working in the intensive care unit reserved for patients with COVID-19. One day, when she is returning from work, she notices a note on the news board of her building. The note says that healthcare workers living in the building should be extra considerate, clean door knobs, buttons, etc. after touching and should not use the building garden. The note also says that both building residents who are sick as well as healthcare workers are dangerous and can infect others in the building. The note explains that building residents infected each other during the swine flu pandemic and that it can be worse in this pandemic. This scares the building residents, the note says. A.Y. reads the note and feels worthless, frightened, and depressed as she enters into her apartment. She feels like she is ostracized by her neighbors in the building and is seen as a threat by them. Three days after reading the note, she starts to think that the building residents are right about considering her as a threat. She decides to move to a boarding facility in order to not infect her family and other people living in the building.

Identifying Borderline and Contrary Cases

A borderline case that includes some of the characteristics of the concept and a contrary case that included none of the characteristics are created.

Borderline Case

Y.K. is a male patient. His father and mother are undergoing treatment as they tested positive for COVID-19. Since Y.K. is only 17 years old, he is admitted to the pediatrics clinic in another building. His aunt is called to take care of him. After taking care of him for 4 hours, his aunt learns that Y.K. has also tested positive for COVID-19, and hence, she wants to leave the hospital. She tells Y.K. that she fears that he can infect her and she may end up in the intensive care unit. After this conversation, Y.K. thinks that he will be admitted in intensive care and has breathing trouble.

Contrary Case

İ.S. is 35 years old and is a public worker. He uses mass transport to go to work every morning. He decides to wear a mask on the bus after the COVID-19 virus spread from China to Italy. After watching the news during the lunch break, he tells his colleague that he feels under the weather and has trouble breathing. His colleague tells him to calm down and explains that the news they have just watched may have had such an effect on him. But he still tells him that he can go to the infirmary to have his temperature checked.

Identifying Antecedents and Consequences of the Concept

Antecedents

Antecedents are events that must occur prior to the manifestation of a concept. In the event of a stigma, when faced with a disturbing, frightening situation, people tend to ignore and exclude it and remove themselves from it. This process causes a stigma for some diseases, resulting in a situation that is as dangerous as the disease itself. Stigma is the attitude and behavior of a society toward some patient groups resulting in ostracization of these patient groups (Malas, 2019; Oran & Şenuzun, 2008; Yılmaz & Cüceler, 2019). Prejudices are the main driving factors for stigmatization. Prejudices are preconceived stereotypes and opinions. Stereotypes comprise the cognitive process, and prejudices comprise the psychological process. Prejudices support stereotypes and promote emotional reactions. People who are labeled are categorized as "others" and discriminated (Özmen & Erdem, 2018). People with infectious diseases, psychiatric disorders, diseases such as AIDS, and alcohol or drug addictions are stigmatized (Yılmaz & Cüceler, 2019). The most important factor leading to COVID-19 stigma is the fear among people that it is a new disease and that it spreads fast and affects all parts of the world.

Consequences

Discrimination owing to stigmatization causes people or groups in society to be deprived of their rights and benefits. It represents a major impediment to the prevention of diseases and access to healthcare and treatment services. It also causes psychological, social, and economic damage (Gökengin et al 2017; Oran & Şenuzun, 2008; Üstün & İnan, 2018; Yılmaz & Cüceler, 2019).

Identifying Measurement Methods for the Concept: How the Concept Can Be Measured is Identified.

Several measurement methods are used to measure stigma. The validity and reliability studies of the Turkish version of the Stigma Scale were done by Yaman and Güngör (2013). The number of items on the scale is 22. This is a 5-point, Likert-type

scale, and the highest score on the scale is 110 and the lowest score is 22. People who score less than 55 (2.5 medium value multiplied by the number of items, i.e., 22) on the Stigma Scale have a lower tendency for stigmatization, and those who score above 55 have a higher tendency for stigmatization. The factors are named according to the context of the common features of items in that factor, and second, the concepts in the stigmatization process are taken into consideration. Accordingly, the first factor has been named as "discrimination and exclusion," the second factor has been named as "labeling." the third factor as "psychological health," and the fourth factor has been named as "prejudice" (Yaman & Güngör, 2013).

The validity and reliability study of the Turkish version of the Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel et al. (2006) was done by Kapıkıran and Kapıkıran (2013). It consists of ten items. It is a one-dimensional, 5-point Likert scale. After extensive work on the reliability and validity of the scale, a one-dimensional, 10-item scale was developed. As for the criterion-related validity of the scale,.53-.63 for seeking professional psychological help and correlations of.32-.36 for seeking psychological consultancy were found. Internal consistency was.91 and test-retest reliability was.72 for university students (Kapıkıran & Kapıkıran, 2013).

In conclusion, COVID-19 has rapidly spread worldwide, and was declared as a pandemic. Countries have taken many measures against the pandemic. However, the spread of the virus could not be entirely slowed down. People who are diagnosed with COVID-19 and their families, healthcare workers, citizens of countries in the Far East, the elderly, and people who travel are stigmatized (The Psychiatric Association of Turkey, 2020). Stigma can have a negative effect on individuals, families and society. It can also increase the spread of the virus and prolong the pandemic. Discrimination as a result of stigmatization prevents people in society from receiving proper care and treatment and leads to psychological problems. It is very important to raise awareness about the same among healthcare professionals and the general public. Lack of accurate information and misinformation are the main drivers of fear and stigma and should be considered in stigma-reduction strategies. Information about COVID-19 should be conveyed concisely and in a culturally appropriate manner to the wider population in a variety of local languages, with particular attention to stigmatized communities. It is necessary to establish education programs and policies in order for them to be well-known and combat stigma during epidemics. Actions should be taken to prevent stigma/stigmatization. Community education and control of stigmatizing factors of the media should be considered to minimize stigmatization. Therefore, further studies on COVID-19 stigma are needed during this pandemic process. No study about COVID-19 stigmatization conceptual analysis was found in literature. COVID-19 stigma concept analysis will thus provide guidance to healthcare professionals.

References

Avcil, C., Bulut, H., & Sayar, G. H. (2016). Psikiyatrik hastalıklar ve damgalama. Üsküdar Üniversitesi Sosyal Bilimler Dergisi, *2*, 175–202. [Crossref]

Ay, R. (2017). Epilepsi ve damgalanma: Bir gözden geçirme. *Klinik Psikiyatri, 20*, 129–136. [Crossref]

Barrett, R., & Brown, P. J. (2008). Stigma in the time of influenza: social and institutional responses to pandemic emergencies. *The Journal of Infectious Diseases,* 197(Supplement_1), S34–S37. [Crossref]

Baysal, G. Ö. D. (2013). Damgalanma ve ruh sağlığı. *Arşiv Kaynak Tarama Dergisi,* 22(2), 239–251.

Bos, A. E., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology,* 35(1), 1–9. [Crossref]

Bosnalı, O., & Tander, B. (2020). COVID-19 Pandemisi ve çocuk cerrahisi. Çocuk Cerrahisi Dergisi, 34(1), 1–8. [Crossref]

Bruns, D. P., Kraguljac, N. V., & Bruns, T. R. (2020). COVID-19: Facts, cultural considerations, and risk of stigmatization. *Journal of Transcultural Nursing,* 31(4), 326–332. [Crossref]

Çam, O., & Bilge, A. (2013). Türkiye'de ruhsal hastalığa/hastaya yönelik inanç, tutum ve damgalama süreci: Sistematik derleme. *Psikiyatri Hemşireliği Dergisi,* 4(2), 91–101. [Crossref]

Çam, O., & Çuhadar, D. (2011). Ruhsal hastalığa sahip bireylerde damgalama süreci ve içselleştirilmiş damgalama. *Psikiyatri Hemşireliği Dergisi,* 2(3), 136–140.

Çömez, T., & Sarıkaya, N.A. (2017). Hemşirelik fakültesi öğrencilerinin engelli bireyleri damgalamaya ilişkin düşünceleri ve uygulamaları. *Journal of Academic Research in Nursing,* 3(3), 145–152. [Crossref]

Corrigan, P. W., & Lundin, R. K. (2001). *Don't call me nuts!: Coping with the stigma of mental illness.* Recovery Press.

World Health Organization (WHO). (2020). https://www.who.int/

Goffman, E. (1963). *Notes on the management of spoiled identity.* Prentiss-Hall.

Gökengin, D., Çalık, Ş., & Öktem, P. (2017). Türkiye'de HIV'le ilgili damgalama ve ayrımcılığın analizi: HIV'le yaşayan kişiler için damgalanma göstergesi sonuçları. *Klimik Dergisi,* 30(1), 15–21. [Crossref]

Güvenir, T., Miral, S., & Gökengin, D. (2004). Bir stigmatizasyon (damgalama) ve istismar olgusunda okul konsültasyonu kapsamında multidisipliner krize müdahale yaklaşımı. *DEÜ Tıp Fakültesi Dergisi,* 18(3), 251–255.

Jakovljevic, M., Bjedov, S., Jaksic, N., & Jakovljevic, I. (2020). COVID-19 pandemia and public and global mental health from the perspective of global health security. *Psychiatria Danubina, 32*(1), 6–14. [Crossref]

Kamer, E., & Çolak, T. (2020). COVID-19 ile enfekte bir hastasının operasyona ihtiyacı olduğunda ne yapmalıyız: Cerrahi öncesi, cerrahi sırası ve cerrahi sonrası rehberi. *Turkish Journal of Colorectal Disease, 30*, 1–8.

Kapıkıran N.A, & Kapıkıran, Ş. (2013). Psikolojik yardım aramada kendini damgalama ölçeği: Geçerlik ve güvenirlik. *Türk Psikolojik Danışma ve Rehberlik Dergisi,* 4(40), 131–141.

Kaya, B. (2020). Pandeminin ruh sağlığına etkileri. *Klinik Psikiyatri Dergisi, 23*(2), 123–124. [Crossref]

Lindberg, M. H., Wettergren, L., Wiklander, M., Svedhem-Johansson, V., & Eriksson, L. E. (2014). Psychometric evaluation of the HIV stigma scale in a Swedish context. *PLoS One, 9*(12), e114867. [Crossref]

Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. The Lancet, 367(9509), 528–529. [Crossref]

Meleis, A. (2012) Theoretical nursing development & progress. Lippincott William & Wilkins, Wolters Kluwer.

Oran, N. T., & Şenuzun, F. (2008). Toplumda kırılması gereken bir zincir: HIV/AIDS stigması ve baş etme stratejileri. *Uluslararası İnsan Bilimleri Dergisi, 5*(1), 1–16.

Oxford English Oxford Living Dictionaries. (2020). English Oxford living dictionaries.

Özmen, S., & Erdem, R. (2018). Damgalamanin Kavramsal Çerçevesi. *Süleyman Demirel Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi, 23*(1), 185–208.

Park, S., & Park, K. S. (2014). Family stigma: A concept analysis. *Asian Nursing Research, 8*(3), 165–171. [Crossref]

Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability, 12*(9), 3834. [Crossref]

Reluga, T. C., Smith, R. A., & Hughes, D. P. (2019). Dynamic and game theory of infectious disease stigmas. *Journal of Theoretical Biology, 476*, 95–107. [Crossref]

Salih, M. H., & Landers, T. (2019). The concept analysis of stigma towards chronic illness patient. *Hospice and Palliative Medicine International Journal, 3*(4), 132–136. [Crossref]

Taşkın, E. O. (2007). Ruhsal hastalıklarda damgalama ve ayrımcılık. Stigma ruhsal hastalıklara yönelik tutumlar ve damgalama. Meta Basım Matbaacılık.

Turkish Language Society. (2020). http://www.tdk.gov.tr/

The Psychiatric Association of Turkey. (2020). https://www.psikiyatri.org.tr/uploadFiles/243202019327-DamgalanmaCOVIDpdf

Üstün, B., & İnan, S. F. (2018). Psikiyatri hemşireliği uygulamasına bir örnek: Damgalamayla mücadele eğitim programı. *Hemşirelikte Eğitim ve Araştırma Dergisi, 15*(2), 131–135. [Crossref]

Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing*. Pearson.

Wu, Z., & McGoogan, J. M. (2020). Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. *Jama*, 323(13), 1239–1242. [Crossref]

Yaman, E., & Güngör, H. (2013). Damgalama (stigma) ölçeğinin geliştirilmesi, geçerlilik ve güvenirlik çalışması. *Değerler Eğitimi Dergisi, 11*(25), 251–270.

Yilmaz, M., Cüceler, S. (2019). Alkol bağımlılığı ve damgalanma. *Bağımlılık Dergisi, 20*(3), 167–174.

Yuksel, C., Bingol, F., & Oflaz, F. (2014). 'Stigma: the culdesac of the double bind' the perspective of Turkiye; a phenomenological study. *Journal of Psychiatric and Mental Health Nursing, 21*(8), 667–678. [Crossref]

Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., Liu, Z., … & Cao, B. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet, 395*(10229), 1054–1062. [Crossref]