

“If I’m a Hero, Then Why Are You Avoiding Me?”
Ambivalence as a Side Effect of Increased Esteem and Stigma among Health Care Workers During
the COVID-19 Pandemic

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We have previously seen cases where professional esteem *or* professional stigmatization can increase because of some shock to the status quo – firefighters becoming more revered after 9-11 or investment bankers becoming stigmatized after the subprime mortgage crisis. But what happens when *both* esteem and stigma rise for a profession? We’re interviewing a sector – health care workers – where we find that both things are happening simultaneously. The current COVID-19 pandemic has brought the world a crisis that is unprecedented, at least over the last century. This has led to several new instances of groups of people being either honored or stigmatized or both. Examples of those honored include teachers, public health professionals, truck drivers, grocery store workers, and of course healthcare workers. Conversely, some groups have been stigmatized, such as people who have contracted or recently recovered from COVID-19, people perceived to be of Asian descent, and also healthcare workers. As such, healthcare workers find themselves, rightly or wrongly, in a rare category of being both more esteemed and more stigmatized by individuals in and outside of their personal networks. Indeed, through twenty-two interviews thus far, utilizing a grounded theory approach, we have discovered a powerful phenomenon where many healthcare workers feel everything from an increased sense of calling to wholly rejected and misunderstood, with all sorts of ambivalent cognitions and emotions in between. We seek to understand how people deal with such a change in perception as well as what the consequences are for worker burnout, stigma, motivation, and the work-family interface.

“Heroes Work Here”

Through all the despair of the pandemic, one apparent bright spot was the positive attention directed toward healthcare professionals who were now responsible for treating the many victims of COVID-19 on top of their normal duties. This led to widespread attention for healthcare workers where they were deemed “Healthcare Heroes” and signs and clothing were manufactured and displayed across the United States and throughout the world. Corporations like the English Premier League put “Thank You NHS” throughout their stadiums and patches on all their players’ jerseys for the National Health Service. In Italy, Spain, Argentina, and other countries, quarantined people have gone out to their balconies at prescribed times and applauded for front line healthcare workers. In fact, all of our participants had heard of healthcare workers being called heroes and nearly all of them reported efforts of their specific employers and communities and how they’ve shown appreciation with the aforementioned banners and clothing, as well as “hero raises” (increased wages for working on sites with active COVID-19 cases), and often the most well-received: free food. Some of the healthcare workers we interviewed found comfort and increased pride through these efforts, telling us things like, “I just was hit differently by that because I was like, oh, this actually, this is a big deal to people, and I didn’t realize that. And it’s definitely changed the way that I’ve felt about it.”

However, more commonly we have seen healthcare workers bristle when asked about what the “heroes” treatment has meant to them. Two of the more common types of negative reactions to being called a hero have been particularly salient so far. One Intensive Care Unit (ICU) nurse expressed what many others similarly found as disingenuous motives by those calling them heroes:

I want to rip them all down. I don't know, it really pisses me off. I hate it...the reason that they're doing it is because they're trying to bolster people's self-esteem and be like, "Yeah, we know that we're making you do a lot of crappy stuff, like wear a mask every day and wear goggles and stuff." Which is so ridiculous. Anyway. "So, we're going to say all these nice things to you so that

you'll feel a little better about yourself." But it's all a means to an end. If they really thought we were heroes, those signs would've been there a year ago. Not just in the last few months.

Many workers feel their work hasn't fundamentally changed so they find it insincere to now shower such praise when treating viruses and other diseases aren't new for them. Many also felt that the treatment was more about the designators seeking more status than it was about the healthcare workers themselves: "I think that a lot of that was because everybody else was doing it. I mean, it was, of course, a nice gesture, but a lot of people I feel jumped onto the bandwagon, did it to promote their business and then as soon as other things started to break out in the news, that died down immediately. It just stopped abruptly." The final sentiment about the attention ending abruptly was also very common and is the second issue we have commonly seen. Many workers were insulted by how quickly the attention faded, given the fact that in many locations they were treating as many or more patients than it was when the initial hero treatment began. Still others in our sample haven't treated COVID-19 patients at all and feel a pang of guilt that their jobs may have become easier, so the newfound respect by others is equally unwelcomed.

Stigma

As mentioned, there has also been a "dark" side of the experience for some healthcare professionals where instead of (or in addition to) being thanked, workers are being stigmatized for their contact with, and the ability to potentially spread, the victims' infectious virus they were called upon to treat. In extreme cases this has even led to violence, like in Mexico City where at least 21 instances of violence had happened before the end of April 2020. In Argentina, news broke that healthcare professionals received anonymous letters saying, "You're going to infect us all...go away." In May 2020, members of at least 13 medical and humanitarian organizations condemned more than 200 incidents of COVID-19 related attacks on healthcare workers and health facilities during the ongoing pandemic (Bagcchi, 2020, World Health Organization, 2020). Further, pandemics like COVID-19 are known to illicit xenophobia and stigmatization of groups (American Psychological Association, 2020).

The dirty work and stigma literatures provide a useful framing for our findings. Dirty work has been categorized as comprising three types: physical (such as trash collectors), social (such as prison guards), and moral (such as exotic entertainers) (Hughes, 1958; Ashforth & Kreiner, 1999). Occupations can be tainted on one or more of these dimensions (Ashforth et al, 2007). In our sample, we noticed something of particular theoretical value – that while health care workers are being lauded on the moral dimension (they are helping the world cope with a pandemic), they are being stigmatized even more strongly on the physical (through exposure to the virus) and social (through exposure to sick people) dimensions. This provides a fascinating contradiction in how these workers are being characterized, and with important implications on how they see themselves and the ambivalence they are feeling.

In our interviews, we see subtle but emotional and charged responses that illustrate this ambivalence. Many of the healthcare workers we interviewed are being told by the same people who celebrated them as heroes that they should not wear scrubs in public after work because of the physical taint attached to scrubs and those working with the potentially infected. An Emergency Room worker made the connection to the aforementioned "heroes" treatment: "I think it's really unfortunate, especially after there was this Healthcare Heroes thing and those people supported that, and it's sad to see it in action when you see people giving dirty looks to people in scrubs. It's like, that's the same person that's probably going to work to save your life if you ever come to the emergency room." Others reported being verbally attacked at the gas station or grocery store. Several mentioned feeling that more people are watching them and making sure they are far enough away physically. The World Health Organization said regarding this treatment, "Some healthcare workers may, unfortunately, experience avoidance by their family or community owing to stigma or fear. This can make an already challenging situation far more difficult" (World Health Organization, 2020). They list three main reasons for the stigma with COVID-19. First,

COVID-19 is new and holds many unknowns. Secondly, people are often afraid of the unknown, and third, it is easy to associate that fear with “others” (World Health Organization, 2020).

Work-Home Interface

Being on the front lines hasn’t only caused this negative perception by strangers. Many workers perceived unfair stigmatization from family, friends, and neighbors. Indeed, we have seen strong implications for the work-home literature, which focuses on how individuals manage demands from one domain to the other. For example, one ICU/COVID unit nurse with children said:

We have neighbors who my kids always play with, who when all of this happened... they were very like, “Don't come near us. Your mom works in a hospital, you could get us sick.” And it was very emotionally hard on my children, which was very frustrating to me...I feel like I do work in a hospital and I do work in the COVID unit in the ER and in the ICU, but I use all of the proper protection, and so I don't feel like I'm at a higher risk than they are by going to the grocery store.

One area within the work-home literature that shows particular promise in light of our data is the role transitions literature, which focuses on how individuals move from one domain to another (e.g., work to home and vice-versa) (Ashforth, Kreiner, & Fugate, 2000; Kossek & Lambert, 2005). We heard many stories with a strong dramaturgical flair to them that illustrate the complexities of navigating the work-to-home boundary. In particular, we saw evidence that the pandemic is reducing (or virtually eliminating) prior boundaries between work and home.

While the role transitions literature articulates differences between physical, cognitive, and temporal elements that may or may not cross domains (Nippert-Eng, 1996), and speaks of how one domain might “contaminate” another (Kreiner, Hollensbe, & Sheep, 2009), our sample is worried about a *literal* contamination (of germs) from one domain to the other, with corresponding cognitive effects. For example, we commonly heard something similar to one interviewee’s comment that “After I go home, I make sure I take a shower before I even touch my daughter or my family and everything.” And where work affects home, home affects work, as well. A Director of Nursing at a nursing home told of a phone conversation she had with the ex-military husband of one of the night nurses where the husband did not want her to work and potentially get infected. The Director of Nursing related his experience in the military to her responsibility as a nurse and convinced him to let his wife work, which she did. This same Director of Nursing said she had never talked to a family member of an employee throughout her 34 years of experience until this pandemic where she said she has talked to several, all of whom were asking her to not schedule their family member in designated active COVID-19 sections of the nursing home. Hence, we are seeing promising early data that the contextual intensity of the pandemic is exacerbating friction as workers navigate the work-home boundary for themselves and others. We are examining how this, coupled with the stigma and practical difficulties explored above, might be fueling burnout in the health care sector.

Conclusion

Have we seen such a strong duality of emergent perception of esteemed and stigmatized professionals simultaneously? For example, after the September 11th terrorist attacks, firefighters were more highly esteemed as courageous heroes who sacrifice themselves to protect us. With the recent George Floyd death, police officers have been stigmatized. During and after the Vietnam War, soldiers were often given esteemed or stigmatized treatment based on how people felt about the war. However, in this case of the COVID-19 pandemic, healthcare workers are perceiving increased stigma and esteem from many of the same people, organizations, and the public at large. This has led to increased tensions at the work-family interface as well as stress and burnout. Our continued data analysis will further examine the tactics and strategies that appear to be helpful in countering the negative effects of these stressors.

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