

# DEALING WITH SOCIAL STIGMA GUIDELINE



LINE MANAGER  
TOOLKIT



TOOL

**THIS TOOL AIMS TO OFFER GUIDANCE TO HRBPs AND LINE MANAGERS FOR ADDRESSING SOCIAL STIGMA EXPERIENCED BY EMPLOYEES DURING COVID-19**

Social stigma in the context of health is the negative association between a person/ group of people who share certain characteristics and a specific disease. In a pandemic, like COVID-19, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/ or experience a loss of status because of a perceived link with the disease.

In the workplace, this treatment can have a negative impact on those who have COVID-19, are recovering from COVID-19, or who have recovered from COVID-19 and ready to return to work.

Stigma can undermine social cohesion in the workplace and create social isolation of individuals or groups, which might contribute to a situation where employees feel disengaged and unsupported by their leaders and their colleagues.

An effective return to work orientation process can support their re-entry back into their teams and should aim to mitigate any possible negative impacts of fear that can give rise to/ compound social stigma.



**INFO HOW TO HANDLE SOCIAL STIGMA**

Stigma and fear around communicable diseases, such as COVID-19, hamper our response and can have a negative impact on our employees' wellbeing. What does work, is building trust and

demonstrating empathy with those affected, education about the disease, and adopting effective, practical measures to help keep our employees safe.

How we communicate about COVID-19 is critical in addressing fear and reducing stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

- Communication tips and messages
- Words matter: dos and don'ts when talking about COVID-19



#### **TIP** COMMUNICATION TIPS

Misconceptions, rumours and misinformation are quick to spread and contribute to stigma and discrimination.

- **Provide clear guidance to employees.** Make sure policies, procedures and guidelines are readily accessible and make sure you explain them to your team members. Keep them updated on any changes and be available to answer questions and provide clarity
- **Correct misconceptions**, whilst at the same time as acknowledging that people's feelings and subsequent behaviour are very real, even if the underlying assumption is false.
- **Promote the importance of IPC principles.** Remind them about the steps they can take to stay safe and remind them of the importance of following IPC principles wherever they find themselves in the hospital.
- **Share positive stories.** Build a positive mind set by sharing sympathetic narratives or stories about the experiences of healthcare workers who have been infected by COVID-19 and how they overcame it (amplify their recovery stories).
- **Ongoing support and encouragement.** Keep reinforcing the message of care and appreciation for those on the frontline. Understand the importance of creating a safe environment where care and empathy are demonstrated to all.
- **Challenge myths and stereotypes.** Choose your words carefully. The way we communicate can affect our teams' mind set and attitudes. Facts, not fear will stop the spread of novel coronavirus (COVID-19).



## WORDS MATTER

Below are some dos and don'ts on language when talking about COVID-19

### CHECK

**Do** talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”

**Don't** refer to people with the disease as “COVID-19 cases”, “victims” or “positive cases”

**Do** talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”

**Don't** talk about “COVID-19 suspects” or “suspected cases”

**Do** talk about people “acquiring” or “contracting” COVID-19

**Don't** talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.

*Using this type of language creates the impression that those with the disease have somehow done something wrong, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.*

**Do** emphasise the effectiveness of adopting protective measures to prevent acquiring the coronavirus, as well as early screening, testing and treatment.

**Don't** emphasise or dwell on the negative, or messages of threat.

**Do** speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

**Don't** repeat or share unconfirmed rumours, or unverified articles (especially those from social media platforms) and avoid using emotive language that could generate fear.



This tool was adapted from “*Social Stigma associated with COVID-19*”, released 24 February 2020  
[https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4\\_2](https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2)

If you need more information or support please contact your  
Regional Organisational Effectiveness Specialist