Dehumanization to Medical Staff During COVID-19 Pandemic

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Abstract—In November 2019, a pandemic of Coronavirus Disease 2019 occurred. This pandemic not only a medical issue but also has an impact on people's psychology in the world. One of them is the phenomenon of dehumanization toward medical staff. This research is a qualitative study using a literature review. Lack of true information, lack of knowledge, massive reporting, fear, and anxiety about being infected with COVID-19 results in stigma. The stigma and fading of the noble values found in the Islamic Religion and Pancasila led to the dehumanization of medical staff. Conclusion: The phenomenon of dehumanization in medical staff that occurs in Indonesia is caused by four factors, include: information, knowledge, psychological, and the fading of Islamic and Pancasila noble values. Dehumanization is very contrary to the noble values and humanity that are upheld by the Islamic Religion and Pancasila. The solution for these problems is to respect and empathize with medical staff, implement social and physical distancing, healthy living patterns, find accurate information, and uphold the noble values of Islam and Pancasila.

Keywords—dehumanization, medical staff, COVID-19

I. INTRODUCTION

A pandemic called Coronavirus Disease 2019 (COVID-19) first appeared in Wuhan, China [1]. Until May 2020, COVID-19 has spread to 204 countries in the world and more than fourteen million people suffer from this disease [2]. The Medical staff has an important role in providing health services to the community [3,4]. They are frontline fighters, both clinicians and non-clinicians, both professional and non-professional [5]. Along with great responsibilities, medical workers are very vulnerable at risk for infection [6] and mental health problems [7].

However, when the COVID-19 pandemic struck, medical staff received unpleasant behaviors from their surrounding community. Medical workers receive stigmatization and discrimination due to working in health facilities, for example in India [8] and Malawi, Africa. In Malawi, health workers said they were thought to be carrying the virus, exiled publicly, and banned access to public transportation. The National Organization for Nurses and Midwives in Malawi said it has received several complaints about minibus operators who do not allow nurses to board their vehicles [9]. In Indonesia, in the last few weeks, there has been a rejection by the surrounding community of medical staff. The form of rejection includes: the rejection of extension from their boarding nurses in Yogyakarta, rejection in Jakarta by their neighbors, and the burial rejection in Central Java. Therefore, pandemic problems are not only health problems but also psychological or social problems. This article will discuss meaning, causes, and also Islam and Pancasila’s perspective about this behavior.

II. METHODS

This article is a qualitative study using a literature review.

III. RESULTS AND DISCUSSION

A. Dehumanization

Dehumanization is an orientation system in person or people from his group who does not consider others as human beings like himself. This attitude expresses inferiority to other groups or other people [10]. According to Nick Haslam, dehumanization is a denial of the essence of humanity. In principle, dehumanization is a process of thought or action of someone towards another person [11] without regard to the essence that other people are the same as him [12], means to look at other people as not equal to him [13,14]. The scope can have an impact on interpersonal, institutional, and structural violence [15,16].

The dehumanization attitude manifests in several behaviors. Relatively mild dehumanization action can be; subtle disrespect, condescension, social neglect, appear in appearance, movement, and tone of voice [10]. However, there are also acts of dehumanization that are blatant and involve violence.

In a theoretical approach, Haslam and Loughnan put forward the differences between human uniqueness and human nature, including characteristics such as warmth, curiosity, and emotional responsiveness. Denial of human uniqueness as an individual (for example, every human being has a moral sensitivity and maturity level respectively) leads to animalistic dehumanization. Dehumanization action is equalizing the
degree of other people with animals, where human attributes as individuals and their uniqueness are not considered [13]. Whereas mechanistic dehumanization is to assume that people and other groups are not like him, where human attributes are removed, and that person is considered heartless, cold, passive, rigid, and lacks individuality [17].

In addition to the two dehumanization groups above (See Figure 1), dehumanization can arise in the form of statements that other people are enemies. The term enemy is to show manipulation and is described as opportunistic, evil, immoral, and motivated by greed. This revelation as an enemy is proven to take advantage of the weak, which in turn justifies actions taken against the enemy [18] even it's wrong.

Rejection made by the public against medical staff in the COVID-19 pandemic is included in manifestly overt dehumanization actions.

**B. Dehumanization toward Medical Staff**

During the pandemic, medical staff struggles with stigma and discrimination [19]. There's must be a reason behind this action. Some sources said that the rejection of medical staff by the community was the assumption that medical workers might have infected by COVID-19 at work and would endanger the people around them. Also, the belief that the virus in the body can still be transmitted even though it has been buried is the main reason for the rejection of medical staff's burial. From the various reasons above, we can conclude that this dehumanization action is due to the lack of accurate information so that the sense of tolerance disappears due to being covered by worry or panic.

Lack of information or knowledge can encourage stigma. This may be related to the phenomenon of dehumanization in medical staff during the COVID-19 pandemic. The lack of correct information or knowledge that causes stigma has been investigated. Some research study about the relationship between the level of knowledge in adolescents about HIV / AIDS with stigma in people suffering from HIV / AIDS. The results were 71.63% of adolescents had a stigma against people with HIV/AIDS and 49.10% did not have enough knowledge about them. The conclusion of this research is that stigma and discrimination can arise due to insufficient knowledge about how HIV is transmitted. In adolescents who haven't enough knowledge about HIV / AIDS, having a stigma of people with HIV/AIDS as much as 1,210 times compared to those who have enough knowledge [20].

The media also plays a role in the development of stigma in society. In this 4.0 era, we can easily get various kinds of information, both from print or electronic media, such as television, YouTube, Facebook, and others. But unfortunately, not all of the news can be correct information. Repeated exposure to online chat, discussion boards, and social media can be affecting an individual's mindset if not properly filtered [21]. At the time of the SARS outbreak, for example, there was concern and fear in the community and the stigmatization of SARS had existed since the beginning of the outbreak, such as global media that reported dramatic stories from Asia in printed media, television, and the internet [22].

Now it similar to the COVID-19 pandemic. According to Indonesia's Ministry of Communication and Information data until April 18, 2020, there were 554 hoax issues related to COVID-19, spread as many as 1,209 platforms through YouTube, Twitter, and Instagram [23]. A sudden and almost constant stream of news reports about outbreaks and misleading information can cause anyone to worry. This results in the disadvantage of justifying objectification and dehumanization of stigmatized groups [21].

Apart from the massive news and inaccurate information from the media, psychological pressure on society can also arise from other causes. For example, during the SARS outbreak, 87.4% of Amoy Gardens, Hong Kong residents were experiencing psychological and somatic stress. The cause is related to SARS transmission (79.1%), mysterious route of transmission (73.2%), stigma (65.1%), fear of sequelae (56.6%), a decline in residence values (52.4%), and strict quarantine required by SARS patients (51.3%) [24].

The COVID-19 pandemic is not only a medical phenomenon but it also greatly impacts the psychology and mentality of people throughout the world [25]. COVID-19 is a disease that has just been identified in humans and has not yet found a cure for the virus and a vaccine that is still in the research process. Many news streams and uncertainties have the potential to cause psychological problems such as fear, anxiety, stigma, prejudice, marginalization of diseases, and relationships between people, ranging from healthy individuals to those at risk, such as medical staff [26].

The stigma that occurred, in this case, was that every medical officer was certain or very likely to have contracted COVID-19. Even the community labeled medical staff as "carriers of the virus", such as the case of the stigma that
occurred in Malawi, Africa. Stigma is a label or sign that is identified as something embarrassing or a disgrace that results in someone being rejected, discriminated against, or excluded from society [27]. Individuals who experience stigmatization often face rejection of their basic human nature and resulting in dehumanization [13, 28].

Medical staff suffers psychiatric effects including fatigue, anxiety, and post-traumatic stress disorder during epidemic or pandemic [29]. The causes of stress are very diverse, including; workload increase, fear of the risk of infected by a virus [30], and social stigma [29].

From the several studies above, there is a common cause and effect that occurred in the COVID-19 pandemic. The SARS outbreak and the COVID-19 pandemic are both acute respiratory diseases that occur due to viruses and we can learn, that panic or anxiety within a person can defeat common sense, logic, and human values. This action is very opposite to human values.

Therefore, we need to practice humanization. Humanization is the growth of humanity. Humans are individual beings but also social creatures, meaning that each human has their uniqueness, but humans also cannot stand alone because humans need other humans in their lives. Therefore, it is very important to foster this attitude of humanization in society to create harmony. One of them is empathy. Empathy is a process of relationship between individuals in an action with the aim of mutual understanding and mutual understanding [15, 31, 32].

C. Concept of Humanism in Islamic Religion

The basic rights of the human being in this world are highly respected by Islam. Allah SWT says, in Surah Al-Hujurat verse 11.

In this verse, we must not denigrate others, because we are all same. Therefore, in our daily lives, we must respect each other. Furthermore, Allah SWT also said, in addition to respect, we must also always do good to others, as God also applies to us. As in Surah Al-Qashash verse 77:

Religiosity value is an individual’s attitude and a quality of appreciation based on what religion they believe [33, 34]. This value can encourage someone to behave due to their religion. By looking at the two verses above, we can conclude that if a person upholds his religiosity values, then he may be able to avoid disgraceful attitudes to each other.

D. Concept of Humanism in Pancasila

Humans are created by God with reason, morals, and instincts so they are aware of their existence and are connected with the environment and each other. The concept of human values can be found in Pancasila. The position of Pancasila as a state foundation and the state ideology can be a guide or way of life for Indonesian citizens to behave in everyday life [35].

The values of humanism in Pancasila can be seen in the second principle, "Fair and Civilized Humanity". The principle of humanity or humanism requires that the treatment of humans must be following their nature as humans [36]. Therefore, as religious people and as Indonesian society, we must uphold the teachings of Religion and Pancasila so that we can minimize or eliminate phenomena, to create harmony and harmony in social life (See Figure 2).

Fig. 2. The causal analysis of the dehumanization phenomenon in medical staff during the COVID-19 pandemic in Indonesia.

E. Dehumanization Solutions

Protecting public health while preventing fear, stigma, and dehumanization behavior during an outbreak is a very complex step. Like the SARS outbreak, the COVID-19 pandemic also requires anticipatory insight, perceptive planning, and rapid response [22]. Understanding the psychological impact of the COVID-19 outbreak among health workers is very important to
make policies and interventions to maintain their psychological well-being [25].

Regarding this dehumanization case, we should not reject medical staff who handle COVID-19. We must respect and empathize with them [4,37]. What about the attitude of dehumanization on this phenomenon due to lack/misinformation? Search for and get the facts; not rumors or false information. According to the Quran, humans are born as a divine creature, gifted with intelligence [38]. As creatures who have given knowledge by Allah SWT, we must examine the information we got. Even in the Koran, it has been mentioned, Allah SWT says in Surah Al-Hujurat Verse 6:


daya dhiq wu ana in jaha kum qasab ya bital
\(\text{فِئِبَّمَا أنَّ قَبْيَبَ يَجِهَالَة}
\)
\(\text{فَتَضَيِّحَنَّا عَلَى مَا قَالُتُهُمُ الْكِتَابُ}
\)

This verse teaches us that we must always be careful with receiving or delivering news. As a human being, who given common sense should be wiser in accepting information. Several tricks may help us to avoid the false information or news in social media, such as; read full story not just the title, check the date of the news, pay attention to the photo, clarification of evidence and compare the news [39].

The World Health Organization also states that some action can reduce panic; minimizing watching, reading, or listening to news about COVID-19 that causes you to feel anxious or depressed; find information only from trusted sources and especially when you searching practical steps to prepare a plan to protect yourself and your loved ones.

Allah SWT says in Surah Al-Hujurat verse 12:


daya dhiq wu ana in jaha kum qasab ya bital
\(\text{فِئِبَّمَا أنَّ قَبْيَبَ يَجِهَالَة}
\)
\(\text{فَتَضَيِّحَنَّا عَلَى مَا قَالُتُهُمُ الْكِتَابُ}
\)

This verse teaches us not to be prejudiced or suspicious. From this dehumanization case, the community has prejudiced and stigmatized the medical staff, that they would bring the virus to the surrounding environment. In fact, as the medical staff, they are also taught and trained in the use of personal protective equipment (PPE) and while on duty, so that people do not need to isolate or reject them.

Complying with the Government’s recommendations by implementing social and physical distancing of them or others is the best step, meaning that we reduce contact with them rather than reject them [36]. The application of a healthy lifestyle must also be carried out; for example: washing hands before entering the settlement, making a handwashing area with running water and hand washing soap, wearing mask wherever and whenever you go.

Likewise, in the case of rejection of the funeral of the medical staff and the bodies with COVID-19. The funeral procedure for COVID-19 sufferers has been regulated in Law Number 16 of 2018 concerning Health Quarantine and Circular of the Directorate General of Disease Prevention and Control of the Ministry of Health No. 482 of 2020 concerning Guidelines for Preparedness in Facing COVID-19. These regulations and procedures are carried out to avoid transmission of the virus.

F. Hospital Managers

Mental health is still one of the significant health problems in the world [40]. So, it is important to manage and support the physical and mental health for medical staff, WHO provides several directions, for example:

- Ensure that good quality communication and accurate information updates are available to all staff.
- Ensure that staff knows where and how they can access mental health and psychosocial support services and facilitate access to these services.
- Manage urgent mental and neurological health complaints (for example delirium, psychosis, severe anxiety, or depression) in an emergency or public health facility.

Ensure the availability of essential generic psychotropic drugs at all levels of health care.

IV. CONCLUSION AND RECOMMENDATION

The phenomenon of dehumanization in medical staff occurs due to four factors; information, knowledge, psychological, and the fading of the noble values of Religion and Pancasila. The action that we can take towards medical staff who treat COVID-19 patients is respect and empathize to them. Keep on applying social and physical distancing and healthy lifestyle, looking for the true and right information and upholding the values of Religion and Pancasila, and minimize or even eliminate the attitude of dehumanization.

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