Stigma is the negative process of labelling individuals who possess or demonstrate personal or behavioral attributes that are incongruent with societal norms (Ditchman, Werner, Kosyluk, Jones, Elg & Corrigan, 2013). It involves “an explicit devaluation of an individual’s social identity and results in the stigmatized individual being shunned and avoided by others, and feeling shame or embarrassment” (Brems, Johnson, Warner & Weiss Roberts, 2010, p. 357). Anyone whose appearance, behaviors, choices or beliefs do not meet society’s expectations or perceptions of what is considered “normal” can be the victim of stigma (Pattyn, Verhaeghe, Sercu & Bracke, 2014).

Evidence shows that stigma can impact an individual’s engagement and relationship with the health care system. Stigma may breed discomfort and distrust with healthcare providers and may discourage an individual from seeking care due to fear of mistreatment, discrimination or being made to feel unwelcome (Kosenko, Rintamiki, Raney & Maness, 2013; Pattyn, et al., 2014).

Stigma can also act as a barrier to health access, especially if the issue is a contentious one such as abortion, addiction treatment or HIV management (Lazarus, Deering, Nabess, Gibson, Tyndall & Shannon, 2012). Health disparities, such as increased risk for depression and other mental health disorders, addictions, sexual health issues and chronic disease, can arise from stigma and discrimination because clients who experience stigma are less likely to access health care resources when needed. (Engebretson, 2013; Poteat, German & Kerrigan, 2013).

The RN and NP Role in Addressing Stigma

Registered nurses and nurse practitioners are accountable to create a therapeutic relationship that values the client’s uniqueness and fosters an environment where they are empowered to discuss their healthcare needs in a non-judgmental, accepting and trusting environment. The Standards of Practice for Registered Nurses (2017) and the Code of Ethics (CNA, 2008) provide guidance for your self-reflection about assumptions and biases that may lead to stigma.

As outlined in our Standards of Practice for Registered Nurses and Code of Ethics, RNs and NPs are accountable to:

- Demonstrate cultural competence and promote culturally safe environments for members of the healthcare team and the public (Standard 2.7).
- Value the client’s intrinsic worth, perceptions, and unique life experiences, and ensure that their diversity is considered by the health care team to optimize the client’s central role in decisions about their care (Standard 2.7, CNA, 2008).
- Uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good (CNA, 2008). In any professional situation, RNs and NPs must avoid behavior that could be interpreted as judging, labelling or humiliating toward clients and colleagues.

Individuals can experience stigma for many reasons; which in turn can impact their experiences with the healthcare system. As a result, stigma may have a negative effect on the delivery of safe, competent and ethical client care. Registered nurses and nurse practitioners are accountable to create an environment where clients and colleagues engage with each other in a non-judgmental, accepting and trusting way. If you have questions about stigma, please contact a CRNNS Practice Consultant at practice@crnns.ca.
References


