SOCIAL STIGMATISATION OF LECTURERS BY DEPARTMENTAL LEADERSHIP, LECTURERS, AND STUDENTS: A CASE OF SIX LECTURERS AT AN INSTITUTION IN SOUTH AFRICA ON INSTITUTIONAL DUTY OUTSIDE THE COUNTRY DURING COVID 19 PANDEMIC.

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ABSTRACT

Stigmatisation because of Covid 19 has become a serious challenge to eliminate. It has destroyed lives and families globally because of inaccurate conclusions about the virus and the people infected. This is a common feature in both the developed and developing world and it is perpetuated by misinformation peddled through the media and social networks. South Africa, like any other country in the world, is experiencing the continued spread of Covid 19 and people in communities are experiencing stigmatisation. The trajectory of this study is to navigate the best ways of avoiding stigmatisation and educating professionals, students, and the general populace against it to minimise cases of depression, and to a certain extent suicidal tendencies among the affected. The data is from a communiqué from one person in authority to the lecturers who went to teach outside the country and comments from students and views from lecturers on the lecturers who went to teach outside the country. Findings were illustrated and processed according to themes.

Keyword: social stigmatisation, depression, Covid 19, suicidal tendencies, pandemic.

1. INTRODUCTION

It is important during this period of uncertainty and anxiety to eliminate stigmatisation of people affected by Covid 19 by not giving them names such as, ‘cases’, ‘victims’, ‘Covid 19 families’, ‘diseased’ or ‘people who are recovering from Covid 19’, and ‘Covid 19 guarantees’ (WHO, 2020, p.1). There is humanity in having to ‘separate a person from having an identity defined by Covid 19, to reduce stigma’ (WHO, 2020, p.1). Based on the above, it is pertinent for team leaders to exercise caution in how they relay their messages to staff. Leaders are expected to be sensitive and ensure quality deliverance of messages to subordinates to avoid othering or social stigmatisation. Poor handing of Covid 19 communication about the pandemic can cause serious mental and psychosocial problems. The paper analysed how social stigmatisation was exercised by a team leader at an institution of higher learning in South Africa to lecturers who went on international teaching duty during Covid 19 pandemic. The study explored how leadership, lecturers and students should relate to one another in professional spaces to eliminate social stigmatisation. This is a qualitative study whose focus was on responding to stigmatisation in the best possible ways by institutional leaders, lecturers, and students. The results were qualitatively analysed.

2. BACKGROUND

The human resource of any institution or organisation is critical in keeping the wheels of the organisation oiled for smooth operations. Again, for organisations to have direction, there is need for an informed leadership that values the welfare of its employees by creating conducive environments and exercising professional communication. The World Health Organisation emphasised that there is need to avoid stigmatisation of individuals regarding Covid 19. In addition, (WHO, 2020) pointed out that, “it is important to separate a person from having an identity defined by Covid-19, in order to reduce stigma” (p.1). A case of serious stigmatisation was
Despite all this information concerning the Covid 19, the stakeholders that are perceived to be torch bearers were the ones discriminating against their own subordinates. It can be agreed that “fear and worry in several communities seem to be generating a new by-product of discrimination, that is mutual discrimination within institutions” (p.1). Although it is understandable to have “fear and worry about one’s health, such fear and worry is perpetuated by misperceptions in society” (p.1). This is caused by not having the correct knowledge and information on Covid 19. This stigmatisation towards Covid 19 results in “negative consequences” post Covid 19 on professional relations and how lecturers will agree to committing to assignments outside the country. This communication by the dean demoralised the committed lecturers who had gone to do university duties outside the country.

3. STATEMENT OF THE PROBLEM

Stigmatisation or mutual discrimination must be eliminated in its entirety in universities in South Africa. Lack of respect for subordinates when you are a team leader destroys the smooth operations of an organisation through attrition of lecturers. There is a possibility, that by the time the team leader realises that there is need for damage control the consequences may be too grave to manage.

4. STUDY AIM

This study intends to institute the most apt ways to eliminate stigmatisation/mutual discrimination upon lecturers by lecturers, students and leadership so that the institutional mandates are carried out efficiently in the light of pandemics.

5. THEORETICAL FRAMEWORK

Social interactionist theory by (Goffman, 1963) of stigma frames and enlightens the study. It permeates the life of the victim and the prejudices of the stigmatiser. The theory highlights the negative effect of stigmatisation and what measures to implement to minimise mental and social damage. Goffman, (1963), describes “stigma as an attribute that is deeply discrediting and the person carrying that stigma is different from the rest or is of a less desirable kind” (p.63). He highlights that the person stigmatising is well integrated socially and economically while the stigmatised in most cases are from the marginalised backgrounds (Goffman, 1963). Stigmatised individuals experience low self-esteem and in extreme cases become suicidal. This
theory brings to light the experiences of six lecturers at a University in South Africa who were stigmatised by the dean, fellow lecturers and students of the department as Covid 19 careers because they had passed through three airports purported to be red zones for Covid 19 as they were leaving and returning to South Africa. This is an important theory because it illustrates some of the toxic practices in workplaces and at the same time gives guidelines on how to mitigate the negative effects of such to leaders and others especially in times of pandemics like Covid 19.

6. LITERATURE REVIEW

According to Corrigan, Markowitz, Watson, Rowan, & Kubik, (2003), stigma is an imprint differentiating individuals from one another based on socially conferred judgment that some persons or groups are tainted as “less than.” The resultant negative effects of stigma are stereotypes, discrimination, and prejudice (Goffman, 1963). Consequently, it leads to a low self esteem and personal neglect. With the advent of the Covid 19 pandemic, stigma and discrimination have become subjects of public discourse, very much regrettable but it is our everyday normal.

Institutional leaders are increasing antagonism towards specific groups of individuals especially those who hold lesser positions in institutions. This has led to increased instances of stigmatisation and depression. Employees are asked to visit the campus clinic daily and have a letter of authorisation to be on campus. The irony of all this is that these same stigmatised individuals are receiving orders from authorities, but they need a ‘pass’ to enter the authorities. Those with a historical background can recall the ‘dompass’ during the apartheid era. Reduction of stigma is both an institutional and a national call.

It is pertinent to understand the extensive damage that stigma can bring upon the stigmatised. Gluck, (2019) confirms that victims of stigma are prejudiced by those around them and are victims of verbal violence. As a result of marginalisation and vulnerability some tend to be suicidal and end up hooked on hard drugs. In the same vein, they become fearful, develop self-stigmatisation, and end up accepting discrimination as normal (Gluck, 2019). It is considering these dangers that university x’s departmental leader must be oriented on the best ways to avoid stigma outright because it will damage lives and the reputation of the institution. There are better ways of communicating with subordinates on sensitive health matters such as Covid 19. The basic tenet of communication that a leader must adopt is understanding the recipients of the communiqué.

The lecturers in question were from diverse backgrounds, culture, and different religious beliefs hence the way messages are portrayed result in different interpretations like what happened. The failure to address the lecturers appropriately without causing harm reflected some gaps in the leadership. In the context of South African institutions that are still dominated by the white minority, the activities below need to be adopted. It appears most of the white privileged lecturers are still guided by the apartheid segregatory ideology where a black lecturer is a son or daughter of a lesser god hence; he/ she can be treated anyhow. In that regard, (Piot, 2007) recommends leadership and staff to come together to discuss ways of minimising issues related to stigma and discrimination. Secondly, he advocated that leaders must be oriented on the importance of reducing stigma and discrimination during their transformation workshops. In their future planning, they are encouraged to involve stigma/ discrimination in strategic planning and funding for such. Importantly, as earlier hinted in the theory, (Piot, 2007) recommends “a multifaceted national approach to stigma and discrimination such as know your rights campaigns; social change communications, participatory education; interaction between people who had Covid 19 and those who were not affected, celebrity champions, media campaigns; legal support for those affected by stigma” (p.6). In addition, the stigmatising leaders should learn from other leaders of the world who are talking about their experiences living with Covid 19, for example Boris Johnson Prime minister of the United Kingdom. This will allow them to support their subordinates and sensitise others and realign misinformation.

The implementation of such activities in institutional planning will provide some much-needed life in the institutions that are on the verge of moral collapse because humanity is disregarded by the privileged in offices of power.

7. METHODOLOGY

The study undertook to find out the implications of the stigmatisation on lecturers who were
perceived to be Covid 19 careers because they went to teach outside the country on university duty by the dean of the faculty, lecturers who remained and the body of students inside the country of the host institution. The research was purely qualitative and qualitative approaches of generating, organising data and analysis were used. This research adopted the qualitative approach because it is dealing with authentic situations that are within real settings involving human interaction and interpretation of behaviours (Cresswell, 2009). The data was generated from emails, interviews, comments from both students and lecturers. Convenience sampling was used for data generation. Convenience sampling was used because the research participants were the convenient sources of data for the researchers (Lavrakas, 2008). More so, it is uncomplicated, and economical. The sample had ten lecturers and six students and the leader of the department. The participants were from the same faculty. The composition of the participants shaped itself because these were the people who confronted the lecturers directly.

8. FINDINGS

From the Dean of the faculty.

The dean of this faculty asserted in her communication that the lecturers who travelled to country X are dangerous and a risk to the faculty because they have passed through three different airports twice in one week hence, they are infected with Covid 19. She wrote an email directed to all lecturers in the faculty: “we are health risk to health members of staff who did not travel outside the country hence we must not be near the department or premises of the university until further communication. Further, our movements should be restricted and avoid any human contact.” This communiqué from someone in a position of authority is dehumanising and unprofessional. It is an agreed fact that Covid 19 is a deadly disease, but the communication and terms used made the situation worse for the concerned lecturers. More so a leader who had been managing a faculty for years was/is expected to do better with regards to communication. At all ports of entry and exit the lecturers were screened thoroughly hence the proper thing to do was to have an audience with them directly or through Skype before firing such a salvo. Unfortunately, no one among the staff members who did not travel responded pointing out the misfiring. This later appeared to have been something discussed and agreed upon by lecturers and the Dean of faculty because of the evidence below.

9. LECTURERS

Among the lecturers there were two sides; one feels sorry for the stigmatised, and the other group supporting what the dean had prescribed. One lecturer who was young and informed about the virus had this to say; Our leader is acting as if she never read about this virus and its mode of transmission and how vulnerable people should be treated. If I were in her shoes, I would have held a Skype or zoom meeting whilst they were still in the foreign country regarding my fears and prepare my colleagues for what they were going to expect. This is uncalled for and very unprofessional. Stigmatisation at its best. Well I am saying what I think and feel but she is the Boss I can’t advise her. She knows it all. These sentiments were echoed by a fellow lecturer. The writer is one of the stigmatised. Another, lecturer said; Guys am so sorry that this is happening at an institution so highly regarded. I thought communication and stigmatisation ended during apartheid, but it seems when one is in power, she has the monopoly to bully her marginalised colleagues. But I urge you to be strong guys it will pass, but one day she will be put to task. Similar sentiments were echoed by lecturer three who was driving around seeing us as fellow lecturers after having read that we were prohibited from the campus. However, he was very angry as he pronounced similar views.

There were three who were supporting the dean’s communication. One colleague said: You were there knowing that there is corona, and you want to spread it to us. Stay wherever you are. We do not want you here. This was a verbal attack directed at the writer and was demoralised by the level of emotional brutality. This was a WhatsApp message from someone whom the writer thought was a friend. As if this was not enough, one colleague was told that; our offices are too close if you come I will have to work from home because everything you touch will be contaminated with Covid 19. The lady lecturer was devastated because these were colleagues whom she worked with every day. She was in tears. She had to travel to her parents’ home about 1000km away from the university because she was disappointed and seemingly traumatised. The other lecturer placed a laughing emoji laughing on message written;
Please don’t give me your corona. It is so saddening that in this day we still have professionals who are academic doctors and professors who are so prejudiced. The six are inclusive of both black, Indian and white lecturers. The ones sympathising was one Indian, and two white lecturers and those on the negative were two black lecturers and one white. We have highlighted these statistics for clarity and avoid labelling of individuals because the university in question is still white dominated. But the point being highlighted is that anyone can stigmatise no matter the race and not all privileged white people are prejudiced.

10. STUDENTS

The students were truly clear, and they did not hide how they felt after having seen what was happening in other countries. The first comment was; “When you come back you will have corona because you will get it at the airport. How would you guarantee our safety when you come to teach us? Please do not come back until you are checked by doctors.” One would ask how the students commented before you had travelled. It was the last lecturer and we usually inform them before leaving so that they understood the reason of doing certain things or not coming for lectures the following week. Another student said; Please sir don’t come back to class until you are diagnosed by doctors. I don’t want to die I have a baby that I need to look after, and my mother. Please. In as much as the students were expressing reality, it was painful on the writer’s part and the other colleagues who had similar experiences. We were labelled before the journey even started. The comments from students of the other country were the most painful. One had the courage to say; Lecturers from South Africa are bringing corona so am not coming for classes because it will be corona all over. The student influenced other students who became even scared to come to class and those who came would seat extremely far away. This was shared by many students in country Z.

11. ANALYSIS

The data generated from the research is a reflection that institution X did not prepare its students, lecturers, and faculty leaders on the negative effects of social stigmatisation especially with regards to Covid 19. In times of pandemics such as Covid 19, universities should make it mandatory for both lecturers and students to orient them on how to relate regardless of status. (Piot, 2007) recommends leadership and staff to come together to discuss ways of minimising issues related to stigma and discrimination. This process must be done prior to any pandemic to avoid scenarios that were seen. One lecturer had to resign because of such stigmatisation. There are so many instances where stigmatisation has led to disastrous outcomes especially loss of human life. In addition, leaders must be schooled on the importance of ending stigma and discrimination during their transformation workshops. Sometimes, the social stigma may not be intentional but the lack of knowledge of communicative language may cause problems. The message relayed by the dean may have been innocent but our interpretation because of our diverse backgrounds and experiences concluded that she was stigmatising. Based on the above, it is ideal to get someone’s opinion on the communiqué first before sending it especially on sensitive issues like Covid 19.

Again, students and lecturers’ thinking and way of doing things may have some commonalities hence their orientation towards such issues should be similar. They can be oriented under one roof. Piot, (2007) recommends “a multifaceted national approach to stigma and discrimination such as know your rights campaigns; social change communications, participatory education; interaction between people who had Covid 19 and those who were not affected, celebrity champions, media campaigns; legal support for those affected by stigma”(p.6). Besides, reference should be made to some of the pandemics that are as frightening as Covid 19 such as HIV-AIDS. In the early days there was a lot of stigmatisation but currently because of continuous education, people living with HIV are living the same lives as those without. Importantly, there is a need for universities to make certain courses such as counselling compulsory because they will aid students and lecturers on how to relate and help others in cases of pandemics in the future.

12. CONCLUSION

Appearing from the study is that there is need for professionals and students to be sensitised on the dangers of stigma. The study illuminates prejudices that affect all races in an institution because of ignorance on how to handle issues of a pandemic such as Covid 19. This problem might be a common feature in several institutions of higher education. Social interactionist theory has
enlightened us of the danger of stigmatisation and direction of how we can mitigate against it. Lastly, the study brought to light the pitfalls of our leaders as they carry out their administrative roles.

13. RECOMMENDATIONS

It is important to treat individuals equally regardless of the social status or social grouping (Rawls, 1971).

It is important to be conscious of the language one employs when communicating with subordinates despite level of power in an organisation. One must refrain from using the condition of the person as an adjective ‘Covid 19 victims/careers). Better terms need to be used to avoid stigmatisation.

It is ideal to show compassion to those that are suffering so that they do not feel alone. The six lecturers felt left out, rejected and alone.

It is important to share stories of conquering diseases that result in stigma. Boris Johnson is a good example. He stayed in isolation but had all the support. He came out to share his story with the world. This is a motivating story to reduce cases of low self-esteem and suicidal tendencies.

Lecturers and students need education on why it is not good to stigmatis. One may argue to say these are adults but the professionals who discriminated and stigmatised fellow lecturers were adults.

There is a lot that can be done during this time of Covid 19 pandemic. Adverts on the radio, television, social media educating the masses about Covid 19 so that professionals, students and the general populace have knowledge of the virus, hence leading to non-stigmatisation.

Stigmatisation deserves to be eliminated not because it is morally unacceptable, but it can be a source of harmful lifestyle or behaviour for the individual and may even extend to the broader society. The harmful effects may be experienced post pandemic period.

REFERENCE


