# Determinants and Outcomes of Internalized and Social Stigma at Workplace: Development and Testing of an Integrated Model

**By**

**Ayesha Noor**

A research thesis submitted to the Department of Management & Social Sciences,
Mohammad Ali Jinnah University, Islamabad
in partial fulfillment of the requirements for the degree of

**DOCTOR OF PHILOSOPHY IN MANAGEMENT SCIENCES**
**(Human Resource Management)**

**DEPARTMENT OF MANAGEMENT SCIENCES**
**MOHAMMAD ALI JINNAH UNIVERSITY**
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*Dedicated to My Loving Mother*

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# Determinants and outcomes of Internalized and Social Stigma at Workplace: Development and Testing of an Integrated Model

## ABSTRACT

This study examines the determinants and outcomes of Hepatitis C (HCV) stigma at workplace. Current literature on disease related stigma mainly focuses diseases like HIV, tuberculosis, epilepsy etc. however the present study specifically analyzes the workplace implications of HCV stigma.

The major antecedent analyzed in present study for internalized stigma are respectful treatment at workplace bullying, depression, stereotype endorsement and its outcomes are self-esteem and organizational cynicism and moderating role of self-efficacy is also analyzed. For social stigma the antecedents analyzed are attribution, social distance and specific stigmatizing and its outcome is empathic concern.

The data was collected from two samples for this study. The first sample consisted of HCV patients who are employed in different organizations for assessing internalized stigma. Initially 389 patients consented to give data however questionnaires were distributed to 357 employees out of which 277 questionnaires were received in which 29 questionnaires were incomplete hence finally 248 were used making response rate as 69.4%.

The second sample consisted of Coworkers of HCV patients for assessing social stigma, 577 coworkers consented however 458 questionnaires were returned out of which 421 completed questionnaires were finally used for analysis making response rate as 73%.

The results show that respectful treatment at workplace was positively associated with self-esteem and negatively associated with organizational cynicism. Workplace bullying, stereotype endorsement and social stigma shows significant negative relationship with self-esteem and positive relationship with internalized stigma and organizational cynicism except stereotype endorsement which shows insignificant relationship with organizational cynicism. Internalized stigma is also positively associated with organizational cynicism and negatively associated with self-esteem. Social distance and specific stigmatized beliefs show positive relationship with social stigma and negative relationship with empathic concern. Social stigma is also negatively related with empathic concern. Results show that attribution was insignificant associated with social stigma and empathic concern. The mediation analysis of internalized and social stigma also shows variety of findings. In case of moderation self-efficacy moderates the relationship between internalized stigma and self-esteem. Overall the results support the development of robust integrated model of internalized and social stigma. Theoretical and Practical implications of this study have also been discussed. Limitations and future direction of study are also explained.

# CHAPTER # 1

# CHAPTER 1

## 1. INTRODUCTION

### 1.1. Background

Stigmatization is the process that can be attributed to rejection and disbelieving the individual on the basis of the devalued identity (Dovidio ,Major & Crocker, 2000; Herek, 1999).Stigma is the collective designation of a person as an inferior being, is a major cause of a number of consequences of chronic diseases (Chapple, Ziebland, & McPherson, 2004; Fife & Wright, 2000). According to Goffman (1963) stigma is a state that makes an individual lesser as compare to rest of people due to some characteristics that are not considered worthy to be included in to the rest of the people. Those characteristics make the individual separated from the other people and identified them as dishonoured individuals that are not up to the standards to be fully incorporated in to the society.Stigmatization is a process that transpires at all stages of individual, society and interpersonal relations and its research basically explicit its causes that are implementation of societal standards of acceptance and social rejection due to disease (Phelan, Link & Dovidio, 2008).

Further studies on stigma also depicted that it is a kind of a boundary that separated the individuals and letting them to face the discrimination, prejudice and rejection because of the certain attributes that becomes their identity (Ainlay,Becker & Coleman, 1986; Wendell, 1990; Fiske, 1993; Falk ,2001).Although the word stigma arises in the times of ancient Greeks when people get marked that can be seen visually so that other recognized the marked people as the dissipated and corrupted one but today it's not the visual or physical mark it becomes the

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characteristic of an individual on the basis of which they get rejected (Bos, Pryor, Reeder & Stutterheim,2012).But according to Hebl, Tickle and Heatherton (2000) stigmatization can also take the form in which its existence cannot be directly evident like the people don't do the eye contact or ignore the stigmatized individual. According to Phelan, Link and Dovidio (2008) Stigma has three distinctive functions; first function is to make people feel down on the basis of power so due to the dominating behavior of letting down make the less powerful people stigmatized. Second function is to force and stigmatized the people to reside in their ingroup in order to implement the communal standards and third function is to avoid the people who are infected with disease so due to the avoidance the infected people get stigmatized. (Kurzban & Leary, 2001). It has been argued in previous studies that stigma can result in a number of outcomes that can badly affects the welfare of the stigmatized individual (Meyer, 2003; Stutterheim et al., 2009).

Stigma can be classified as internalized stigma and social or public stigma. According to Link(1987) an individual internalized stigma when the individual start feeling that the negative perception of the people are right and they deserve all this discrimination due to the stigmatized attribute that becomes their identity. Kilinc and Campbell (2009) reported in their study that when the individual internalized the self-worthlessness they start feeling that they are the one who gets rejected by the nature. Especially this sort of stigma is attached with the people who are having the chronic disease as they feel ashamed of having the disease and considered themselves as the infected one (Person et al., 2009; Conradet al., 2006) blaming theirselves of having such a chronic disease illness (Mak et al., 2007).

It has been analyzed that public stigma initiates the internalized stigma because when the person gets aware of the devaluation due to their stigmatized condition they start internalizing the

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stigma (Mak & Cheung , 2008).Where as Vogel, Wade and  Haake (2006)  suggested that Social or Public stigma is actually the process of developing the perception regarding to a group of people due to some intolerable distinctiveness (like illness) by the common people. Pryor, Reeder, Yeadon and Hesson-McInnis (2004) reported that there are implicit and explicit responses towards a stigmatized individual  like when the person know the stigmatized condition of the individual then the non-stigmatized person gives the implicit response that is the impulsive reaction but afterwards the person will show the explicit response towards the stigmatized condition that is basically result after the thinking process that can further enhance the devaluation or create the empathy for the stigmatized individual. Public stigma initiates the internalized stigma by devaluation of the individuals who has the stigmatized attribute so that they feel themselves as worthless (Vogel, Bitman, Hammer & Wade, 2013).

An individual faces the high level of stigma if that stigmatized condition is in the control of the individual but if the condition is out of the control of the individual then people will develop the sympathy feelings for that individual (Weiner, Perry & Magnusson, 1988)If the individual is considered as ruining the societal ethical standards then such a person will face the social rejection and devaluation in the society like a person having HIV is considered as someone who breaks the ethnicity of the society so in such case stigmatization will be very high and society will not show much sympathy with such individuals (Dijker & Koomen, 2003).

When talking about the stigma related to diseases Berger ,Ferrans and  Lashley (2001) found out that such sort of stigma impact's directly relates to the people thinking that how they are perceiving the particular disease as Weiss, Ramakrishna and Somma (2006) founded that the stigma connected to health or disease issues is basically the consideration of inadequacy of such

people on social criteria. So people having chronic illnesses like HIV, HCV, epilepsy, tuberculosis etc. reported the stigma on a very high level.

Frequency of HCV in Pakistan is terrifyingly high and studies depicts that there are around 10 million HCV patients in Pakistan (Hamid et al., 2004).In Pakistan people are more determined by social status and when they faced stigma they tried to conceal as they can become the source for others people problems (Yousaf, Zia, Babar & Ashfaq, 2011) as HCV is one such diseases or chronic illness from which people get afraid because this type of chronic illness can be transmitted (Deacon, Stephney & Prosalendis ,2005) so individual with the hepatitis C virus (HCV) come across with stigma and discrimination (Brener, Hippel & Kippax,2007).

But a very inadequate research has been done on stigma related to HCV (Paterson, Backmund, Hirsch & Yim, 2007). It is necessary to work on individual as well as community level to evaluate the stigma affects (Heijnders & Van Der Meij, 2006) we cannot understand the process of stigma unless we focused on cultural beliefs because they vary due to the difference in the value systems (Yang et al., 2007) .And Pakistan is one of those countries which is recognized as having a highly collectivist culture (Hofstede , 1980).So people have the strong association at their workplace but when stigma comes from co-workers that is the discrimination it can suffocate the person progression and personal development opportunities (Jagose, 1997).

So this study will depicts that how internalized and social stigma arises at the workplace and how its consequences affect the behavioural outcomes of the individual's in the organizational perspective because as in view of Leigh, Lubeck, Farnham and Fries (1995) employment might only be comfortable when the individual feels that he is getting support and encouragement, but the problem arises when the internalized and social stigma existed in the working place because

it results in the malfunctioning of the organization. According to Pachankis (2007) individuals having stigmatized condition suffer a lot from tension due to the anxiety of revealing their condition as they try to hide it due to the fear of social rejection.

### 1.1.1. Hepatitis C (HCV) and Stigma

A number of studies have reported that HCV is such a disease to which very high level of stigma and prejudice is attached (Butt, 2008; Day, Ross & Dolan, 2003; Treloar & Hopwood, 2004).It has been noted that when the disease is considered as out of the control of the individual then the consequences are the positive, means that the attitude of people will be positive but when it is in the control of the individual then the infected person has to face the negative attitude of other people (Bordieri & Drehmer, 1986) and HCV is such a disease that is believed to be in the control of the individual so people infected with HCV will face the negative consequences (Hebl & Kleck, 2002). According to Dolan, MacDonald, Silins and Topp (2005) the mode of transmission of disease is also very important in developing the perception about the infected individual.

It has been seen that people having HCV are not considered as the worthy people to show pity and help (Weiner, Perry & Magnusson, 1998).Even in the health care sector that are the providers of the treatment stigma has been observed for the HCV infected people, the dental staff don't want to treat the HCV infected people even they faces the discharge from the hospitals as the hospitals feared that the virus will be spread (Hopwood & Treloar, 2003; Brener, Hippel & Kippax, 2007; Day, Ross, & Dolan, 2003).It has been also observed that when the HCV is

known the quality of attention and support of the infected patient minimizes (Anti-discrimination Board, 2001).

Previous studies depicted that HCV and HIV infected people try avoid the testation due to the fear that they will get rejected by the society and they will get isolated (Parisaei, Hemelaar, & Govind, 2010; Sambisa, Curtis, & Mishra, 2010).According to Jamison (2006) stigma is too much attached with the HCV that psychologically HCV infected people get badly affected resulting into minimize approach towards the treatment and even have the high chance of failure of the treatment. So this will result in the poor quality of life of the HCV infected people (Dieperink, Ho, Thuras, & Willenbring, 2003).

**1.2. Theoretical Gap**

**1.2.1 Lack of research on HCV patients**

Worldwide Hepatitis C (HCV) is position among the three most prevalent chronic viral infections (McCarron , Main & Thomas,1997; Soriano, Barreiro & Nunez,2006; Alavian , Adibi & Zali,2005). HCV was firstly came to known in 1989 and since then continued to be the major problem of human beings health. HCV carrier are ten times high than people living with HIV (UNAIDS, 2006) which makes HCV a main health problem globally (Brown Jr & Gaglio, 2003). Still inadequate research focuses HCV (Paterson et al., 2007) though it is a significant issue that needs consideration (Zacks et al., 2006).This is the first theoretical gap this study addressed.

**1.2.2. Lack of research of on relationship between HCV Internalized and Social stigma**

Fontana and Kronfol (2004) reported that stigma relating to a number of chronic illnesses like

HIV has been studied and how it affects the individual as biasness directly influences the psychological health, physical fitness and social position of the stigmatized (Major & O'Brien, 2005) but stigma related to HCV is recently get consideration due to its high prevalence. But there are very limited studies that address the HCV related stigma.

It has been noted that studies on real time interactions between the stigmatized and non-stigmatized individuals are not sufficient and common (Hebl & Dovido, 2005). And it is very important to study the link between social stigma and internalized stigma (Bos et al., 2013).

Hence the second theoretical gap the study is going to address is comprehensive analysis of relationship between internalized stigma and social stigma.

### 1.2.3. Lack of research on HCV stigma at workplace

According to Bento, White and Zacur (2012) stigma studies regarding its affects at workplace is very deficient. Although it's high prevalence results in to enormous destruction (Judge & Cable, 2011) but still there is dearth of literature on stigma at workplace and especially when it comes to HCV stigma because very little attention has been given towards this issue.

It has been argued that more research on stigma is needed due to the advancements and dynamism. Paetzold, Dipboye and Esbach (2008) and Judge and Cable (2011) reported in their study that there are very destructive effects of stigma in the work environment both for organization and the people, yet the research on this issue has been neglected which results in the dearth of knowledge about the impact of stigmatization at workplace (Bento, White, & Zacur, 2012).So Employers may want to think about ways of directly deal with the negative and

apparently firm effects of stigmatization at the workplace (Pinel & Paulin, 2005).And for this studies are required to address the stigmatization at workplace.

Thus the third theoretical gap this study addressed is analysis of HCV stigma at workplace.

### 1.2.4. Lack of research on HCV stigma in Pakistan

In previous studies of stigma, there has not been direct assessment across cultural contexts (Kalichmanet al., 2005; Reidpath, Brijnath, & Chan, 2005). Brohan, Slade , Clement , Thornicroft (2010) argued that a logical assessment about the stigma research shows that only 5 out of 57 studies have been performed on Asian population which shows that in Asia the research on stigma has been highly neglected. Hofstede (1980) and Triandis (1995) argued it as a main error in existing literature that there is lack of context specific research.

HCV carriers are high in numerous Asian countries (Thanachartwet et al., 2007; Wang et al., 2008) and in bulk of underdeveloped countries HCV stigma is not appropriately understood (Van Rie et al., 2008).Pakistan is one of those countries that are facing the horrific rate of HCV prevalence (Ilyas, Iftikhar & Rasheed, 2011).Pakistan is ranked higher in the prevalence of HCV as compare to other countries like India, Nepal, Iran, Afghanistan and Myanmar (Hutin et al., 2004). In Pakistan prevalence of HCV is very high and it is 20% more as compare to the other Asian countries (Bashir, Haider, Rashid & Riaz, 2012).

But in Pakistan according to Kuo et al., (2006) very few studies addressed the issue in this particular context, where occurrence of HCV is frighteningly high. So with such high level of prevalence a number of stigmatized characteristics will be attached with the HCV infected people and social stigmatization becomes very common. Although its importance has been

recognized but there is the deprivation of research about stigma. So the fourth theoretical gap is related to cultural context that this study addresses.

## 1.3. Problem Statement

Extant literature on disease related stigma has many loopholes/omissions. This includes less research on disease like HCV and its associated issues including stigma. In addition the literature has also not clearly delineated the workplace implications of stigma generally and HCV stigma specifically. Moreover the majority of studies focused samples from developed countries while HCV is threatening lives of millions of people in underdeveloped countries like Pakistan but surprisingly the literature does not specifically provide solution to the problem being faced by HCV patients in countries like Pakistan.

## 1.4. Significance of the Present Study

The present research significance can be distinguished by analyzing the three features.

Firstly, this study is conducted on stigma at workplace so it will help in exploring the effects of stigma at workplace. As Butt, Paterson & McGuinness (2008) argued that stigma is the challenge for the individuals carrying HCV so awareness of hepatitis C stigma is essential to support people with hepatitis C so that they can self-manage their disease and decreases the infection encumber (Butt, 2008).As Zickmund, Hillis, Barnett, Ippolito and LaBrecque (2004) argued that Communication between patients and doctors can have a main effect on the apparent and real quality of care.

All the people have the right to work in appropriate setting, which imitate fairness, safety and self-respect (Lloyd  & Waghorn,2007).By making the managers more aware of these issues the stigmatization can be controlled at workplace (Beatty & Kirby,2006) .By having the support from other people the patient of HCV become more concerned of their treatment(Jones etal.,2012) as Paterson, Backmund, Hirsch & Yim (2007) in their study reported that if these people are at the risk of facing the stigma they withdraw from the treatment so nobody can know about their disease that can become the source of rapid extension of HCV so deceasing stigma is necessary for enhancing the superiority of life of people (Corrigan & Penn, 1999).People when get stigmatized encountered with stressed interactions, socially become isolated and face dwindling of self-esteem (Crocker & Major, 1989). So this study will help in understanding the stigma process at workplace and also it will be an addition in the stigma knowledge because this study is addressing the issue of deprivation of stigma research at workplace.

Secondly, there is the development of an integrated model of the internalized and social stigma. It has been stressed that the social and internalized dimensions of stigma should be integrated into one theoretical model so its impact on each other can be understood (Deacon, 2006) because the stigma affects the individual who is infected and also the individual who is not infected (Earnshaw & Chaudoir, 2009).So by developing an integrated model there will be the better chance of understanding the causes of internalized and social stigma and also its outcomes at workplace. This will make it easy to understand the stigma process from both of its dimensions and how it links to each other.

Thirdly context wise HCV stigma is studying for the first time in Pakistan specifically at workplace with an integrated model.Social context in a particular culture is a very important factor in contributing the Stigma existence (Parker & Aggleton, 2003). Culture plays a very important role in shaping stigma mechanism because the stigma is culture specific and it vary across the different cultures of the world (Parker & Aggleton, 2003; Ogden & Nyblade, 2005; Vogel et al., 2013; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).The trend of characteristics that causes stigmatization varies from culture to culture means in one culture the factors causing stigma will not be considered as the cause in other culture (Clair, Beatty & Maclean, 2005).

There are very limited studies of hepatitis C Virus (HCV) in Pakistan (Kuo et al., 2006) as compare to other countries. In Pakistan people are more driven by social status and when they faced stigma they tried to hide as they can become the origin for others people problems (Yousaf, Zia, Babar & Ashfaq, 2011) because individual with the hepatitis C virus (HCV) encounters with stigma and discrimination (Brener, Hippel & Kippax,2007).

Previous studies shows that in collectivist culture people have to hide their stigmatized condition because such culture does not protect the individuals from stigmatization (Falk,2001; Lee , Lee , Chiu & Kleinman,2005).For understanding stigma and developing interventions for its control cultural specific study of stigma is required (O'Connor & Earnest, 2011). As this study is carried out in Pakistan which is an Asian country so it will be an addition in the stigma context wise research.

## 1.5. Theoretical Contribution

This dissertation attempts to test a novel integrated model of Stigma in which internalized stigma and social stigma determinants and outcomes are studied and this study is carried out for the first time in workplace setting and especially in Pakistan where stigma research is highly scarce. When the individual encountered with the stigma especially when it is attached with such a disease that can be transfer to other people like HCV, the people attitude make the infected individuals to feel that it is their fault of having such a disease and then they consider all the discrimination that they are facing is valid and they deserve this so according to Vogel, Wade and Hackler (2007) at this point the individual start internalizing the stigma which they acknowledge as stemming from the people or the organization whereas Angermayer and Matschinger (2003) says that social stigma is the general population perception or attitude which compel them to behave towards the infected people with discrimination.

According to Angermeyer and Dietrich (2006) a meta-analysis of more than 60 population studies mostly from Europe, work on public attitudes and such studies have offered much needed knowledge of public attitudes but still a large amount of issues remains unanswered. So this study will also depict the social stigma determinants and outcomes. As Chronic illnesses are a rising distress internationally, it has been reported by the World Health Organization (2010) that a huge figure of people indicates of having the chronic illness and a very adverse effect of a lot of chronic illness on the life of people is the Stigma that they have to face (Fry & Bates, 2012; Halding ,Heggdal &Wahl, 2011).

As Anderson (2004) and Wu and Green (2000) indicated that people have to live a very challenging life who are suffering from any sort of chronic illness because people have attached

the stigma with the health issue which force them to undervalue the people who have the chronic disease (Weiss, Ramakrishna & Somma 2006) and HCV is also such a chronic illness. So stigma attached to such disease can destructively affect the life of the sufferer both on internal and social level (Earnshaw & Quinn, 2012; Juniarti &Evans, 2011).

The proposed integrated model has been be tested on the HCV patients that how they internalized stigma and then its effects on their workplace and also on the people who have the interactions with the HCV patients that how social stigma emerged and then how it effects the workplace by analyzing its outcomes. The study has been be conducted in public and private sector organizations of Pakistan so this will enhance the literature in terms of analyzing the effects of stigma in developing countries as stigma is least studied in developing countries especially in Pakistan.Specially Research contributes less attention to internalized stigma (Thornicroft , Rose , Kassam & Sartorius,2007).Uderstanding about the concept of internalized stigma mostly comes from developed countries (Assefa,Shibre, Asher & Fekadu,2012) so it's understanding in developing countries (like Pakistan) needs consideration.

Stigma is strongly associated with HCV infected individuals wellbeing so such complex phenomenon required further research in revealing this association (Golden, Conroy, O'Dwyer, Golden & Hardouin, 2006).There is deficiency of research on stigma associated with HCV and the factors that cause HCV stigma are yet to be explored (Cabrera, 2014).So this study contributed in enhancing the knowledge of HCV stigma in the literature.

## 1.6. Supportive Theories

### 1.6.1. The Social Identity Theory (SIT)

The theory states that the individual start discrimination when they develop a sense of identity in their minds that they belong to a certain classification, category or group which is different from the other on some grounds or standards (Tajfel & Turner ,1985) and this category or classification reflects the identity and position in the particular social setting. This happens because individuals develop short cuts by classifying things and people into groups. The complication of the environment is condensed through the process of the standard of prominence. This explains the phenomenon whereby the similarities within a group and the differences between groups are overstated or emphasized. The perception of social group is illustrated by an evaluative (positive or negative) and an emotional (feeling) component. According to Turner, Hogg, Oakes, Reicher and Wetherell (1987) in social identity theory a person classified ownself in a manner that is separate from the societal or other classification means the person self becomes the identified object.

It is about the awareness of an individual about a certain classification in which he or she thought to be belonged. It has been known that all the people belong to a social group so when the social group have the similar identity that is basically judged by the social comparison then those similar identity people are considered as the in group people while the dissimilar identities people are considered as the out group people so then after this classification certain acceptable criteria get attached to the social group and if on the basis of that acceptable criteria identity get not matched then those people have to face the discrimination and prejudice(Stets & Burke,2000).

So SIT mainly elicit that when there is the differentiation between the identity of the individual from the acceptable or perceived criteria to be considered as a valuable and honourable individual of the society the stigma will be originate (Stone-Romero & Stone, 2007).This theory

supports that the infected individuals with HCV have the separate identity as compare to the people who are uninfected. And the infected individual identity has been perceived negatively due to the nature of the infection as HCV is a contaminated disease that can be transmitted to other people. So prejudice and discriminatory attitudes are exhibited towards the infected individuals.

### 1.6.2. The Modified Labeling Theory (MLT)

To explain the phenomena of stigma most of the researchers applied the labeling theory( Schlosberg, 1993).The Modified labeling theory proposed that people attach certain labels to distinguish the individual identity this sort of labeling can results in the negative outcomes, as the labeling can results in stigma because there are certain negative labels people attached with diseases which results in the negative responses towards the people having the disease that leads to discrimination (Link, Cullen ,Struening, Shrout, & Donrhenwend, 1989) as according to Sontag (1978) any disease which is characterized by a negative or pessimistic description society tagged a label on it which results in the stigmatization and prejudice reactions and it will results in a number of negative outcomes like lowering the individual self-esteem, isolation and decreased susceptibility towards a better life (Miles, Burchinal, Wasilewski, & Christian, 1997).

It has been argued that the labelling of people basically involves the social audience means that the society tagged certain behaviours with a label, those behaviours either can be positive or negative similarly the society labelled certain attributes and characteristics, the negativity or the positivity depends upon the label that is given to the characteristic or attribute. If the person gets that characteristic that is labelled as negative because it is not according to the norms and standards of the society then the  person  will be categorized as the worthless one and a devalue

person of the society such devaluation will trigger the stigma so the person has to face the discrimination and biasness due to the label get attached to him/her (Goffman, 1963).So it is elicit that when the person get label due to unacceptable or negative characteristic in the opinion of the society then the person has to face the stigma because that characteristic become the stigmatized one.

So this theory supports that certain negative labels are attached to chronic and transmittable diseases due to which stigma emerged and the infected individuals have to face the discriminatory behaviour.

## 1.7. Research Questions

The main purpose of this study is to develop an integrated model of the internalized stigma and social stigma at workplace. So in order to attain the purpose an effort will be put forth to answer the following research questions:

### Research Question 1

*How respectful treatment at work is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between respectful treatment at work, self-esteem and organizational cynicism.*

### Research Question 2

*How workplace Bullying is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.*

*Research Question 3*

*How depression is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.*

*Research Question 4*

*How stereotype endorsement is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between stereotype endorsement, self-esteem and organizational cynicism.*

*Research Question 5*

*How social stigma is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between social stigma, self-esteem and organizational cynicism.*

*Research Question 6*

*How internalized stigma is related with self-esteem and organizational cynicism.*

*Research Question 7*

*How attribution is related with social stigma and empathic concern and does social stigma mediates the relationship between attribution and empathic concern.*

*Research Question 8*

*How social distance is related with social stigma and empathic concern and does social stigma mediates the relationship between social distance and empathic concern.*

*Research Question 9*

*How specific stigmatizing beliefs are related with social stigma and empathic concern and does social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.*

*Research Question 10*

*How social stigma is related with empathic concern.*

*Research Question 11*

*Does self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self- efficacy is high.*

## 1.8. Research Objectives

Specific research objectives of the study are as follows:

i.  To find out that respectful treatment at work is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between respectful treatment at work, self-esteem and organizational cynicism.

ii.  To find out that workplace Bullying is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.

iii.  To find out that depression is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.

iv.  To find out that stereotype endorsement is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between stereotype endorsement, self-esteem and organizational cynicism.

v.  To find out that social stigma is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between social stigma, self-esteem and organizational cynicism.

vi.  To find out that internalized stigma is related with self-esteem and organizational cynicism.

vii.  To find out that attribution is related with social stigma and empathic concern and does social stigma mediates the relationship between attribution and empathic concern.

viii.  To find out that social distance is related with social stigma and empathic concern and does social stigma mediates the relationship between social distance and empathic concern.

ix.  To find out that specific stigmatizing beliefs are related with social stigma and empathic concern and does social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.

x.     To find out social stigma is related with empathic concern.

xi.     To find out that self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self- efficacy is high.

# CHAPTER # 2

# CHAPTER 2

## 2. LITERATURE REVIEW

### 2.1. HCV Stigma

Stigma is a negative difference between the real and contingent characteristics of an individual against the expected or required characteristics in that particular perspective and the individual will be considered as not on standard (Goffman, 1963).The demographic diversity includes two types of characteristics visible and non-visible (Tsui & Gutek, 1999). Visible includes age, color, race etc. and non-visible includes religion, occupation, illness etc (Williams & O'Reilly, 1998).Visible characteristics are assessed but non visible are not addressed properly which makes the individual stigmatized and leads to social isolation (Cox, 1993).

Stigma is an imperative feature of the familiarity of living with chronic diseases, mainly when it is linked with the probable transmission of the disease to susceptible people (Sandelowski, Lambe, & Barroso, 2004). According to parson's (1951) concept of sick role it is the responsibility of an individual to make an attempt in order to become healthy from the illness but in the progression of stigma the individual experiences the spectacular effect on the medical care access and employment prospects (Link & Phelan, 2006).

People existing with chronic illnesses like HIV/AIDS and Hepatitis C persist to experience a number of medical and social challenges like stigma and discrimination, disabilities, and eventually deaths (Riaz, Ahmad & Khanam, 2011).Health is considered as the vital reserve and well-being for every individual, organization and society (Cartwright& Cooper, 2014).

Stigma will be perceived when people with a disease are considered to be as worthless socially (Reidpath, Chan, Gifford & Allotey, 2005). Biasness directly influences the psychological health, physical fitness and social position of the stigmatized (Major & O'Brien, 2005). The pessimistic effect of stigma on the health of people with chronic diseases such as HIV is studied greatly (Fife & Wright, 2000; Fontana & Kronfol,2004) but the stigma linked with chronic hepatitis C (CHC) has newly surfaced as a research attention. It has been reported by Brener, Hippel & Kippax (2007) that Individuals having HCV encountered with discrimination and stigma, leading to social separation (Golden, Conroy, O'Dwyer, Golden, & Hardouin, 2006).

Few countries have formulated the strategies to tackle the hepatitis C epidemics but as long as people are criminalized, marginalized, stigmatized and isolated by the present system, hepatitis C prevention and harm reduction strategies will be distant from eminent value (Alavian, 2008). Stigmatization reduces the engagement of treatment of hepatitis C (Madden & Cavalieri, 2007). Individual with hepatitis C do not revealed there disease to overcome the discrimination (Hopwood, Treloar & Bryant, 2006). Stigmatized individuals avoid testing of infectious diseases ( Kalichman et al.2005). HCV Infection control is a vital public health issue as the majority of infections do not treated but escort to chronic infection (Alavian , Adibi & Zali,2005; Hwang etal., 2001).

People when get stigmatized encountered with stressed interactions, socially become isolated and face dwindling of self-esteem (Crocker & Major, 1989). Stigma imitates considerable resistance to those with chronic hepatitis C (CHC), their social system and society (Butt, Paterson & McGuinness, 2008). Awareness of hepatitis C stigma is essential to support people with hepatitis C so that they can self-manage their disease and decreases their infection burden (Butt, 2008).

All the people have the right to work in appropriate setting, which imitate fairness, safety and self-respect (Lloyd & Waghorn,2007). By making the managers more aware of these issues the stigmatization can be controlled at workplace (Beatty & Kirby,2006). By having the support from other people the patient of HCV become more concerned of their treatment (Jones etal., 2012).

Communication between patients and doctors can have a main effect on the apparent and real quality of care (Zickmund, Hillis, Barnett, Ippolito & LaBrecque, 2004). But in contrast if individuals will be blamed for getting the disease, and considered as irresponsible, immoral, and unworthy so such stigmatization may possibly make the people who have hepatitis C to avoid testing, treatment and care, as well as to not reveal their hepatitis C (Paterson, Backmund, Hirsch & Yim, 2007) that can become the source of rapid extension of HCV so decreasing stigma is necessary for enhancing the superiority of life of people (Corrigan & Penn, 1999).

The trend of characteristics that causes stigmatization varies from culture to culture means in one culture the factors causing stigma will not be considered as the cause in other culture (Clair, Beatty & Maclean, 2005).A considerable geological difference has been noticed in the occurrence of HCV in diverse areas of the world (Sood et al., 2012).In South America, North America, Europe and Asia considerable unpredictability in HBV and HCV occurrence has been accounting (Pereira & Levey,1997; Sulowicz, Radziszewski & Chowaniec,2007).The inconsistency of HCV in certain African and South-East Asian areas emerge to be dissimilar from that in Europe and Western countries (Mellor, Holmes, Jarvis, Yap & Simmonds,1995).

In Pakistan people are more driven by social status and when they faced stigma they tried to hide as they can become the origin for others people problems ( Yousaf, Zia, Babar & Ashfaq, 2011)

because individual with the hepatitis C virus (HCV) encounters with stigma and discrimination (Brener, Hippel & Kippax,2007).

World wide the most three widespread chronic viral infections are HIV and Hepatitis B and C viruses (McCarron , Main & Thomas,1997; Soriano , Barreiro & Nunez,2006). Report on the Global AIDS Epidemics (2006) shows that 38.6 million people over world wide reported to contain HIV infection where as 400 million people are infected with HBV (Alter, 2006).

According to world health organization (WHO) there are 180 million people who are carrying hepatitis C virus (HCV) and about 130 million people are at the danger of having liver cirrhosis and liver cancer. Hepatitis C virus (HCV) considered being as a main health problem worldwide (Brown Jr & Gaglio, 2003). Alter & Seeff (2000) reported that in west hepatitis C is becoming the reason of liver transplantation as it is causing chronic liver disease due to which depression and anxiety have high occurrence in hepatitis C (Golden, O'Dwyer & Conroy, 2005).HCV is a rising infection so remarkable notification is needed (Alavian , Adibi  & Zali,2005). HCV causes acute diseases that can be intense and unnoticeable so during the treatment the patients needs the psychological support that can motivate them towards the treatment (Kausar & Yusuf,2011). The researchers categorize the stigmatization experience of HCV patients as the very considerable and noteworthy issue that requires the attention (Hopwood & Southgate, 2003; Zacks et al., 2006).

 A very limited research has been done on stigma related to HCV. (Paterson, Backmund, Hirsch & Yim, 2007) It is required to work on individual as well as community level to assess the stigma (Heijnders& Van Der Meij, 2006). In developing countries understanding about stigma is very deprived (Van Rie et al., 2008). There is inadequate confirmation that the occurrence of

HCV is high in several Asian countries (Thanachartwet et al., 2007; Wang et al., 2008). There are very limited studies of hepatitis C Virus (HCV) in Pakistan (Kuo et al., 2006) as compare to other countries.

## 2.2. Comprehensive Model of Stigma at Workplace

From previous years researchers focus greatly shift towards investigating the impact of emotions at workplace (Dougherty & Krone,2002) and importance of studying emotions also get highlighted (Kramer & Hess, 2002) due to its enormous affects at workplace.

### 2.2.1. Stigma

There are a number of destructive effects regarding to stigma that has been reported and they are related to the discrimination and prejudice against the individual which results in letting down the individuals' status (Deacon ,2006).The phenomenon of stigma arises in primitive Greece where the criminals and the immoral one's get marked, that mark was known as stigma, labelling those people as the separate category from the society (Vergne, 2012) and this labelling is meant to lowered down the individual worth. Goffman (1963) illustrate stigma as the categorization of a group or a person from the rest of the society due to certain attributes. It can be express as a sign of devaluation (Hinshaw ,2005) a characteristic that make an individual dishonoured and in many contexts society avoids their acceptance (Crocker, Major, & Steele, 1998)due to the some physical, behavioural or societal attribute that differs from the society standards (Castro and Farmer, 2005).

According to Giddens, Duneier, Appelbaum and Carr (2009) stigma is a perceptual process and when this converts into action means when the individual encounter with the negative responses it then becomes the discrimination. According to Yoshioka and Schustack (2001) the lack of knowledge and fear development becomes the source of stigmatization in a particular context. Hebl and Kleck (2002) found out that people response regarding to a disease depends upon the perception that either it is a controllable disease or uncontrollable like HCV is considered as the controllable disease so in this case the individuals carrying HCV are at the higher risk of facing the stigma and prejudice that becomes the obstruction of having the testing of HCV (Sambisa, Curtis, & Mishra, 2010).

The stigmatized people are at the greater risk of having a number of problems related to health like hypertension, depression, coronary heart disease and stroke (McEwen ,2000)making the to divulge into more noxious situations  (Harrell ,2000;Link & Phelan, 2001) where as in career they face prejudice at workplace and also in continuing their employment ( Surgevil & Akyol,2011) due to such non supportiveness accelerate sarcasm, hopelessness and devaluation (Pachankis, 2007).So the stigmatized individuals hide their stigmatized attribution for social acceptance (Link  etal., 1989).

So dealing with stigma and its outcomes cannot be ignored.Stigma is classified into two types namely  public or social stigma and self-stigma or internalized stigma (Corrigan,2004; Corrigan, Markowitz , Watson , Rowan  & Kubiak,2003; Fung , Tsang , Corrigan , Lam & Cheng,2007; Gray ,2002; Lee , Lee , Chiu & Kleinman,2005; Scambler,1998; Werner , Aviv & Barak,2008).

### 2.2.1.1. Internalized Stigma

From the last ten years researches extensively pays attention towards the self or internalized stigma (Alonso,2009; Dinos , Stevens , Serfaty , Weich & King,2004; Feldman & Crandall,2007; Schulz & Angermeyer,2003)An individual internalized stigma because the individual is at the risk of facing the existed social standards that let the individual get labelled (Link,Phelan,Bresnahan,Stueve & Pescosolido,1999). In view of Vogel, Wade and Hackler (2007) self or internalized stigma is the acceptance of the beliefs of the society regarding to their state of health and start devaluing their ownselves.So the labelled individual possess the certain emotional effects that enhances the responses and possibility of losing the close one's (Semerci, 2005) as the individual internalized the stigma. According to Reece (2003) as the level of internalized stigma enhances the individual start possessing the emotions of self-hatred and deprived medical assistance.

Branscombe, Schmitt, and Harvey (1999) reported that assenting past and expected future effects to stigmatization worsen well-being. The studies illustrate that either stigmatization that is a cognitive process or discrimination that relates to behaviour have negative effects for the individual. According to Major and O'Brien's (2005) stigma is a danger to one's identity if disclosure to this danger is chronic, negative effects extend and exhaustion that is the vital component of burnout is likely to arise.

Stigma is a threat to identity and is probable to lead to exhaustion when it is recurring. For workers who strongly recognize to the stigmatized group, this danger is even further harsh to their self-definition, the impact of stigma on exhaustion will be stronger for employees who identify strongly to the stigmatized group.

Workers perceiving an exceedingly negative stigma against their work-related group and recognizing strongly with that group would also illustrate lesser engagement, they experience stigma as a more harsh risk to their self-definition. Similarly the positive effect of identification on engagement will be weaker when workers perceive high negative stigma as compare to when they perceive low stigma against their group because engagement decreases when workers identify strongly to a group that they perceive to be devalued in society. ( Barbier , Dardenne & Hansez,2013).It has been reported in various studies that Internalized stigma has drastic affects when analyzed prudently (Ertugrul &Ulug , 2004; .Lysaker, Davis , Warman , Strasburger , Beattie, 2007; Yanos, Roe, Marku & Lysaker , 2008).

### 2.2.1.2. Social Stigma

Social stigma is the perception of the people that how they perceive the particular condition of the other individual which don't meet the standards of the society (Dijker & Koomen, 2003; Vogel, Wade, & Haake, 2006).It is the perception of rejection towards certain individuals in the society (Corrigan ,2004;Griffiths , Christensen , Jorm , Evans & Groves ,2004).Social or public stigma basically refers to the people rejection from the person who is carrying some sort of chronic disease like HCV as this disease can be transmitted so the people start distancing from the HCV carriers.

According to Major and O'Brien (2005) such sort of stigma results in the very harmful outcomes. When society differentiate certain people on the basis of some characteristic they are actually labelling those individuals (Link & Phelan, 2013) Such labelling initiate stigma because it devalued an individual identity in the society because they become the rejected one due to some characteristics attached to theirselves (Goffman,1963; Crocker , Major & Steele ,1998).The

social stigmatization is very challenging and affects the wellbeing of the stigmatized individual (Corrigan, 2004;  Perlick et al., 2001; Wright, Gronfein, & Owens, 2000).The social stigma is linked with discrimination and decreases the opportunities for the job (Conner et al., 2010).

Especially when are talking about the organization because it will become very difficult for an organization to manage their work standards if in organization such sort of stigma, discrimination and prejudice exist. Stigma is known as discrimination when the negative thoughts and attitudes represents in actions as discrimination is disapproving someone due to his or her belongingness to certain devalued group (Giddens, Duneier, Appelbaum & Carr, 2009). Social stigma results in discrimination and devaluation (Corrigan &Shapiro, 2010). A person who faces HCV stigma avoids testing (Sambisa, Curtis, & Mishra, 2010). HCV causes acute diseases that can be intense and unnoticeable so during the treatment the patients need the psychological support that can motivate them towards the treatment (Kausar & Yusuf, 2011).

Stigma related to HCV originates from the view that HCV is such a disease that can be controlled or reduced, it has been noted that when certain disease occurrence is considered to be in control of the individual the views for such individual will be less positive as compare to uncontrollable disease so the controllable or uncontrollable mode of transmission also pays role in developing negative perceptions and stigma (Hebl & Kleck, 2002).

**2.2.2. Determinants and outcomes of internalized stigma**

### 2.2.2.1. Impact of Respectful treatment at work on internalized stigma, self-esteem and organizational cynicism

Smart Richman and Leary (2009) argued that everyone wants to be treated with respected but the person who is facing the stigmatized condition expects more respectful treatment because they have fear of devaluation because so treating with respect can help in ensuring their self-respect (Tyler, Degoey, & Smith, 1996; Bergsieker, Shelton, & Richeson, 2010). It has been reported that the working environment reinforces the dedication level of employee at work (Meijman & Mulder, 1998).

As people having the disease like hepatitis C are at very high risk of facing the stigma due to the perception of the society that have been built about HCV so such people when working in the organization treated with respect then it will ensure them that they are not facing the discrimination and think of them as the respectful member of the society but on the other hand if treated with disrespectfully then it will lead to negative outcomes. (Colquitt, Conlon, Wesson, Porter, & Ng, 2001).

Supportiveness, recognition and organization environment helped in handling the challenges at workplace (Bakker. Scheufeli , Leiter & Taris., 2008).Every individual has the right of  self-respect due to their existence (Roland &Foxx ,2003) as it is a defensive feeling if someone violates this feeling, it's emergence can more evidently be observed.

According to Lind & Tyler (1988) respectful treatment makes the stigmatized individual to feel the self-reassurance and also enhances their self-valuation because the respecting attitude promotes the importance of an individual in connection to society. It has been reported that most

of the individuals want respect even at the cost of their financial well-being (Davis & Henry, 2009).

It is the right of every human being to be respected irrespective of their appearance, attributes, character and social position (Kant, 1967). Self-respect is the acceptance, valuing and dignifying other to be a human being (Boxhill, 1995; Thomas, 1995). In assuring the self-respect of a particular person, attitudes, perception and actions of other people matters a lot because their displayed actions can reinforce or damage the one's self-respect, For a human being it is important that how other people treat them if they treat the individual respectfully it enhances the individual well-being as the individual considered respectful treatment as social acceptance that foster the self-esteem (Roland &Foxx, 2003). Giving respect to other people enhances the self-esteem of those people (Branden, 1995). It has been analyzed that every individual has some ideal self in their eyes and if the environment doesn't provide such circumstances to the individual to act in accordance to that ideal self through disrespectful behavior and suppression makes the individual feel guilty followed by self-devaluation that decreases their self-esteem (Meglino & Ravlin, 1998).

If the working environment is not favorable and according to employee expectations than he or she start considering the work unworthy (Salmela-aro , Naatanen & Nurmi ,2004) Organizational cynicism is an attitude held by the employees towards their organization (Kannan-Narasimhan &Lawrence,2012)The disrespectful behavior and interaction leads to escalate the organizational cynicism  (Kuo, Lu&Kuo, 2013).

*H1: Respectful Treatment at work is positively associated with Self-esteem.*
*H2: Respectful Treatment at work is negatively associated with organizational cynicism.*

Bergsieker, Shelton and Richeson ( 2010) argued that individual who belong to stigmatized group have more fondness to have respectful treatment because it assures their self-valuation. The effect of disrespecting is more vigorous for an individual who is carrying a stigmatized condition as compare to the other people because it results in employee stigma internalization. So if such people who get labelled when treated with respect then it deliver the message that they are respectful, valuable and most importantly they are the part of the society not the excluded one which will help in minimizing their internalizing of the fear of discrimination or stigma (Henry, 2011).

*H3: Respectful Treatment at work is negatively associated with internalized stigma.*

### 2.2.2.2. Impact of Workplace Bullying on internalized stigma, self-esteem and organizational cynicism

Today emotional impact in organization gains a lot of attention even it is considered that emotional or affection paves the new ways in organizational behavior research ( Barsade, Brief, & Spataro ,2003).Different emotions are attached to different events if there is such an event that brings threat to the wellbeing of the individual then the fear emotion arises that leads to the certain behavioral outcomes like avoidance (Lerner & Keltner, 2001).

In the previous years it has been observed that research focus greatly shift towards the negative organizational behaviors like injustice, organizational politics, aggression, workplace violence and bullying (Griffin & O'Leary-Kelly, 2004) and in the initials of 1990's time great attention

diverged towards the emergence of bullying concept at workplace (Lewis, 1999). Worldwide workplace bullying can be observed (ILO, 2003) and it can severely affect the people health (WHO, 2010).

It is very important to analyze the workplace bullying in order to control its effects at workplace (Hauge et al., 2011).Mostly leaders ignored the workplace bullying (Salin, 2003) and this ignorance increases the level of bullying (Laschinger & Fida, 2014).Previous studies shows that workplace bullying is associated to employee health and well-being (Cassidy, McLaughlin &McDowell , 2014; Hoel, Sheehan, Cooper, & Einarsen, 2011; Hogh, Mikkelsen, & Hansen, 2011 ; Jex, 2002; Nielsen & Einarsen ,2012)

Studies show that bullying causes destructive outcomes both at organizational and personal level (Einarsen, Hoel, Zapf & Cooper, 2011a; Ferris ,Zinko, Brouer ,Buckley & Harvey,2007;Salin, 2001; Tepper & Henle, 2011).Bullying negatively affects the health of the victim and increases the  absenteeism rate and intention to quit (Einarsen & Raknes, 1997a; Rayner, 1997).Also can cause suicidal tendencies among the victims (Kim, Koh & Leventhal, 2005).

According to Zapf, Knorz and Kulla (1996) bullying is the harassing or distressing the other individual and it is the most stressing behaviour for an employee working in an organization.Workplace bullying involves the repetitive misbehaving with the victim by insulting and harassing such that the victim cannot be in a position to defend own self (Einarsen, Hoel, Zapf, & Cooper, 2011b; Einarsen & Skogstad, 1996;Hauge, Skogstad, & Einarsen, 2009 ; Leymann, 1996; Nielsen et al., 2009; Olweus, 1993).Bullying can take three forms first one is work related bullying which involves hiding information second form is personal bullying that

involves negative talking or gossiping and third one is physical bullying that involves yelling and threatening (Einarsen and Hoel ,2001).

It has been observed that workplace bullying initiate due to certain organizational circumstances in which the targets of the bullying share certain common attribute (Matthiesem & Einarsen, 2001).The concept of workplace bullying captures the mistreatment from subordinates ,coworkers and superiors equally (Zapf, & Einarsen, 2011).If workplace bullying cannot be controlled than it will become the regular practice at workplace (Pearson, Andersson, & Porath, 2000).Wilson (1991) argued that bullying is the most distressing factor as compare to all other factors creating stress at work.

Hadjifotiou (1983) bullying is comprised of such responses that devalue the other individual. Adams (2014) claimed that bullies have certain type of characteristics in their personality.Bullying is the kind of abusing the person emotionally (Keashly, 1997) and the individual becomes the victim of such an aggravation (Einarsen & Raknes, 1997a). It has been noted it is very difficult for the victims to resolve the issue of bullying (Leymann,1996; Zapf & Gross, 2001) which will become the obstruction for an employee to perform effectively in the organization (Einarsen & Raknes, 1997b) as the victim performance at work, attitude and behavior get severely affected(Mangus ,Hawkins & Miller,1998).Bullying has destructive effects on health and wellbeing of the individuals and also make them emotionally exhausted (Bowling & Beehr, 2006; Cooper, Hoel, & Faragher ,2004; Hogh, Henriksson, & Burr, 2005; Laschinger, Grau, Finegan & Wilk, 2010; Meliá & Becerril, 2007;Nielsen & Einarsen, 2012 ; Rodríguez-Munoz ,  Baillien , Witte , Moreno-Jimenez & Pastor, 2009 ;Sá & Flemming, 2008).

Verbal bullying is calling names where as physical bullying enforced the victim to get exclude from the social activities or events (Carey, 2003).It has been noted that negative interpersonal communication between the individuals at work badly affects the individual as well as organization efficiency (Galanaki &  Papalexandris ,2013;Hogh & Mikkelsen, 2005; Sliter, Sliter, & Jex, 2012) but leaders can  play a vital role in maintaining the positive work environment (Kane-Urrabazo, 2006).Such hostile behaviour when directed towards the individual in the organization it will left them in situation where they cannot even defend their self-worth because the social environment of the organization can support the individual in defending (Einarsen, 2000) but when such aggressive behaviour prevail in the organization towards an individuals it will minimize the chances of protecting the self-respect.It has been observed that supportive work environment and communication encouraged emotional security (Kahn ,1990; May, Gilson & Harter, 2004).

The victims of bullying become irritated, faces dwindling level of self-esteem and become isolated that affects their well-being negatively (Matthiesen & Einarsen 2004; Lutgen-Sandvik 2008).Previous researches stresses on the fact that hostility present in the working environment like bullying, abusiveness and high work pressures tends to originate the negative attitudes that are damaging for the organization (Cooper, 2001; Einarsen, Hoel, & Cooper, 2003; Hom & Kinicki, 2001). It can be anticipated that if the management cannot control bullying at work it will initiate negative and prolonged affective reactions or behaviors (Glasø, Vie, Holmdal, & Einarsen, 2011). It has been found that bullying causes cynicism (Mukhtar et al., 2010). There is a significant positive relationship between workplace bullying and organizational cynicism (Apaydin, 2012)

*H4: Workplace Bullying is negatively associated with self-esteem.*

*H5: Workplace Bullying is positively associated with organizational cynicism.*

According to Leymann (1996) such aggressive and humiliating behaviour will lead to the stigmatization of the targeted individual. Such behaviours involve the verbal humiliation of the individual because of possessing such a condition that is not acceptable to be considered as the part of the society (Keashly, 1997) like HCV carriers when working in the organization are at the threat of facing bullying if their disease becomes eminent to other people that's why they try to hide their disease. According to Einarsen (1999) the bullying will lead to the stigmatization of the victim and the individual start feeling the worthlessness that result in internalized stigma.

*H6: Workplace Bullying is positively associated with internalized stigma.*

### 2.2.2.3. Impact of Depression on internalized stigma, self-esteem and organizational cynicism

People living with contagious diseases like HIV have reported very high level of depression worldwide (Clarke,Gibson, Barrow, Abel, & Barton, 2010; Monahan et al., 2009; Morrison et al., 2011;Rabkin, 2008). Depression can be described as the weakness or flaw that lowers the individual capability in handling the things (Rodrigues,etal.,2014).It has been analyzed that people who are living with depressive illness encountered with stigma that harmfully affects the social life of the individual (Adewuya , Owoeye , Erinfolami & Ola ,2011).

Ciesla, (2001) & Williams, et al. (2005) also describe this linkage of contagious disease with depression. It has been argued that there is substantial association between depression and stigma (Endeshaw, 2014). It has been analyzed that people who are living with depressive illness or

disease encountered with stigma that harmfully affects the social life of the individual and also their work on job (Adewuya , Owoeye , Erinfolami  & Ola ,2011) resulting in stress and anxiety relevant issues at the workplace and it can also include the group individualities (Folkman and Lazarus, 1988; Barsade, 2000).Fisher (2000) argued that people behaviour at wok is affected by the occurrence of specific attitude towards them time to time rather than a firm belief that can be formed on basis of encountering of the pre-existed attitude so their behaviour shapes accordingly.

It has been argued that when the individual get the social support it safeguard the individual from the stress related issues like depression that badly affects the individual wellbeing but by having this social support the individual wellbeing can also improves (Johnson et al., 2001; Serovich, Kimberly, Mosack, & Lewis, 2001; Silver, Bauman, Camacho, & Hudis, 2003).

Internalized stigma is considered as the hurdle in acquiring the help regarding the treatment and also affects the mental steadiness (Lysaker  et al.,2012) People who are facing depression due to their condition faces stigma but in some circumstances they are able to handle their depression and try to overcome the stigma during work (Shih, 2004).

In HCV, depression is often linked with physical symptoms and fatigue. This symptom has been also depicted in other chronic diseases such as in cancer and stroke (Kirkova, Aktas, Walsh & Davis 2011; Naess, Lunde, & Brogger, 2012). Earlier work has highlighted a connection between depression and patient-perceived disability (Smith &Young, 2000). The depression in HCV patients badly affects their  quality of life and get stigmatized due to their infection level and it made them feel devalued they cannot be able to function properly ,cannot focus on the things and cannot emotionally strong to accept their infection and try to run from their condition

resulting in poor treatment(Dwight,2000; Golden , O'Dwyer & Conroy,2005) Depression makes the individual emotionally exhausted (Browning , Ryan , Thomas , Greenberg & Rolniak ,2007).

Depression can also lower down the chances of getting well from HCV infection (Raison et al., 2005). If the HCV patients come to know that they cannot be treated due to high level of infection spread they become highly depressed because they become highly desperate (Kraus et al., 2000) One biggest assumption adds up the depression level for the individuals that they are having the chronic illness that requires the very difficult progression of treatment and they become very unclear about the future state of their health (Fontana et al., 2002).

Depression has been observed to be associated with the HCV patients that make them suffer from poor quality of life including physical and emotional state and also affecting social life and work at job but  it has been seen that depression associated with HCV has not been researched (Hilsabeck, Webb & Stern, 2007).

When the person become aware of their HCV infection they become highly depressive ,they feel very ashamed of having such an infection and become fearful of getting stigmatized or discriminating and losing their relationships   if they disclosed their HCV infection status(Blasioleet al.,,2006; Conrad et al .,2006). Previous studies depicted that such depression in people  is linked with low or dwindling levels of self-esteem (Brage & Meredith, 1994; DeMan &Leduc, 1995; Harter ,Marold & Whitesell, 1992). Such people when working in organization faces discriminating behavior can become cynical towards their organization as they start feeling that organization is not thinking about their well-being as cynicism is a way of making defensive cognitive distance in order to cope with the response to fatigue or despair caused by certain

problem or lack of concern (Cherniss, 1980; Maslach & Leiter, 2005) so in this way depression caused by certain problem can lead to organizational cynicism.

*H7: Depression is negatively associated with self-esteem.*

*H8: Depression is positively associated with organizational cynicism.*

A lot of HCV patients reported depression (Golub et al., 2004).Patients of hepatitis C faces the

depression, pain and fatigue (Sockalingam et al., 2013). Hilsabeck, Webb & Stern (2007) demonstrate that depression is most commonly analyzed in the HCV patients. Infection with hepatitis C (HCV) can result in considerable destruction in health related quality of life (Bonkovsky & Woolley, 1999) and is often attached with high rates of depression and anxiety (El-Sarag, Kunik, Richardson, & Rabaneck, 2002) that can direct to social separation and stigma for infected individuals (Golden, Conroy, O'Dwyer, Golden, & Hardouin, 2006). It has been observed that there is high level of depression attached to the HCV infection (El-Serag , Kunik, Richardson  & Rabeneck,2002; Lim, Cronkite, Goldstein & Cheung, 2006).

The individual becomes depressed on the diagnosis because they are expected to experience the prejudice (Blasiole,Shinkunas,Labrecque,Arnold& Zickmund, 2006). When the depression arises in the individuals who are carrying HCV a number of negative outcomes will be originate like the person cannot accept that why he get infected, becomes worn out and fearful due to the disease and most harmfully the individual start internalizing the health related stigma (Golden , O'Dwyer & Conroy ,2005).

*H9: Depression is positively associated with internalized stigma.*

### 2.2.2.4. Impact of stereotype endorsement on internalized stigma, self-esteem and organizational cynicism

According to McCauley, Stitt, and Segal (1980) it's not necessary that the stereotypes represents some pessimism or imprecise information it is just the way of making distinction. In view of Mor-Barak, (2005) stereotype is a perception. Stereotypes are basically the shortcuts known as heuristics in order to complete the information to get the complete assessment of the image of the individual (Landy, 2008). And stereotype can be a one of very important causes of initiating biasness (Carr-Ruffino ,1998).

Like stereotypes about the HCV disease is negative and people have held negative perception about the HCV carrying patients. So Stone-Romero (2005) argued that stereotypes should not always  be considered right as they are the subjective perception of the society. These perceptions can be wrong because they are based on the stigma which is attached to a labelled individual (Biernat & Dovidio, 2000) like the stigma is attached to the hepatitis C infection. Such a person who faces the discrimination at workplace due to stigmatized condition encountered with the stereotypes that become the obstruction to have the job, promotion and the guidance or supportiveness in the organization (Mor-Barak, 2005).

The Pinel's (1999) research proposed that the people when encountered with the negative stereotypes about their condition they fear that now people will judge them according to the stereotype and they will become victim of discrimination so they start endorsing that they will judged on the basis of such stereotypes because of their difference of characteristics which become them as unacceptable part of the society and Wiener et al.,(2012) pointed that the people

start hating theirselves due to their condition that differentiate them and thinking that such stereotypes about them are correct.

Stereotype endorsement affects negatively to the wellbeing of the people because when the individuals accept the negative stereotypes of the people they start internalizing the stigma (Lysaker et al., 2012). Previous studies shows that discrimination and rejection results in decreased self-esteem and life satisfaction (Dickerson , Sommerville , Origoni , Ringel & Parente ,2002;Wright , Gronfein & Owens ,2000;  Yanos , Rosenfield &  Horwitz ,2001 ).The experience of discrimination  is linked with endorsement of negative stereotypes (Lundberg , Hansson ,Wentz & Bjorkman ,2007).

The threat of stereotypes affects the health of stigmatized individuals (Inzlicht & Kang, 2010)The opinion based on negative stereotypes is linked with devaluation, distancing and isolation and such negative stereotypes and stigmatizing assessments originates internalization of stigmaWhen someone relates the negative stereotypes to self that person starts internalizing stigma that is characterized by shame and social isolation (Corrigan, 1998).

It has been observed that stereotype endorsement is linked with self-esteem (Friedman et al., 2005).Negatively endorse stereotype results in decreased level of the individual self-esteem (Jost, 2001; Jost & Burgess, 2000).Stereotypes have significant relationship with self-esteem (Greenwald et al., 2002)Studies show that endorsement of negative stereotypes leads the internalization of stigma that negatively affects the self-esteem of the targeted individual (Fung , Tsang & Chan ,2010 ; Lysaker et al., 2012).The negative endorsing of stereotypes among the stigmatized individuals lowers down their self-esteem (Chassin & Stager ,1984).

Previous studies shows that when the individual encountered with discriminating behavior due to certain stereotypes attached to them in the organization they start feeling detestation or aversion towards their organization as cynicism is the attitude attained by the negative experience within the organizational setting so when the employees endorsed such negative stereotypes in the organization which becomes the obstruction for their work then the employess attitude towards their organization becomes cynical. (Johnson & O'Leary-Kelly, 2003; Mor-Barak, 2005; Skarlicki & Folger, 1997).

*H10: Stereotype endorsement is negatively associated with self-esteem.*

*H11 :Stereotype endorsement is positively associated with organizational cynicism.*

The negative stereotypes held by the individuals lead them to behave discriminately towards the stigmatized targets (Henry, 2011).And then the stigmatized targets start accepting those negative stereotypes and there self-perceptions start changing and conform in accordance to the negative stereotypes (Darley & Fazio 1980; Deaux & Major 1987; Fazio et al. 1981; Jussim et al. 2000) and it will decreases the individual willingness and motivation to work.

According to Corrigan (1998) when the individual accept and think that the negative stereotypes held by society about them are right and start perceiving their own self as worth less it will cause the internalization of the stigma. Individuals when perceive that people have negative thoughts about their stigmatized condition they start endorsing that people will judge them on the basis of such thoughts and views (Earnshaw & Quinn, 2012).The person when start accepting and endorsing that the stereotypes held for them are correct (stereotype endorsement) at this point they are basically start internalization of these stereotype beliefs (Lally ,1989; Ritsher , Otilingam & Grajales ,2003; Wright , Gronfein & Owens ,2000).

*H12: Stereotype endorsement is positively associated with internalized stigma.*

### *2.2.2.5. Impact of social stigma on internalized stigma, self-esteem and organizational cynicism*

Social stigma is the result of the negative perceptions ascended due to the presence of disapproved characteristics and it results in destructive outcomes (Henry, 2011).Research on stigma reveals that there are mainly two types of stigma one that is enforced by the other people and the second one is the self-reported (Deacon, 2006).

Ferree and Smith (1979) describe social stigma as the rejection due to not meeting the standards set by the society and the target individual becomes the devalued and worthless part of the society. Social stigma becomes a hurdle in effective maintenance of communication with the labelled devalued people in the organization (Bjorkelo & Macko, 2012) and the practice of helping cannot be possible without the interpersonal communication (Bamberger, 2009)and this sort of negativity nurture behaviors that can be destructive for the organization (Lee & Allen, 2002) because when an individual perceives negative belief about a person that he is dangerous and become fearful he start rejecting and discriminating that person and withhold their help to that person (Corrigan, Markowitz, Watson, Rowan & Kubaik, 2003).

Social stigma is the reacting behavior towards the stigmatized individuals because of certain unacceptable attributes attached to them (Tang & Wu,2012)It has been observed that stigmatization results in poor quality of life (Yanos , Rosenfield & Horwitz, 2001; Werner , Aviv & Barak,2008).Stigma stemmed from the perception of the people about the target, the one who

possess stigmatized condition, and that perception leads to the negative and discriminating behavioral responses towards the targets (Dijker & Koomen, 2003).

Both social stigma and internalized stigma are linked with decreased self-esteem (Lannin, Vogel, Brenner & Tucker, 2015).It has been reported that social stigma negatively affects the self-esteem of the stigmatized individual (Yang,2007) and is linked with decreased self-esteem and feelings of solitude (Kidd, 2004).Previous studies shows very visibly that social stigma decreases self-esteem of the individual (Crocker, 1999; Crocker & Major, 1989; Kidd, 2006; Pinel, 1999). Previous studies shows that discrimination and humiliation are the key factors in commencing organizational cynicism and it has been depicted that stigma is considerably associated with organizational cynicism (Bashir, 2011; Reichers,Wanous& Austin ,1997; Johnson & O'Leary-Kelly, 2003).

*H13: Social stigma is negatively associated with self-esteem.*
*H14: Social stigma is positively associated with organizational cynicism.*

It has been founded that the public stigma or the social stigma initiates the internalized stigma among the people having devalued identity due to the unacceptable characteristic attached to them it can be a disease or illness (Vogel, Wade & Hackler,2007). Vogel, Shechtman and Wade (2010) also reported that public or social stigma fosters the internalization of stigma among the individuals who are facing the discrimination and prejudice.Realization of social stigma affects the self-perception of the individual and the individual start internalizing the stigma (Lysaker et al., 2012).

Social stigma is linked with internalized stigma in which the stigmatized individual feels the self-devaluation. Modified labeling theory (MLT) also explains this phenomena that the public or social stigmatization affects the individual self-perception negatively and triggers the internalization of social stigma (Link, Cullen, Struening, Shrout, & Dohrenwend,1989; Vogel, Wade & Hackler, 2007).When social stigma initiates the internalized stigma it results in destructive affects (Corrigan, 2004)When the individual starts internalizing the stigma they encountered with feeling of devalued member of the society and a loser (Ritsher, Otilingam & Grajales, 2003; Wright, Gronfein & Owens, 2000)Research shows that social stigma leads to the progression of internalized or self-stigma (Vogel, Bitman, Hammer & Wade,2013).

*H15: Social Stigma is positively associated with internalized stigma.*

### 2.2.2.6. Impact of internalized stigma on self-esteem

Recently researchers focus shifted towards very stressing factors and situations that affect the individuals. (Avtgis , Thomas-Maddox , Taylor & Patterson ,2007)It has been argued that acquiring and sustaining self-esteem in organization is very crucial for every employee (Judge, Locke, & Durham, 1997).Self-esteem is the naturally embedded phenomenon in one's personality and also the social accountability to ensure it for every individual (Mecca, Smelser& Vasconcellos, 1989). Self-esteem is the person's perception about his or her own self-worth and value (Mashiach–Eizenberg, Hasson-Ohayon, Yanos, Lysaker & Roe,2013 ;Rosenberg, 1965)

Stigma is well-known to damage psychological and physical wellbeing. Self or internalized stigma affects the quality of life of the individuals (Sibitz , Unger , Woppmann , Zidek & Amering,2011; Yen et al., 2009).Internalized stigma also results in the low recovery procedure of the individual (Assefa et al. ,2012). According to Major and O'Brien (2005) this is for the

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reason that having a stigma terrorized one's individual identity. It has been reported through research on stigma that internalized stigma affects the self-esteem and hope and quality of life (QoL) negatively (Livingstone & Boyd, 2010; Lysaker , Roe & Yanos , 2007; Werner , Aviv &Barak,2008 ).

HCV infected individual's faces a number of challenges in their life it can be fear of transmitting the disease to others, financial issues, poor health, loss of relationships, changing self-perception or lowering self-esteem and also faces stigma (Dunne & Quayle, 2002; Hepworth & Krug, 1999; Minuk, Gutkin, Wong & Kaita, 2005).Self-esteem is characterized as the personal attribute that individual considered own self as respectable (Quinn & Crocker 1999; Crocker & Quinn, 2000).Due to the stigma HCV infected individuals hide their infection from people around them(Butt, McGuiness, Peltonen, & Mitchell, 2012)as individuals start internalizing stigma that develops the feeling of worthlessness that severely affects their self-esteem (Corrigan, Larson & Rüsch, 2009).

Hinshaw (2004, 2005) reported the existence of association between the self-esteem of theindividual and the stigma because stigma may affect self-esteem (Wiener et al., 2012).People living with HCV faces stigma that makes them feel humiliated, ashamed and helpless (Butt, Paterson & McGuinness, 2008; Conrad, Garrett , Cooksley , Dunne , & Macdonald ,2006).By internalizing stigma individual become ashamed and isolated (Kranke,  Floersch,  Kranke, &Munson, 2011).

Major and O'Brien (2005) has also reported that the comparatively high levels of stigmatization is noticeable because it has the connection with individual self-worthiness and it has been argued that stigma affects harmfully to the self-esteem of the individual (Berge &Ranney,2005).

Internalized stigma is the acceptance of discrimination and rejection by the society that leads to decreased self-esteem (Ow & Lee,2012;Vogel, Wade & Hackler, 2007).The HCV infected individuals reported social refusal, internalized worthlessness and financial insecurity (Zacks et al., 2006).

Internalized stigma is negatively associated with self-esteem (Lysaker ,Tsai,Yanos & Roe, 2008)Internalized stigma is the feeling of shame and hopelessness that affects the self -esteem such that as high level of internalized stigma results in decreased level of self-esteem that destructively affects the quality of life and wellbeing of the individual(Hansson,2006; Lysaker, Roe , Ringer , Gilmore & Yanos, 2012; Rüsch et al., 2009; Staring , Van der Gaag , Van den Berge , Duivenvoorden & Mulder,2009; Yanos , Roe,Markus& Lysaker,2008).Internalized stigma lowers the self-esteem because of individual own perception of worthlessness (Vogel, Wade& Hackler, 2007).It has been reported that internalized stigma is associated with decreased levels of self-esteem (Lysaker , Tsai , Yanos & Roe, 2008).

*H16: Internalized stigma is negatively associated with self-esteem.*

### 2.2.2.7. Impact of internalized stigma on organizational cynicism

Over the last 20 years researchers focus shifted towards investigated organizational cynicism (Contu 2008; Fleming 2005; Fleming & Sewell 2002; Fleming & Spicer 2003; Willmott 1993).There are number of adverse outcomes of organizational cynicism that are observed in the organizational context (Naus , Iterson & Roe ,2007) like feeling of desperation, derision, turnover,absenteeism and declining performance (Andersson ,1996; Dean, Brandes, & Dharwadkar,1998). Studies also argued that when referred to work setting cynicism is the

mistrust in the management practices of the organization (Dean, Brandes, & Dharwadkar, 1998; Reichers, Wanous, & Austin, 1997).

In ancient times Greeks considered cynicism as devotion towards the righteous practices by becoming against the society (Navia 1996) whereas cynicism considered in management and psychology as a phenomenon of personal opinion towards the society or can be a personality attribute ( Li , Zhou & Leung,2011). Cynicism is the display of mental estrangement or distancing from the job or organization (Salanova et al., 2005; Simbula & Guglielmi, 2010).

Organizational cynicism is an attitude that one have regarding to his or her organization (Davis & Gardner, 2004).According to Dean ,Brandes and Dharwadkar (1998)  an individual when develops the faith that the organization is deficient in integrity he will exhibit the cynical attitudes .Cynicism as a way of making defensive cognitive distance in order to cope with the response to fatigue (Cherniss, 1980; Maslach & Leiter, 2005).Abraham (2000) explains organization cynicism as a negative faith develop due to the compromising of integrity and authenticity by leaders who prefer to pursue their own agenda deceivingly.According to Graham (1993) cynicism can also be  a personal self-aspect of an individual.

According to Gabriel (1999) cynicism can be characterized as defensive resistance of the employee and it should be analyzed with its real sense that is the resisting attitude (Sloterdijk ,2008).Studies shows that cynicism can be a self-defensive mechanism that result due to certain unfavorable situation (Meyerson, 1990).Organizational cynicism is the negative belief of an employee about the organization that attain through the experience of the employee within the organization(Johnson & O.leary-Kelly ,2003).

Organizational cynicism can be understood by its components that are cognitive, affective and behavior from the perspective of the employee. Cognitive refers to have a belief that organization is not trustworthy and there is no justice prevailing in the organization. Affective component refers to have feeling develop through the belief in which employee start feeling hatred towards his or her organization, become annoyed and contempt. The behavior part refers to the actions executed by the employee like expressing discontent and detestation feelings verbally (Dean, Brandes & Dharwadkar, 1998).

It has been noted that when the employee sense that they encountered with the discrimination in organizational setting the feeling of hostility and hatred will be infused in the individual (Skarlicki & Folger, 1997).Cynicism can be seen as a self-defensive mechanism that draws an inner free space within an individual that led to the impartiality to their inside and resulting in to non-commitment  towards the organization values and beliefs (Karfakis & Kokkinidis, 2011)It is certain that due to cynicism employees and organization both faces a number of difficulties because the individual retains the feelings of hate, distress, anger, discontent towards the organization (Abraham, 2000; Ozler & Atalay & Salin,  2010).As inadequacy of social support affects the cynicism (Halbesleben & Ronald Buckley,2006).

Andersson and Bateman (1997) found a noteworthy relationship between cynicisms and increased acquiescence's with unethical requests. Becker & Geer (1961) recommended that cynicism is situation specific not a personality specific phenomena.Researchers also found internalized stigma to be strongly associated with a feeling of hopelessness (Lee, Kochman & Sikkema, 2002;Treisman& Angelino, 2004), an important characteristic oforganisational cynicism (Dean ,Brandes, & Dharwadkar, 1998). It has been argued that devaluation,

humiliation, lack of knowledge and offensive disposition are the main factors in initiating organizational cynicism (Johnson & O'Leary-Kelly, 2003). It has been founded that stigma is substantially foster the organizational cynicism at workplace (Bashir, 2011).

*H17: Internalized stigma is positively associated with organizational cynicism.*

## 2.2.3. Determinants and outcomes of Social stigma

### 2.2.3.1. Impact of Attribution on Empathetic concern and Social stigma

Attribution is the belief and behavior towards the cause of the disease (Mukolo & Heflinger, 2011). Weiner (1985) anticipated that attributions held by the people are basically based on the prediction of the future assumption which provides the justification of their actions towards the other people. So the people withdraw from making an effort to alter their harmful behaviour (Weiner, 1994) which leads to the stigmatization (Martin, Pescosolido, Olafsdottir, & McLeod, 2007).So it should be noted that personal attitudes and beliefs of the people can be an obstacle to professional performance (O'Reilly, Bell &Chen, 2010; Kansanaho , Puumalainen , Varunki , Airaksinen & Aslani,2004).

The attributions held by the individuals are the negative attitude and belief resulting in least empathetic concern towards the stigmatized individuals (Parcesepe & Cabassa, 2013).Attribution and empathic concern is linked with each other as the attribution and empathy develops the helping behavior among the individuals (Betancourt, 1990).  People developing attributions that the cause of the disease is controllable then they have least empathetic concern but if the attribution shows that the cause of disease is uncontrollable then the people have empathic concern towards the infected individuals (Barrowclough &Hooley 2003; Mukolo   &

Heflinger,2011; Phelan, 2005)and HCV is such a disease that is believed to be in the control of the individual so people infected with HCV will face the negative consequences( Hebl & Kleck, 2002).

*H18: Attribution is negatively associated with empathic concern.*

It has been argued that in analysing the attribution theory stigma should not be ignored as it is the perception emerged on the basis of the unacceptable characteristics that adversely differentiate the people (Weiner, Perry &Magnussen, 1988).Stigma assessed as the emergence of negative attribution by the society towards the specific group of people on the basis of intolerable differences (Goffman, 1963).

By inferring the negative attributions about the labeled group that they are not up to the standards to be considered as the part of the society or they can become the source of harm so they are supposed to be barred (Rusch, Angermeyer, & Corrigan, 2005) that may results in social stigma and that's the reason the employees who carries a disease (like HCV) try to conceal their disease because they are afraid of being rejected due to the nature of their disease (Fesko,2001) as negative attributes are attached to the hepatitis disease.

*H19: Attribution is positively associated with social stigma.*

### 2.2.3.2. Impact of Social distance on Empathetic concern and Social stigma

Social distance is an essential substitute determine of the behaviours that involves negative experiences of denial and prohibiting from society (Thornicroft etal., 2007; Jorm & Oh ,2009).It

is the willingness to remain at a distance from an individual who is stigmatized (Warner, Taylor, Powers & Hyman, 1989).Social distance is the segregation of people in different social context e.g. being reluctant to work with someone closely (Boyd, Katz, Link, & Phelan, 2010).

Social distance vary according to the perceived nature of the disease (Parcesepe & Cabassa, 2013)It has been commonly seen that when the person get transmittable disease like HCV people around that individual start distancing from them so they might not get the infection which destructively affects the social relations of the patient. In view of Bengtsson-Tops and Hansson (2001) a person having good social relations contribute in their contentment from life but such social distancing adversely affects the satisfaction and fineness in every domain of the individual life (Rosenfi eld, 1997). Studies show that social distance affects the helping behavior because by maintaining distance from someone due to their disease affects their empathy level (Angermeyer & Matschinger, 2005; Marie & Miles, 2008).

*H20: Social distance is negatively associated with empathic concern.*

As social stigma has been emerged and this will harmfully effect the social relations of the individual (Link et al., 1989; Yanos ,Rosenfield & Horwitz, 2001). Employers frequently will not expand chances of jobs to individuals who previously get hospitalized (Gary, EdD, Rn & Faan, 2005).Lauber, Nordt, Falcato,and Rossler (2004) argued that studies of stigma reported that the people start keeping social distance from such individuals when their condition get revealed. Such discriminatory behavior badly affects the individual as the people start maintaining social distance from the stigmatized individuals (Martin , Pescosolido & Tuch ,2000). Stigma process socially when negative stereotyping, labeling and social distance is

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prevailing in the society (Link & Phelan, 2001).So the social distance is considered as one of the most strong causes contributing to social stigma (Lauber et al., 2004; Link,Cullen,Frank& Wozniak, 1987).

*H21: Social Distanceis positively associated with social stigma.*

### *2.2.3.3. Impact of Specific Stigmatized Beliefs on Empathetic concern and Social stigma*

People attach certain stigmatizing beliefs towards a disease it can be due to lack of knowledge or the common perception that is built in the minds of the people. People associate negative beliefs to the person who have the labelled identity (Link & Phelan, 2001). Specific stigmatizing beliefs are reported towards the contaminated diseases (Gupta et al., 2010).Similarly HCV patient is also get labelled by the society because of having the transmittable disease.Previous studies shows that stigmatizing beliefs are the perceptions of blame, threat, humiliation and incapability (Anglin et al. 2006; Boyd et al. 2010; Martin et al. 2000; Phelan et al.2000; Wirth & Bodenhausen, 2009).

Due to certain diseases people held certain stigmatized beliefs about the infected individuals and consider them as incapable of doing work and also cannot carry on their jobs (Angermeyer & Matschinger ,2003; Markowitz ,1998 ;Phelan , Link , Stueve & Pescosolido ,2000)The stigmatized beliefs affects the individual self-perception as it triggers the stigmatization in the society (Link , Cullen , Struening , Shrout & Dohrenwend ,1989).The perception of other people can be seen by stigmatizing beliefs towards the disease (Petrie, Jago & Devcich, 2007).Specific stigmatized beliefs forces the individuals to discriminate, avoid, fear and become less empathetic (Corrigan & Penn, 1999; Pescosolido, Fettes, Martin, Monahan & McLeod, 2007).

*H22: Specific stigmatized beliefs are negatively associated with empathic concern.*

In investigation of Harrell (2000) it is depicted that the perception and beliefs about the stigmatization is very important to understand because the stigmatizing beliefs leads to a number outcomes related to health (Adler, Epel, Castellazzo, & Ickovics, 2000) and this will shape the social stigma in the society. So Yanos ,Rosenfield and Horwitz (2001) point out that stigmatizing responses and attitudes results in poorer well-being.

Stigma is context specific as different cultures are practicing different norms, values and  they are facing the different situations that shape their beliefs (Goffman ,1963)and due to such stigmatizing beliefs  towards the labelled  identity of the individual people start devaluing stigmatized group of people at workplace and even in social gatherings(Crandall & Eshleman, 2003).Various studies shows that stigmatizing beliefs are the negative perceptions that leads to the social stigmatization process (Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999; Walker, Coleman, Lee, Squire & Friesen, 2008).

*H23: Specific Stigmatized Beliefsare positively associated with social stigma.*

### 2.2.3.4. Impact of Social stigma on Empathic concern

Empathetic concern is the level of consideration and understanding the emotions of the other person for the problems and the unlucky circumstances that they are confronted with (Davis, 1983; Anfossi  & Numico,2004).It is to feel the emotions of others (Mehrabian,  Young & Sato , 1998). It has been argued that empathy is the concern for the other person well-being if the person encountered with the tragic situation then such feeling gets emerged. (Batson, 1991; Batson, Turk, Shaw, & Klein, 1995).Empathy is the human characteristic that excels the social

understanding and supportiveness (Chang, 2002).Empathic feeling developed when an individual analyze the situation and problems from the other person point view (Coke, Batson, & McDavis, 1978). It has been observed that dearth of empathetic concern leads to the impassive interactions (Miller, Stiff &Ellis, 1988).The individuals who are high in empathy are more helping than others (Thakkar & Kanekar, 1989).

When the empathic feelings develops in a person  for the stigmatized individual then the person takes the perspective of the stigmatized individual that how he is feeling about his misfortune situation then the person start giving value to the stigmatized individual which initiates the consideration of the well-being and concern for the stigmatized individual(Batson etal., 1997).As empathy is the affective understanding of other person feelings (Goubert, Vervoort & Craig, 2013).

 It can be assumed that the stigmatized people experiences lower level of empathy from other people because of their devalued identity in the society (Decety, Echols & Correll, 2009).The mode of transmission of the disease is the vital factor in predicting the emotional response among the people (Feldman & Crandall, 2007).

It has been noted that the type of disease speculate the level of communication as people suffering from AIDS, hepatitis and cancer are not treated with positive attitude (Sheehan, Lennon & McDevitt, 1989).If the prevalence of stigma is considered due to the causes not in control of the stigmatized individual then the feelings of sympathy emerges that lean to draw out pity attitudes (Pryor, Reeder, Monroe, & Patel, 2009). Feeling of pity compels better chances of recognition of stigmatized individual. (Angermeyer & Matschinger, 2003). It should be considered that stigma affects the community (Baral, Karki & Newell, 2007). And also it may

considerably have an effect on common life (Yang & Wu, 2011) that causes hinderers in disclosing the disease because of facing stigma (Tan & Cheah, 2005). But this is in case when the individual is considered as the reason of having the stigmatized condition but if it is out of the control of the individual and he is not the cause of his condition then they will experience the empathy of the other people (Crandall & Martinez, 1996).

Stigma is associated with contagious diseases and HCV is also contagious so people perception towards HCV is also like HIV that the individual is responsible for its cause (Fraser & Treloar, 2006). Sambisa, Curtis and Mishra (2010) also reported that HCV is characterized as the controllable disease so infected individuals have the increased threat of facing the public or social stigma so empathic concern will be decreases for HCV infected individuals.

*H24: Social stigma is negatively associated with empathetic concern.*

## 2.2.4. Mediating role of Internalized Stigma

McCoy and Major (2003) speculated that how the targets of prejudice deal with the actuality that they are negatively well thought-out by society. These authors demonstrate that group recognition temperate responses to apparent stigma against one's group, Responses are more negative among those who recognize strongly than among those who identify weakly to their group. More specifically, they showed that Latino-American participants and women who experienced stigma against their group accounted more depressed emotions when they identified strongly with their racial and gender group, correspondingly. In other terms, an individual difference in group identification decides how people will respond when their social identity is vulnerable.

It has been noted that the emotions are the antecedent of the presenting behavior of the individual (Frijda, 1986).As the specific emotion triggers the specific sort of action that can be result in the behavioral outcome (DeSteno, Petty, Wegener, & Rucker, 2000).Negative emotions and affects results in the negative behaviors (Ashkanasy, Härtel & Daus, 2002).The researcher agreed upon the fact that the emotions triggered by the events depends upon the nature of the event so different sort of emotions creates different sort of emotions (Izard, 1991).

Link and Phelan (2001) demonstrate that when negative stereotyping and labelling exists it results in stigma as it is characterized by lowering the value of the labelled person. Also Ru¨sch et al. (2009) declared that for stigmatized individuals who share a negative image of their group, recognized strongly to that group carries the danger of being recognized as a member of a socially devalued group. And the individual when encounter with the stigma is discriminated due to the some distinctive identity but that individual also starts feeling that he is responsible of having this distinctive identity (Jones et al., 1984).

Weiner,Perry and Magnusson (1988) depicted such discrimination towards the individual with stigmatized characteristics nurture the feeling of self-hatred asinternalized stigma is the self-perception of an individual (Ritsher , Otilingam & Grajales, 2003; Vogel , Wade & Hackler ,2007).

Internalized stigma results in severe outcomes (Lysaker et al., 2007 ;Yanos et al. ,2008).It has been reported that internalized stigma mediates the relationship between social stigma and self-esteem (Brown et al., 2010).A number of negative aspects get attached with the labelled identity due to the stigmatized characteristic escorting the internalization of the stigma that will

ultimately result in to a number of destructive outcomes in the organization (Wahl, 1999; Falk, 2001)

*H25: Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism.*

*H26: Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.*

*H27: Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.*

*H28: Internalized stigma mediates the relationship between stereotype endorsement , self-esteem and organizational cynicism.*

*H29: Internalized stigma mediates the relationship between social stigma, self-esteem, and organizational cynicism.*

## 2.2.5. Mediating role of Social Stigma

Social stigma is basically the rejection of an individual or a group due to the characteristics that are not up to the acceptance standards nominated by the society it can result from the perception that can be appropriate or false. Attributes linked with social stigma often fluctuates depending on the different contexts. .It is very crucial to be aware of the social stigma because it impacts the people in receiving the assistance they required (Corrigan, 2004) due to the discrimination, social differences and nuisance. (Rao et al., 2009).

Social stigma emerged due to three reasons the first reason is the identification of the disease or disability, the second reason is about the differences in individual to some traits and the third one

is due to the ethnic group, nationality or of religion known as  tribal stigmas (Goffman ,1963).Stigma encompasses stigmatizing beliefs, negative attitudes and devaluation of the individual who has the labeled identity and it is practiced at individual and also at societal level ( Schormans, 2014).

Social or people stigma is a negative perception that prohibited and restricted the individual having labeled identity from contributing in social activities (Elliott, Ziegler, Altman & Scott, 1982)

According to Crocker, Major and Steele (1998) stigma is the social perception which creates the labelled identity and due to having such distinctive characteristics these labelled identities are considered as out group people and dangerous for the in group people (Kurzban & Leary ,2001) and according to Henry (2011) such sort of social stigmatization existence can result in the outcomes affecting the emotional states of the people at workplace.

*H30: Social stigma mediates the relationship between attribution and empathic concern.*

*H31: Social stigma mediates the relationship between social distance and empathic concern.*

*H32: Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.*

## 2.2.6. Moderating role of Self Efficacy between Internalized stigma and Self-esteem

Self-efficacy is linked with certain behaviors at workplace and the infected individuals who has high level of self-efficacy can manage their disease resulting in better quality of life but there is deprivation of literature regarding the relationship of stigma and self-efficacy of the individual (Li et al., 2011).Self-efficacy in the light of Bandura's social cognitive theory (Bandura, 1989) is

an individual's belief in their capability to conquer specific hurdles.It is the belief on one's ownself that he or she can accomplish the targeted work or behavior (Bandura,1994)and the self-confidence of the individual that also helps in managing the obstacles arises due to the disease (Bandura & Locke, 2003; Huang et al., 2013; Nokes et al., 2012)

It includes ideas such as mastery, self-worth and feelings of being in power of present and future incidents. Positive self-evaluation of one's own self is linked to the person belief that he can control the situation successfully (Hobfoll, Johnson, Ennis, & Jackson, 2003). So the positive self-evaluation is the personal resource and when an individual is high in this resource the individual become more focused and involved in the work oriented goals (Bakker, 2011) and it predicts satisfaction with one's work and life (Judge, Van Vianen,& De Pater, 2004)and the optimisim of the employee enhances the higher level of work engagement (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2009).

The effect of stressing situation on an individual can be observed only when he or she encountered with such factors that cannot be handled by one's capability (Lazarus & Folkman ,1984).The person self-efficacy results in positive outcomes as the person feels that he can deal with the problematic situations because it develops the challenging perception of the person (Gomes, Faria & Gonçalves 2013**;** Lazarus, Kanner, & Folkman, 1980).

Self-efficacy positively enhances the quality of life of the individuals who are suffering from chronic diseases (Lavoie et al., 2008; Motl , McAuley , Doerksen , Hu &  Morris,2009).The continuation of infection also predicts the development of emotional exhaustion that basically provoked by the society (Bakker, Schaufeli, Demerouti & Euwema, 2007). The studies depicted that the level of self-efficacy get harmfully affected in the presence of internalized stigma

(Ritsher & Phelan, 2004; Tsang, Fung & Chung2010). As high level of internalized stigma results in decreased quality of life and well-being among the infected individuals (Mak , Poon , Pun &Cheung,2007). If disengagement to a stigmatized group is not possible then self-definition of the individual belonging to the group remains threatened and in the long term they may experience more exhaustion so it is possible that the negative effect of recognizing highly to a negative stigmatized group will depend upon the efficacy of the person (Barbier , Dardenne & Hansez,2013). According to Judge, Van Vianen and De Pater (2004) a person optimistic self-assessment leads to work and life satisfaction.

Self-esteem and self-efficacy are positively linked with each other (Klein , Elifson & Sterk,2010; Villegas et al.,2013). Self-efficacy and self-esteem are separate concepts and self-efficacy of the individuals assist in enhancing their self-esteem (Lightsey Jr, Burke, Ervin, Henderson, & Yee 2006; Sherer et al., 1982).

*H33: Self-Efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when  self-efficacy is high.*

## 2.3. Research Model

**Fig: 2.1.**
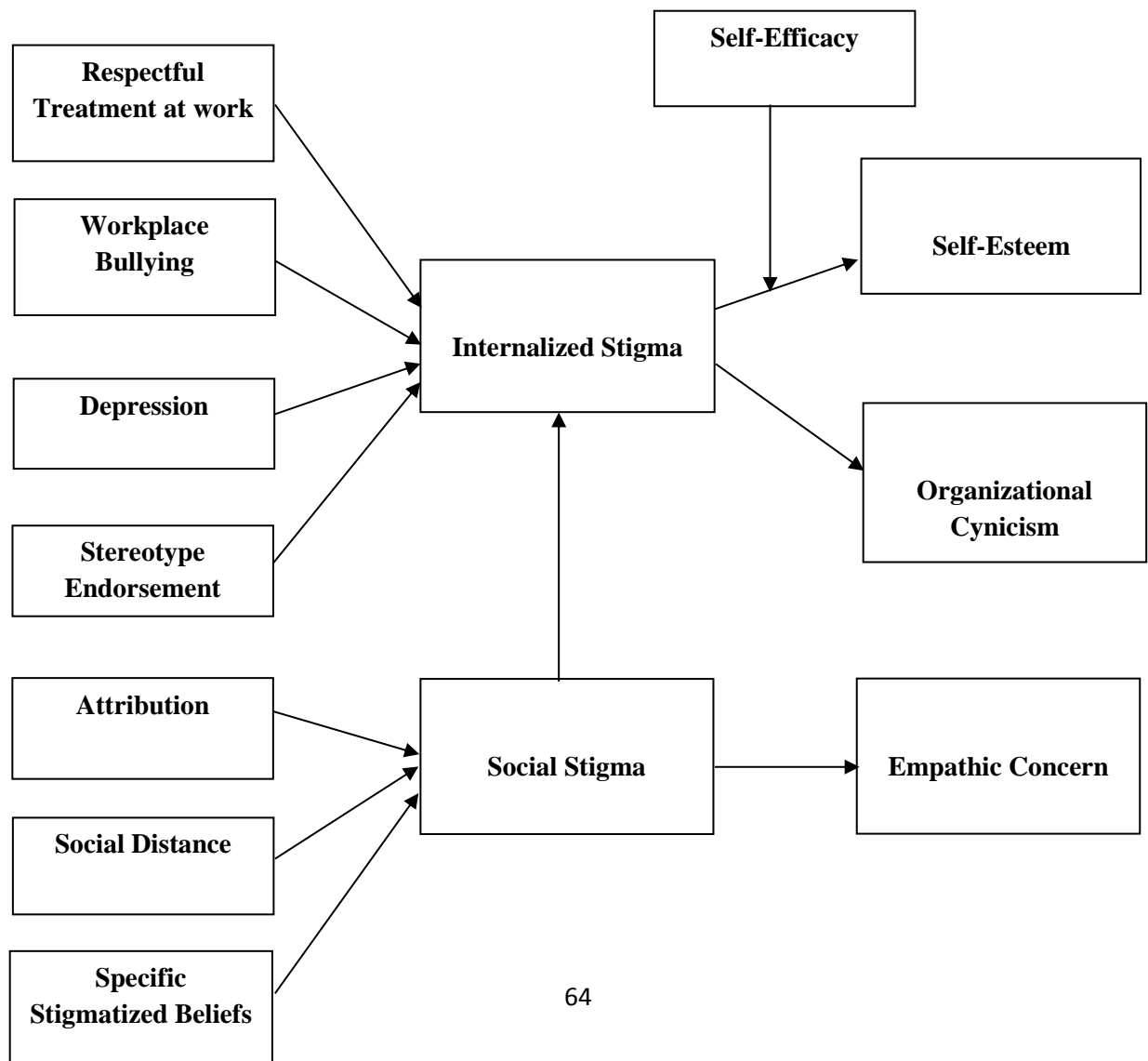
## 2.4. Research Hypothesis

*H1: Respectful Treatment at work is positively associated with self-esteem.*

*H2: Respectful Treatment at work is negatively associated with organizational cynicism.*

*H3: Respectful Treatment at work is negatively associated with internalized stigma.*

*H4: Workplace Bullying is negatively associated with self-esteem.*

*H5: Workplace Bullying is positively associated with organizational cynicism.*

*H6: Workplace Bullying is positively associated with internalized stigma.*

*H7: Depression is negatively associated with self-esteem.*

*H8: Depression is positively associated with organizational cynicism.*

*H9: Depression is positively associated with internalized stigma.*

*H10: Stereotype endorsement is negatively associated with self-esteem.*

*H11: Stereotype endorsement is positively associated with organizational cynicism.*

*H12: Stereotype endorsement is positively associated with internalized stigma.*

*H13: Social stigma is negatively associated with self-esteem.*

*H14: Social stigma is positively associated with organizational cynicism.*

*H15: Social Stigma is positively associated with internalized stigma.*

*H16: Internalized stigma is negatively associated with self -esteem.*

*H17: Internalized stigma is positively associated with organizational cynicism.*

*H18: Attribution is negatively associated with empathic concern.*

*H19: Attribution is positively associated with social stigma.*

*H20: Social distance is negatively associated with empathic concern.*

*H21: Social Distance is positively associated with social stigma.*

*H22: Specific stigmatizing beliefs are negatively associated with empathic concern.*

*H23: Specific Stigmatized beliefs are positively associated with social stigma.*

*H24: Social stigma is negatively associated with empathetic concern.*

*H25: Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism.*

*H26: Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.*

*H27: Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.*

*H28: Internalized stigma   mediates the relationship between stereotype endorsement , self-esteem and  organizational cynicism.*

*H29: Internalized stigma   mediates the relationship between social stigma, self-esteem, and organizational cynicism.*

*H30: Social stigma mediates the relationship between attribution and empathic concern.*

*H31: Social stigma mediates the relationship between social distance and empathic concern.*

*H32: Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.*

*H33: Self-Efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when  self-efficacy is high.*

# CHAPTER # 3

# CHAPTER 3

## 3. METHODOLOGY

### 3.1. Population and Sample

This study had two fold objectives. Firstly to examine the internalized HCV stigma faced by HCV patients working in various organizations across Pakistan. Secondly analyze the impact of social stigma in the organizations. For that data was collected from the employees who work in the organizations where the HCV patients are currently working.

### 3.2. Procedure and Participants

### 3.2.1. Sample 1: HCV infected employees

Hepatitis C virus (HCV) known as a main health problem worldwide (Brown Jr & Gaglio, 2003) which becomes a global challenge (Umar etal., 2013).According to world health organization (WHO) there are 180 million people who are carrying hepatitis C virus (HCV) and about 130 million people are at the danger of having liver cirrhosis and liver cancer. Each year 3-4 million people get infected by HCV which shows the increase in the ratio of HCV and about 350,000 people die each year due to HCV.

According to Aceijas and Rhodes (2007) HCV occurrence estimation by area varies as follows: 2–100%in Latin America, 8–90% in North America, 25–88% in Australia and New Zealand, and 2–93% in Western Europe, 10–96% in Eastern Europe & Central Asia, 10–100% in South and

South–East Asia, 34–93% in East-Asia and Pacific, 5–60% in North Africa and Middle-East. The great variance of HCV across the countries requires a more reliable and accurate control strategy to reduce the transmission of this infection in the environment (Johnson et al., 2009).

In Pakistan the rate of occurrence of HCV is high and it causes the psychological problems in patients especially the patients suffering from hepatitis are very depressed that leads to functional impairment, reduces the intentions to treatment and worth of life. Punjab province of Pakistan has higher occurrence of HCV disease in contrast to Sind, Baluchistan and north west frontier province (NWFP) (Sood et al., 2012).

In Pakistan the existence of HCV is about 4–10% (Ali, Donahue, Qureshi, & Vermund, 2009; Malik, Khan & Tariq, 1996; PMRC, 2007-2009; Qureshi, Khokhar & Shafqat, 2012). Prevalence of HCV in Punjab is 6.7% which is the highest one, Sindh having 5.0%, Balochistan having 1.5% and Khyber Pakhtoonkhwa have 1.1 % of HCV patients (Choudhary, Khan, & Samiullah, 2005).

About 10 million people are infected with HCV in Pakistan and frequency of HCV patients applying for employment is 3.64% (Waheed, Shafi, Safi, & Qadri, 2009). So the data will be collected from the employees infected with HCV to analyze the determinants and outcomes of internalized stigma at workplace. The HCV infected employees will be traced from the Hospitals of Pakistan by searching the employees infected with HCV admitted in Gastroenterology and Hepatology ward.

### 3.2.1.1. Procedure

The questionnaires were administered on site at different hospitals in twin cities of Rawalpindi

and Islamabad. For this these hospitals were initially visited and information about the HCV patients was collected. Later on these patients were personally contacted and discuss about the objective of the present study and then their consent was sought to provide data. The employees included were working in private and public sector organizations at different levels of management.

Thus purposive sampling technique was used as only those patients were contacted who are working in some organization. After receiving their consent the questionnaires were distributed to them.

The variables for which data has been collected from HCV infected employees were respectful treatment at workplace, workplace bullying, depression and stereotype endorsement these were independent variables ,internalized stigma was mediating variable, self-efficacy was moderating variable, self-esteem and organizational cynicism were dependent variables.

### 3.2.1.2. Questionnaire Administration

The data was collected through paper-and-pencil survey and in some cases even through online-survey. Many of HCV patients who were not educated well and who could not read well, the questions were read in front of them and answers were recorded.

A total of 389 patients consented to give data however questionnaires were distributed to 357 employees out of which  277 questionnaires were received in which 29 questionnaires were incomplete hence finally 248 were used making response rate as 69.4%.

### 3.2.2. Sample Characteristics of Sample 1

Following tables shows the demographic characteristics of the Sample 1 that includes the infected employees with HCV.

### 3.2.2.1. Years of Employment

The years of employment shows the experience of the respondents that how long they were working in the organization. The table below shows the frequency distribution of employment years of sample 1 respondents that were infected with HCV. The data for years of employment has been collected on categorical scale. It can be seen from the table that there was about 31.5% infected employees who were working less than one year,10.5% were working from 1 year to 2 years, and working for 2 years to 3 years according to sample composition were again 10.5% where as 47.5% employees were those who are working for more than 3 years.

**Table: 3.1.Years of Employment of Sample 1 respondents**

| Years of Employment | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| Less than 1 year | 75 | 31.5 | 31.5 |
| 1 year to 2 years | 25 | 10.5 | 42.0 |
| 2 years to 3 years | 25 | 10.5 | 52.5 |
| more than 3 years | 113 | 47.5 | 100.0 |

### 3.2.2.2. Qualification

The table below shows the qualification level of respodents.47.1% respondents were having qualification of masters and above, 31.5% respondents were intermediate or less and 21.4% respondents were having bachelor's degree. So major portion of respondents were educated.

**Table: 3.2.Qualification of Sample 1 respondents**

| Qualification | Frequency | Valid Percent | Cumulative Percent |
|---------------|-----------|---------------|--------------------|
| Intermediate or less | 75 | 31.5 | 31.5 |
| Bachelors | 51 | 21.4 | 52.9 |
| Masters or more | 112 | 47.1 | 100.0 |

### 3.2.2.3. Language

The table below shows that data has been collected from different ethnic groups in Pakistan so the sample 1 was representative of the population.

The frequency distribution of respondent's language shows that there was 54.6% Urdu speaking people, as Urdu is the national language that generally spoken in the country comprises the sample 1.

Whereas 28.6 % people were Punjabi, 5.9 % people were Sindhi and 10.9 % people were belonging to other regions of the country.

**Table: 3.3. Language of Sample 1 respondents**

| Language | Frequency | Valid Percent | Cumulative Percent |
|----------|-----------|---------------|--------------------|
| Urdu | 130 | 54.6 | 54.6 |
| Punjabi | 68 | 28.6 | 83.2 |
| Sindhi | 14 | 5.9 | 89.1 |
| Anyother | 26 | 10.9 | 100.0 |

*3.2.2.4. Marital Status*

The frequency distribution of respondents marital status shows that majority of the respondents were married as 68.1% of sample respondents were married and 31.9% respondents were unmarried. So sample 1 people were mostly married who were infected with HCV.

**Table: 3.4. Marital status of Sample 1 respondents**

| Marital Status | Frequency | Valid Percent | Cumulative Percent |
| --- | --- | --- | --- |
| Married | 162 | 68.1 | 68.1 |
| Un Married | 76 | 31.9 | 100.0 |

### *3.2.2.5. Gender*

The table shows that there were more males in the sample as in Pakistan number of working females were low as compare to males. The sample size comprised of 58.8% of males and 41.2% of females.

**Table: 3.5. Gender distribution of Sample 1 respondents**

| Gender | Frequency | Valid Percent | Cumulative Percent |
| --- | --- | --- | --- |
| Male | 140 | 58.8 | 58.8 |
| Female | 98 | 41.2 | 100.0 |

*3.2.2.6. Age*

The table below shows the age distribution of sample 1. It shows that 40.8% respondent's age was between 20 to 30 years, 26.1% respondents age was between 30 to 40 years, 11.8% respondents age was between 40 to 50 years and 21.4% respondents age was 50 years and above. So there were majority of young respondents.

**Table: 3.6. Age distribution of Sample 1 respondents**

| Age | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| 20 to 30 years | 97 | 40.8 | 40.8 |
| 30 to 40 years | 62 | 26.1 | 66.8 |
| 40 to 50 years | 28 | 11.8 | 78.6 |
| 50 years and above | 51 | 21.4 | 100.0 |

**3.2.3. Sample 2: Coworkers of HCV infected employees**

An important objective of present study was to examine the determinants of social stigma, how it affects the internalized stigma and also the outcomes of social stigma at workplace.

**3.2.3.1. Procedure**

The questionnaires were administered on site at different organizations in twin cities of Rawalpindi and Islamabad. The selection of sample 2 was linked with the response provided by sample 1.The respondents from sample 1 were asked about the organization in which they were

working. Later these organizations were contacted and coworkers of the HCV patients were requested to fill the questionnaire for social stigma. For this this the organizations were visited and coworkers of HCV patients were contacted and discuss about the objective of the present study and then their consent was obtain to provide data. This sample of employees was working in private and public sector organizations at different levels of management.

Thus purposive sampling technique was also used for this as only those people were contacted who are the coworkers of the HCV infected employees. After receiving their consent the questionnaires were distributed to them.

The variables for which data has been collected from coworkers of HCV infected employees were attribution, social distance and specific stigmatizing beliefs these were independent variables, social stigma was mediating variable and empathic concern was dependent variable.

### 3.2.3.2. Questionnaire Administration

The data was collected through paper-and-pencil survey and in some cases even through online-survey. Many of HCV patients who were not educated well and who could not read well, the questions were read in front of them and answers were recorded.

From total 577 coworkers consent was obtained and questionnaires were distributed from which 458 questionnaires were returned out of which 421 completed questionnaires were finally used for analysis making the response rate 73%.

### 3.2.4. Sample characteristics of Sample 2

Following tables shows the demographic characteristics of the sample 2 that consists of coworkers of HCV patients.

### *3.4.4.1. Years of Employment*

The table below shows the frequency distribution of employment years of sample 2 respondents that were uninfected with HCV. It can be seen from the table that there was about 30.4 % uninfected employees who were working less than one year,10 % were working from 1 year to 2 years, and 8.3% were working for  2 years to 3 years where as 51.3 % employees were those who were working for more than 3 years.

**Table: 3.7. Years of Employment of Sample 2 respondents**

| Years of Employment | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| Less than 1 year | 128 | 30.4 | 30.4 |
| 1 year to 2 years | 42 | 10.0 | 40.4 |
| 2 years to 3 years | 35 | 8.3 | 48.7 |
| more than 3 years | 216 | 51.3 | 100.0 |

### 3.2.4.2. Qualification

The table shows the qualification level of respondents of sample 2.It can be seen that 40.9% respondents were having qualification of masters and above, 19.8 % respondents have passed intermediate or less and 25.9% respondents were having bachelor's degree. So the majority of the sample respondents were educated. The frequency table of sample 2 respondent's qualification and its bar chart is mentioned below.

**Table: 3.8. Qualification of Sample 2 respondents**

| Qualification | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| Intermediate or less | 96 | 19.8 | 22.8 |
| Bachelors | 126 | 25.9 | 52.7 |
| Masters or more | 199 | 40.9 | 100.0 |

### 3.2.4.3. Language

The table below shows that data has been collected from different ethnic groups in Pakistan so the sample 2 is representative of the population.

**Table: 3.9. Language of Sample 2 respondents**

| Language | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| Urdu | 208 | 49.4 | 49.4 |
| Punjabi | 116 | 27.6 | 77.0 |
| Sindhi | 32 | 7.6 | 84.6 |
| Anyother | 65 | 15.4 | 100.0 |

*3.2.4.4. Marital Status*

The frequency distribution of respondents marital status shows that majority of the respondents were married as 70.1% of sample respondents were married and 29.9% respondents were unmarried.

**Table: 3.10. Marital status of Sample 2 respondents**

| Marital Status | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| Married | 295 | 70.1 | 70.1 |
| Un Married | 126 | 29.9 | 100.0 |

*3.2.4.5. Gender*

The table shows that there were more males in the sample as in Pakistan there was low number of working females. The sample size was comprised of 59.6% of males and 40.4% of females.

**Table: 3.11. Gender distribution of Sample 2 respondents**

| Gender | Frequency | Valid Percent | Cumulative Percent |
|--------|-----------|---------------|--------------------|
| Male | 251 | 59.6 | 59.6 |
| Female | 170 | 40.4 | 100.0 |

*3.2.4.6. Age*

The table below shows the age distribution of sample 2. It shows that 43 .0 % respondent's age was between 20 to 30 years, 24.7% respondents age was between 30 to 40years, 11.6 % respondents age was between 40 to 50 years and 20.7% respondents age was 50 years and above. So there were majority of young respondents.

**Table: 3.12. Age distribution of Sample 2 respondents**

| Age | Frequency | Valid Percent | Cumulative Percent |
|---|---|---|---|
| 20 to 30 years | 181 | 43.0 | 43.0 |
| 30 to 40 years | 104 | 24.7 | 67.7 |
| 40 to 50 years | 49 | 11.6 | 79.3 |
| 50 years and above | 87 | 20.7 | 100.0 |

## 3.3. Instrumentation

### 3.3.1. Pilot Testing

The pilot testing has been done on initial 50 responses for both sample 1 and sample 2 to assess that the results are aligned with the proposed hypothesis that were supposed to be tested. It has been observed from the initial results that mostly the hypothesis were supported and it shows that there was no major problem in both understanding the purpose of the study and in the wording of the items

The pilot testing also confirms the reliabilities of the scales that have been used in the study so no changes were made in the items of the scales for further data collection of both sample 1 and sample 2.

The sources of the variables scales and their items reliabilities are given below and their detail is also given in Appendix 1.

### 3.3.1.1. Respectful treatment at work

To measure Respectful treatment at work the scale was adopted from Henry (2011) that consists of four items. Sample items included, "At the place I work, I am treated with respect", "My supervisor is helpful to me in getting the job done", "My supervisor is concerned about the welfare of those under him or her" etc. Alpha reliability of the scale was 0.63.

### 3.3.1.2. Workplace Bullying

The scale was adopted from  Einarsen & Hoel ( 2001) contains 22 questions, measuring how often the employees have been subjected to various negative acts which might be considered as workplace bullying .The NAQ-R includes items measuring personal bullying, work-related bullying, and physical intimidation behaviors (Einarsen et al., 2001).Sample items included, "Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life" , "Having your opinions and views ignored", "Being the subject of excessive teasing and sarcasm" etc. Alpha reliability of the scale was 0.84.

### 3.3.1.3. Depression

The scale was adopted from Caplan, Cobb, French,Van Harrison & Pinneau (1980) .Depression

was its subscale which consists of 6 items. Sample items included, "I feel sad", " I feel happy", "I feel depressed" etc. Alpha reliability of the scale was 0.63.

### 3.3.1.4. Stereotype Endorsement

To measure Stereotype Endorsement the scale used was developed by Boyd Ritsher, Otilingam, & Grajales (2003).It consists of 7 items. Sample items included, "Stereotypes about the HCV disease apply to me", "Because I have this disease, I need others to make most decisions for me", "People with HCV illness cannot live a good, rewarding life" etc. Alpha reliability of the scale was 0.77.

### 3.3.1.5. Attribution

The scale was adopted from Nguyen, Chen and O'Reilly (2012).It includes 6 items that was taken from Corrigan et al. (2002) attribution questionnaire. Sample items included, "From people having HCV, I feel threatened", "From people having HCV, I feel unsafe", "From people having HCV, I am frightened" etc. Alpha reliability of the scale was 0.65. Table given below shows the reliability analysis of the attribution scale.

### 3.3.1.6. Social Distance

The scale was adopted from Quinn, Smith, Fleming, Shulman, and Knifton (2011) which

includes 5 items. Sample items included, "I would feel comfortable moving next door to person with HCV", "I would spend an evening socializing with a person with HCV", "I would make friends with a person with HCV" etc. Alpha reliability of the scale was 0.73.

### 3.3.1.7. Specific Stigmatized Beliefs

The scale was adopted from Nguyen, Chen and O'Reilly (2012) which includes 8 items. Sample items included, while keeping in mind the HCV patients what do you think about them "Have themselves to blame", "Are unpredictable", "will never recover" etc. Alpha reliability of the scale was 0.75.

### 3.3.1.8. Internalized Stigma

The scale was adopted from Earnshaw and Quinn (2012) it includes 11 items. The sample items included, "I feel I am not as good a person as others because I have HCV", "It is my fault that I have a health condition", "Because I have a health condition, I'm not a good employee". Alpha reliability of the scale was 0.87.

### 3.3.1.9. Social Stigma

The scale was adopted from Genberg et al. (2009) that is designed to assess HIV/AIDS-related stigma and discrimination as HCV is also considered the contagious disease like HIV so this scale can be used to assess the social stigmatizations towards the HCV people, it includes 19 items.

The sample items included, "Families of people living with HCV should be ashamed", "People living with HCV should be ashamed", "A person with AIDS should be allowed to work with other people". Alpha reliability of the scale was 0.79.

### 3.3.1.10. Self -Esteem

The scale was adopted from Rosenberg Self-Esteem Scale (1965) which is composed of 10 items. Sample items included, "On the whole, I am satisfied with myself", "and I feel that I have a number of good qualities", "I am able to do things as well as most other people". Alpha reliability of the scale was 0.72.

### 3.3.1.11. Organizational Cynicism

The scale was adopted from Dean, Brandes, & Dharwadkar, (1998) it includes 12 items. Sample items included, "I believe my organization says one thing and does another",″I often experience irritation when I think about my organization", "I often experience tension when I think about my organization" etc. Alpha reliability of the scale was 0.73.

### 3.3.1.12. Self- Efficacy

The scale was adopted from Schwarzer and Jerusalem (1995) known as Generalized Self-Efficacy, which includes 10 items. Sample items included, "I can always manage to solve

difficult problems if I try hard enough", " If someone opposes me, I can find the means and ways to get what I want" , "It is easy for me to stick to my aims and accomplish my goals" etc. Alpha reliability of the scale was 0.79.

### 3.3.1.13. Empathic Concern

The scale was adopted from Davis (1983) which consists of seven items. Sample items included the following, "I often have tender, concerned feelings for people less fortunate than me", "Sometimes I don't feel very sorry for other people when they are having problems", "When I see someone being taken advantage of, I feel kind of protective towards them" etc. Alpha reliability of the scale was 0.74.

**T able 3.13        Summary of Variables items reliabilities**

| Name of Research Variable | Cronbach's Alpha Reliability |
|---|---|
| Respectful Treatment at work | 0.63 |
| Workplace Bullying | 0.84 |
| Depression | 0.63 |
| Stereotype endorsement | 0.77 |
| Attribution | 0.65 |
| Social distance | 0.73 |
| Specific stigmatizing beliefs | 0.75 |

| | |
|---|---|
| Internalized stigma | 0.87 |
| Social stigma | 0.79 |
| Self-esteem | 0.72 |
| Organizational cynicism. | 0.73 |
| Self-efficacy | 0.79 |
| Empathic concern | 0.74 |

## 3.4. Control Variables

For both samples demographic variables were controlled that includes years of employment, qualification, language, gender, marital status and age. Various studies show that these demographical variables affect the relationship between the variables considered for analysis. Years of employment or work experience can influence the relationship like Corrigan & Watson (2002) argued that stigma affects the job opportunities of the stigmatized individual they may face negligence in selection and also in some cases encounter with the turnover, promotion issues or get fired from the jobs when their stigmatized condition gets revealed (Gostin & webber, 1998; Ogden & Nyblade, 2005; Price, Friedland, & Vinokur, 1998).

Previous studies also depicted that level of education or qualification of the people influences the way they perceive the stigma and their responses of discrimination and prejudice also differentiates on the basis of their level of education (Galvan, Davis , Banks & Bing,2008; Sorsdahl, Mall, Stein & Josk, 2011; Li & Sheng, 2014).

The language shows the ethnic group of the people a number of studies also reported that ethnic group affects the processing of stigma. As stigma is culture specific so people belonging to different ethnic groups have different set of values and norms so it will affect differently on the stigma process and its outcomes (Abdullah & Brown, 2011; Bailey, Milapkumar, Barker, Ali & Jabeen, 2011; Carpenter-song et al., 2010).

Marital status of the people influences the stigma and its resulting consequences. Marital status of the people having certain stigmatized condition greatly affects the stigma progression (Bryantet al., 2010; Kim et al., 2010; Trail, Goff, Bradbury & Karney, 2012).

Gender also shows the variation in affecting the different outcomes at workplace and various studies reports this variation (Greenglass, Burke & Konarski, 1998).Li & Sheng (2014) also reported in their study that gender, age and marital status of the people affects the stigma process specially when the stigma is attached to a transmittable disease .Age of the individuals also show that it affects the various outcomes being studied in the organizational setting (Andesson & Bateman, 1997;Gibson & Klein ,1970; Steers ,1977).

Ewalds-kvist, Hoberg & Lutzen (2013) also argued that gender and age of the people affects their attitudes towards the stigmatized individuals. It has been seen that women and high level of educated people are less stigmatized and also different ethnic group's shows a variation in perceiving stigma (Corrigan & Watson, 2007).Thus these demographical variables were controlled in this study to analyze the relationships among different variables without their effect.

# CHAPTER # 4

# CHAPTER 4

## 4. RESULTS AND DISCUSSION

For this present study Data was analyzed by using SPSS. Various relationships have been tested through Descriptive statistics, Correlation analysis, Hierarchical regression analysis, Mediation and Moderation regression analysis results.

### 4.1. Descriptive statistics and Correlation Analysis

Following table shows the descriptive statistics of the variables amazed in this current study.

**Table: 4.1. Descriptive Statistics**

|                                  | Mean | Standard Deviation |
|----------------------------------|------|--------------------|
| Respectful Treatment at Workplace | 2.63 | 0.37 |
| Workplace Bullying               | 3.53 | 0.54 |
| Depression                       | 3.16 | 0.81 |
| Stereotype Endorsement           | 3.66 | 0.58 |
| Internalized Stigma              | 4.19 | 0.75 |
| Self-Esteem                      | 2.58 | 0.35 |
| Organizational Cynicism          | 3.21 | 0.45 |
| Self-Efficacy                    | 3.79 | 0.53 |
| Attribution                      | 2.58 | 0.48 |
| Social distance                  | 3.27 | 0.67 |
| Specific Stigmatizing Beliefs    | 3.51 | 0.48 |
| Social Stigma                    | 3.81 | 0.64 |
| Empathic Concern                 | 2.81 | 0.53 |

**Table: 4.2. Correlation Analysis of Sample 1**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.Emply | 1 | | | | | | | | | | | | | | |
| 2.Qual | -.048 | 1 | | | | | | | | | | | | | |
| 3.Lang | -.351* | .093 | 1 | | | | | | | | | | | | |
| 4.Status | -..021 | .291* | .370** | 1 | | | | | | | | | | | |
| 5.Gender | -.421* | .321* | .324* | .140* | 1 | | | | | | | | | | |
| 6.Age | .083 | -.289** | -.231* | -.011 | -.497* | 1 | | | | | | | | | |
| 7.RW | .295* | -.130* | -.025 | -.077 | -.173* | .374* | 1 | | | | | | | | |
| 8.WB | .453* | -.303* | -.170* | -.434* | -.475* | .365* | .276* | 1 | | | | | | | |
| 9.Dep | .323** | .034 | -.111 | -.323* | -.370** | .345** | .377* | .269* | 1 | | | | | | |
| 10.Sty | .342** | -.429* | -.121 | -.461* | -.302** | .389* | .335* | .463* | .336* | 1 | | | | | |
| 11.IS | .429** | -.284* | -.152 | -.334** | -.453* | .315* | -.477* | .672** | .404* | .523* | 1 | | | | |
| 12.SE | .104 | .459** | .085 | .069 | .109 | .119 | .282* | -.110* | -.081 | -.134* | -.182* | 1 | | | |
| 13.OC | .357* | -.163* | -.097 | -.207* | -.362* | .320* | -.305* | .428** | .308* | .074 | .350* | -.064 | 1 | | |
| 14.S | .475** | -.033 | -.079 | -.258* | -.329* | .390** | .421** | -.325* | -.450** | .361* | -.547* | .326* | .204* | 1 | |
| 15.SS | .416* | -.251* | -.116 | -.258* | -.410* | .320* | .326* | .433** | .302* | .344** | .669* | -.183* | .260* | -.408* | 1 |

*** p<.005, *P<.01, Emply= Number of years of Employment, Qual= Qualification, Lang= Language, RW=Respectful Treatment at Workplace, WB= Workplace Bullying, Dep=Depression, Sty=Stereotype Endorsement, IS=Internalized Stigma, SE=Self –Esteem, OC=Organizational Cynicism, S=Self-Efficacy, SS=Social Stigma.*

In table 4.1 the means and standard deviations of the variables of both sample 1 and sample 2 are shown.

The higher means values shows that the respondents are more oriented towards agreement for the given items of the variable whereas the lower mean value shows that the respondents are more oriented towards the disagreement of the for the given items of the variable.

The mean value of Respectful Treatment at Workplace (Mean= 2.63, SD =0.37) shows that people are disagreeing means they are not having the respectful treatment at work. Workplace Bullying (Mean=3.53, SD=0.54) shows that people are agreeing that they are facing workplace bullying. It is observed from the mean value of Depression (Mean= 3.16, SD=0.81) that the infected individuals are having depression. Stereotype Endorsement (Mean=3.66, SD=0.58) mean value also shows that infected people are agreeing that they are endorsing the stereotypes held about them.

Internalized Stigma (Mean= 4.19, SD=0.75) high mean value indicates that the infected people are agreeing that they are internalizing the stigma. Self-Esteem (Mean=2.58, SD=0.35) is not reporting as the mean value is towards the disagreeing side showing that self-esteem of the individuals suffering from HCV is affected. Organizational Cynicism (Mean=3.21, SD=0.45) mean value indicates the presence of organizational cynicism among the infected individuals Self-efficacy (Mean=3.79, SD=0.53) mean value represents that infected individuals agree that they have self-efficacy.

Attribution (Mean=2.58, SD=0.48) mean value represents coworkers orientation towards disagreeing side. Social distance (Mean=3.27, SD=0.67) mean value reports that coworkers are

accepting that they maintain the social distance from the HCV infected individuals. Specific Stigmatizing Beliefs (Mean=3.51, SD=0.4) mean value also indicates that the coworkers are having stigmatizing beliefs specific to HCV infection.

Social Stigma (Mean=3.81, SD=0.64) means value indicates the presence of social stigma among the coworkers who are working with the HCV infected employees. Empathic Concern (Mean=2.81, SD=0.53) mean value indicates the decrease level of empathic concern among the coworkers as the mean value is more towards disagreeing side.

The Correlation Analysis shows the direction of the relation that either its negative or positive. The correlation analysis of sample 1 respondents in table 4.2 shows that the variables included have the same direction of relationship as prescribed in the hypothesis. It shows that respectful treatment is positively associated with self-esteem with the value of .282[*] and negatively with organizational cynicism and internalized stigma having value of -.305[*] and -.477[*].

Workplace bullying, depression and stereotype endorsement has significant positive relationship with internalized stigma with the value of .672**, .404* and .523* and also with organizational cynicism having values of .428**, .308* and .074 whereas with self-esteem they show negative direction of relationship with values of -.110*,-.081 and -.134*.

Internalized stigma has significant negative relationship with self-esteem and positive relationship with organizational cynicism having values -.182* and .350*. Social stigma shows positive relationship with internalized stigma and organizational cynicism and significant negative relationship with self-esteem by showing values .669[*], .260* and -.183*

**Table: 4.3. Correlation Analysis of Sample 2**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.Employ | 1 | | | | | | | | | | |
| 2.Qual | -.084 | 1 | | | | | | | | | |
| 3.Lang | -.298* | .057 | 1 | | | | | | | | |
| 4.Status | -.390** | .314* | .276* | 1 | | | | | | | |
| 5.Gender | -.201** | .340** | .217* | .319** | 1 | | | | | | |
| 6.Age | .339** | -.300* | -.160* | -.483** | -.313* | 1 | | | | | |
| 7.Att | .028 | .084 | -.037 | -.034 | -.007 | -.005 | 1 | | | | |
| 8.SD | -.134* | .264** | .063 | .143** | .163* | -.275* | .066 | 1 | | | |
| 9.SSB | .241** | -.077 | -.054 | -.126** | -.147* | .490** | -.060 | -.461** | 1 | | |
| 10.SS | .237* | -.194* | -.053 | -.142* | -.240** | .405** | .044 | .481** | .561** | 1 | |
| 11.EC | .236* | -.048 | -.076 | -.150** | -.160* | .391* | -.028 | -.451** | -.582** | -.551** | 1 |

*\*\*p<.005, \*P<.01, Emply= Number of years of Employment, Qual= Qualification, Lang= Language,Att=Attribution, SD= Social Distance, SSB=Specific Stigmatizing Beliefs, SS=Social Stigma, EC= Empathic Concern.*

The Correlation analysis of sample 2 respondents also shows that the variables included have almost same direction of relationship as prescribed in the hypothesis. Social distance and specific stigmatizing beliefs shows the significant positive relationship with social stigma by showing values .481**and .561** and negative relationship with empathic concern by representing values of -.451** and -.582**.

Attribution is not showing significant relationship with both social stigma and empathic concern by representing these values .044 and -.028 but the direction of relationship is same as prescribed in the hypothesis. Social stigma shows significant negative relationship with empathic concern with value of -.551**

## 4.2. Test of Hypothesis 1-12

H1: Respectful Treatment at work is positively associated with self-esteem.

H2: Respectful Treatment at work is negatively associated with organizational cynicism.

H3: Respectful Treatment at work is negatively associated with internalized stigma.

H4: Workplace Bullying is negatively associated with self-esteem.

H5: Workplace Bullying is positively associated with organizational cynicism.

H6: Workplace Bullying is positively associated with internalized stigma.

H7: Depression is negatively associated with self-esteem.

H8: Depression is positively associated with organizational cynicism.

H9: Depression is positively associated with internalized stigma.

H10: Stereotype endorsement is negatively associated with self-esteem.

H11: Stereotype endorsement is positively associated with organizational cynicism.

H12: Stereotype endorsement is positively associated with internalized stigma.

For testing these hypothesis hierarchical regression has been performed and the results are given below in tables:

**Table: 4.4.**

**Hierarchical regression analysis for determinants of Self-esteem**

| Predictors | Self-Esteem | | |
|---|---|---|---|
| | β | R² | ΔR² |
| Step 1 *Control variables* | | .204 | |
| Step 2 | | | |
| Respectful Treatment at work | .534** | | |
| Workplace Bullying | -.436*** | | |
| Depression | .143 | | |
| Stereotype Endorsement | -.363** | .495 | .291*** |

*p< .05,   **p< .01, ***p< .001*

In table 4.4 the hierarchical regression analysis of self-esteem shows that control variables (years of employment, qualification, language, marital status, gender and age) are taken in first step. In second step Respectful Treatment at work, Workplace Bullying, Depression and Stereotype Endorsement are taken.

The results show that respectful treatment at workplace has significant positive relationship with self-esteem. Workplace bullying and stereotype endorsement are negatively associated with self-esteem whereas depression has insignificant relationship with self-esteem.

**Table: 4.5.**

**Hierarchical regression analysis for determinants of organizational cynicism**

| Predictors | Organizational cynicism | | |
| --- | --- | --- | --- |
| | **β** | **R²** | **ΔR²** |
| Step 1<br>*Control variables* | | .110 | |
| Step 2 | | | |
| Respectful Treatment at work | -.367*** | | |
| Workplace Bullying | .425* | | |
| Depression | .210* | | |
| Stereotype Endorsement | .152 | .412 | .302** |

*\*p< .05,   \*\*p< .01, \*\*\*p< .001*

Hierarchical regression analysis of organizational cynicism shows that respectful treatment at workplace has significant negative relationship with organizational cynicism.

Workplace bullying and depression have significant positive relationship with organizational cynicism while stereotype endorsement has insignificant relationship with organizational cynicism.

**Table: 4.6.**

**Hierarchical regression analysis for determinants of Internalized stigma**

| Predictors | Internalized Stigma | | |
|---|---|---|---|
| | β | R² | ΔR² |
| Step 1 | | | |
| *Control variables* | | .231 | |
| Step 2 | | | |
| Respectful Treatment at work | -.365** | | |
| Workplace Bullying | .605*** | | |
| | .121 | | |
| Depression | | | |
| Stereotype Endorsement | .384** | .538 | .0.307*** |

*p< .05,   **p< .01, ***p< .001

Hierarchical regression analysis of Internalized stigma shows that respectful treatment at workplace has significant negative relationship with internalized stigma.

Workplace bullying and stereotype endorsement are positively related with internalized stigma whereas depression has insignificant relationship with internalized stigma.

**H1: Respectful Treatment at work is positively associated with self-esteem.**

The results show that respectful treatment at work ($\beta$ = .534, p<0.01) has significant positive relationship with self-esteem. Hence hypothesis H1 that Respectful Treatment at work is positively associated with self-esteem is accepted.

**H2: Respectful Treatment at work is negatively associated with organizational cynicism.**

The results show that respectful treatment at work ($\beta$ = -.367, p<0.001) has significant negative relationship with organizational cynicism. Hence hypothesis H2 that is Respectful Treatment at work is negatively associated with organizational cynicism is accepted.

**H3: Respectful Treatment at work is negatively associated with internalized stigma.**

The results show that respectful treatment at work ($\beta$ = -.365, p < 0.01) has significant negative relationship with internalized stigma. Hence hypothesis H3 that Respectful Treatment at work is negatively associated with internalized stigma is accepted.

**H4: Workplace Bullying is negatively associated with self-esteem.**

The results show that workplace bullying ($\beta$ = -.436, p<0.001) has significant negative relationship with self-esteem. Hence hypothesis H4 that workplace bullying is negatively associated with self-esteem is accepted.

**H5: Workplace Bullying is positively associated with organizational cynicism.**

The results show that workplace bullying ($\beta$ =.425, p< 0.05) has significant positive relationship with organizational cynicism. Hence hypothesis H5 Workplace Bullying is positively associated with organizational cynicism is accepted.

**H6: Workplace Bullying is positively associated with internalized stigma.**

The results show that workplace bullying ($\beta$ = .605, p<0.001) has significant positive relationship with internalized stigma. Hence hypothesis H6 that Workplace Bullying is positively associated with internalized stigma is accepted.

**H7: Depression is negatively associated with self-esteem.**

The results show that depression ($\beta$ = .143, p > 0.05) has insignificant relationship with self-esteem. Hence hypothesis H7 that Depression is negatively associated with self-esteem is rejected.

**H8: Depression is positively associated with organizational cynicism.**

The results show that depression ($\beta$ =.210, p<0.05) has significant positive relationship with organizational cynicism. Hence hypothesis H8 that Depression is positively associated with organizational cynicism is accepted.

**H9: Depression is positively associated with internalized stigma.**

The results show that depression ($\beta$ =.121, p>0.05) has insignificant relationship with internalized

stigma. Hence hypothesis H9 that Depression is positively associated with internalized stigma is rejected.

**H10: Stereotype endorsement is negatively associated with self-esteem.**

The results show that stereotype endorsement ($\beta$ = -.363, p<0.01) has significant negative relationship with self-esteem. Hence hypothesis H10 that Stereotype endorsement is negatively associated with self-esteem is accepted.

**H11: Stereotype endorsement is positively associated with organizational cynicism.**

The results show that stereotype endorsement ($\beta$ =.152, p>0.05) has insignificant relationship with organizational cynicism. Hence hypothesis H11 that Stereotype endorsement is positively associated with organizational cynicism is rejected.

**H12: Stereotype endorsement is positively associated with internalized stigma.**

The results show that stereotype endorsement ($\beta$ = .384, p< 0.01) has significant positive relationship with internalized stigma. Hence hypothesis H12 that Stereotype endorsement is positively associated with internalized stigma is accepted.

**4.4. Test of Hypothesis 13-15**

H13: Social stigma is negatively associated with self-esteem.

H14: Social stigma is positively associated with organizational cynicism.

H15: Social Stigma is positively associated with internalized stigma.

**Table: 4.7.**

**Hierarchical regression analysis for Social stigma with Internalized Stigma, self-esteem and organizational cynicism**

| Predictor | Internalized stigma | | | Self-esteem | | | Organizational cynicism | | |
|---|---|---|---|---|---|---|---|---|---|
| | β | R² | ΔR² | β | R² | ΔR² | β | R² | ΔR² |
| Step 1 | | | | | | | | | |
| *Control variables* | | .231 | | | .204 | | | .110 | |
| Step 2 | | | | | | | | | |
| Social stigma | .526*** | .523 | .292*** | -.314*** | .348 | .144*** | .234* | .342 | .232* |

*p< .05,   **p< .01, ***p< .001*

Hierarchical regression analysis in the above table shows that social stigma has significant negative relationship with self-esteem and positive relationship with organizational cynicism and internalized stigma.

**H13: Social stigma is negatively associated with self-esteem.**

The results show that social stigma ($\beta$ = -.314, p<0.001) has significant negative relationship with self-esteem. Hence hypothesis H13 that Social stigma is negatively associated with self-esteem is accepted.

**H14: Social stigma is positively associated with organizational cynicism.**

The results show that social stigma ($\beta$ =.234, p<0.05) has significant positive relationship with organizational cynicism. Hence hypothesis H14 Social stigma is positively associated with organizational cynicism is accepted.

**H15: Social Stigma is positively associated with internalized stigma.**

The results show that social stigma ($\beta$ =.526, p<0.001) has significant positive relationship with internalized stigma. Hence hypothesis H15 that Social Stigma is positively associated with internalized stigma is accepted.

**4.5. Test of Hypothesis 16-17**

H16: Internalized stigma is negatively associated with self-esteem.

H17: Internalized stigma is positively associated with organizational cynicism.

**Table: 4.8.**

**Hierarchical regression analysis for outcomes of Internalized Stigma**

| Predictor | Self-esteem | | | Organizational cynicism | | |
|---|---|---|---|---|---|---|
| | β | R² | ΔR² | β | R² | ΔR² |
| **Step 1** | | | | | | |
| *Control variables* | | .204 | | | .110 | |
| **Step 2** | | | | | | |
| Internalized stigma | -.275*** | .351 | .147*** | .225* | .236 | .126* |

*p< .05,   **p< .01,   ***p< .001*

Hierarchical regression analysis of internalized stigma outcomes in the above table shows that internalized stigma has significant negative relationship with self-esteem and positive relationship with organizational cynicism.

**H16: Internalized stigma is negatively associated with self -esteem.**

The results show that internalized stigma (β = -.275, p<0.001) has significant negative relationship with self-esteem. Hence hypothesis H16 that Internalized stigma is negatively associated

with self -esteem is accepted.

**H17: Internalized stigma is positively associated with organizational cynicism.**

The results show that internalized stigma ($\beta$ = .225, p<0.05) has significant positive relationship with organizational cynicism. Hence hypothesis H17 that Internalized stigma is positively associated with organizational cynicism is accepted.

**4.6. Test of Hypothesis 18-24**

H18: Attribution is negatively associated with empathic concern.

H19: Attribution is positively associated with social stigma.

H20: Social distance is negatively associated with empathic concern.

H21: Social Distance is positively associated with social stigma.

H22: Specific stigmatizing beliefs are negatively associated with empathic concern.

H23: Specific Stigmatized Beliefs are positively associated with social stigma.

H24: Social stigma is negatively associated with empathetic concern.

These hypotheses were tested on the sample 2 that were the coworkers of the HCV infected employees. It is supposed to analyze the social stigma determinants and outcomes that in what way these variables relates to each other.

**Table: 4.9.**

**Hierarchical regression analysis for determinants of Empathic Concern**

| Predictors | Empathic Concern | | |
| --- | --- | --- | --- |
| | β | R² | ΔR² |
| Step 1 | | | |
| *Control variables* | | .186 | |
| Step 2 | | | |
| Attribution | .024 | | |
| Social Distance | -.286*** | | |
| Specific stigmatizing beliefs | -.416*** | | |
| Social Stigma | -.195*** | .382 | .196*** |

*p< .05,  **p< .01, ***p< .001*

Hierarchical regression analysis of Empathic concern shows that social distance, specific stigmatizing beliefs and social stigma have significant negative relationship with empathic concern

Whereas attribution is showing insignificant association with empathic concern which shows that attribution is not contributing as the determinant of empathic concern.

**Table: 4.10.**

**Hierarchical regression analysis for determinants of Social Stigma**

| Predictors | Social Stigma | | |
|---|---|---|---|
| | β | $R^2$ | $\Delta R^2$ |
| Step 1 *Control variables* | | .08 | |
| Step 2 | | | |
| Attribution | .021 | | |
| Social Distance | .133*** | | |
| Specific stigmatizing beliefs | .388*** | .351 | .027*** |

*p< .05,  **p< .01, ***p< .001*

Hierarchical regression analysis of social stigma shows that social distance and specific stigmatizing beliefs have significant positive relationship with social stigma but attribution has insignificant relationship with social stigma.

**H18: Attribution is negatively associated with empathic concern.**

The results show that attribution (β = .024, p>0.05) has insignificant relationship with empathic concern. Hence hypothesis H18 that Attribution is negatively associated with empathic concern is

rejected.

**H19: Attribution is positively associated with social stigma.**

The results show that attribution ($\beta$ =.021, p>0.05) has insignificant relationship with social stigma. Hence hypothesis H19 that Attribution is positively associated with social stigma is rejected.

**H20: Social distance is negatively associated with empathic concern.**

The results show that social distance ($\beta$ = -.286, p< 0.001) has significant negative relationship with empathic concern. Hence hypothesis H20 that Social distance is negatively associated with empathic concern is accepted.

**H21: Social Distance is positively associated with social stigma.**

The results show that social distance ($\beta$ = .133, p<0.001) has significant positive relationship with social stigma. Hence hypothesis H21 that Social Distance is positively associated with social stigma is accepted.

**H22: Specific stigmatizing beliefs are negatively associated with empathic concern.**

The results show that specific stigmatizing beliefs ($\beta$ = -.416 p< 0.001) have negative relationship with empathic concern. Hence hypothesis H22 that Specific stigmatizing beliefs are negatively associated with empathic concern is accepted.

**H23: Specific Stigmatized Beliefs are positively associated with social stigma.**

The results show that specific stigmatizing beliefs ($\beta$ =.388, p<0.001) have significant positive relationship with social stigma. Hence hypothesis H23 that Specific Stigmatized Beliefs are positively associated with social stigma is accepted.

**H24: Social stigma is negatively associated with empathetic concern.**

The results show that social stigma ($\beta$ =-.195, p< 0.001) has significant negative relationship with empathic concern. Hence hypothesis H24 Social stigma is negatively associated with empathetic concern is accepted.

**4.7. Test of Hypothesis 25-29**

H25: Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism.

H26: Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.

H27: Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.

H28: Internalized stigma    mediates the relationship between stereotype endorsement ,self-esteem and  organizational cynicism.

H29: Internalized stigma    mediates the relationship between social stigma, self-esteem, and organizational cynicism.

Mediation analysis has been conducted only for those variables which satisfy the conditions of applying the mediation analysis. Depression is not related to self-esteem and internalized stigma

whereas stereotype endorsement is not related to organizational cynicism as shown in the above results. Hence these two variables do not satisfy the conditions of mediation so mediation analysis has not been performed for them but in case of stereotype endorsement and self-esteem the conditions of mediation are satisfied so in this mediation analysis has been conducted. The figure below shows the steps of mediation analysis.

**Fig: 4.1.Steps of mediation analysis**
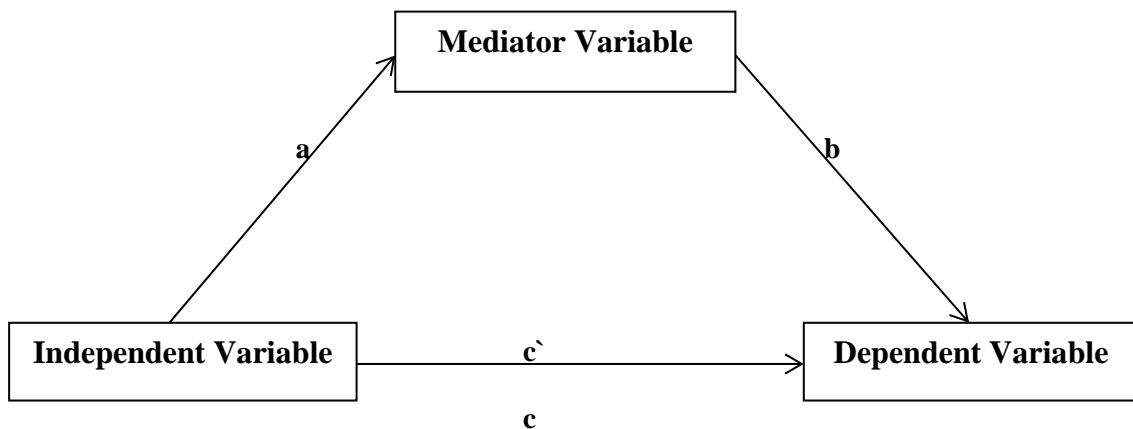


According to Barron and Kenny (1986) mediation analysis is tested so the following conditions must be satisfied as shown in figure to apply mediation analysis:

- Independent variable must be related to mediator variable.
- Mediator variable must be related to dependent variable.
- Independent variable must be related to dependent variable.

**Table: 4.11.**

**Main Effect and Mediated Regression Analysis of Respectful treatment at work, internalized stigma, self-esteem and organizational cynicism**

| Predictors | Self-Esteem | | | Organizational cynicism | | |
|---|---|---|---|---|---|---|
| | β | $R^2$ | $\Delta R^2$ | β | $R^2$ | $\Delta R^2$ |
| Main effect: Respectful treatment at work | | | | | | |
| Step 1 *Control variables* | | .204 | | | .110 | |
| Step 2 Respectful treatment at work | . 404** | .345 | .141** | .417* | .152 | .042* |
| Mediation: Internalized stigma | | | | | | |
| Step 1 Control variables | | .204 | | | .110 | |
| Step 2 Internalized stigma | -.275*** | .351 | .147*** | .210* | .236 | .126* |
| Step 3 Respectful treatment at work | .485*** | .408 | .057*** | -.271** | .254 | .018** |

*p< .05,   **p< .01, ***p< .001*

The results in the above table show that the relationship of respectful treatment at workplace becomes significant with self-esteem and organizational cynicism when mediation of internalized stigma is considered.

So there is no mediation of internalized stigma between the relationships of respectful treatment at workplace self-esteem and organizational cynicism.

**Table: 4.12.**

**Main Effect and Mediated Regression Analysis of Workplace Bullying, internalized stigma, self-esteem and organizational cynicism**

| Predictors | Self-Esteem | | | Organizational cynicism | | |
|---|---|---|---|---|---|---|
| | β | R² | ΔR² | β | R² | ΔR² |
| Main effect: Workplace Bullying | | | | | | |
| Step 1 *Control variables* | | .204 | | | .110 | |
| Step 2 Workplace Bullying | -.307*** | .243 | .003*** | .231* | .121 | .011* |
| Mediation: Internalized stigma | | | | | | |
| Step 1 Control variables | | .204 | | | .110 | |
| Step 2 Internalized stigma | -.275*** | .351 | .147*** | .210* | .236 | .126* |
| Step 3 Workplace Bullying | -.166 | .358 | .007 | .200 | .150 | .086 |

*p< .05,   **p< .01, ***p< .001*

The results in the above table shows that the relationship of workplace bullying becomes insignificant with self-esteem and organizational cynicism when  mediation of internalized

stigma is considered. So there is mediation of internalized stigma between the relationships of workplace bullying, self-esteem and organizational cynicism.

**Table: 4.13.**

**Main Effect and Mediated Regression Analysis of Stereotype endorsement, internalized stigma and self-esteem**

| Predictors | Self-Esteem | | |
|---|---|---|---|
| | β | R² | ΔR² |
| Main effect: Stereotype endorsement | | | |
| Step 1 Control variables | | .204 | |
| Step 2 Stereotype endorsement | -.315** | .231 | .027** |
| Mediation: Internalized stigma | | | |
| Step 1 Control variables | | .204 | |
| Step 2 Internalized stigma | -.275*** | .351 | .147*** |
| Step 3 Stereotype endorsement | -.130 | .211 | .14 |

*p< .05,   **p< .01, ***p< .001*

The results in the above table shows that the relationship of stereotype endorsement becomes insignificant with self-esteem when mediation of internalized stigma is considered .So there is

mediation of internalized stigma between the relationships of stereotype endorsement and self-esteem.

**Table: 4.14.**

**Main Effect and Mediated Regression Analysis of Social stigma, internalized stigma, self-esteem and organizational cynicism**

| Predictors | Self-Esteem | | | Organizational cynicism | | |
|---|---|---|---|---|---|---|
| | β | R² | ΔR² | β | R² | ΔR² |
| Step 1 *Control variables* | | .204 | | | .110 | |
| Step 2 | | | | | | |
| Social stigma | -.314*** | .348 | .144*** | .234* | .342 | .232* |
| Mediation: Internalized stigma | | | | | | |
| Step 1 Control variables | | .204 | | | .110 | |
| Step 2 Internalized stigma | -.275*** | .351 | .147*** | .225* | .236 | .126* |
| Step 3 Social stigma | -.185 | .360 | .009 | .235** | .114 | .122** |

*p< .05, **p< .01, ***p< .001*

The result in the above table shows that the relationship of social stigma becomes insignificant with self-esteem when mediation of internalized stigma is considered but with organizational cynicism it becomes significant. So there is mediation of internalized stigma between the relationships of social stigma and self-esteem but no mediation between the relationship of social stigma and organizational cynicism.

**H25: Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism.**

In the first step of mediation analysis of internalized stigma between the relationship of respectful treatment at work and self-esteem, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .204. In the second step the internalized stigma ($\beta$ = -.275, $R^2$ = .351, $\Delta R^2$ = .147, $p<0.001$) shows significant negative relationship with self-esteem and in the third step when internalized stigma is controlled the respectful treatment at work ($\beta$ = .485, $R^2$ =.408 , $\Delta R^2$ =.057 , $p<0.001$) shows significant positive relationship with self-esteem which shows that there is no mediation of internalized stigma between the relationship of respectful treatment at work and self-esteem because for mediation to occur the third step results should be insignificant.

In the first step of mediation analysis of internalized stigma between the relationship of respectful treatment at work and organizational cynicism the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .110. In the second step the internalized stigma ($\beta$ = .210, $R^2$ =.236 , $\Delta R^2$ =.126 , $p<0.05$) shows significant positive relationship with organizational cynicism and in the third step when internalized stigma

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is controlled the respectful treatment at work ($\beta$ = -.271, R $^2$ =.254 , $\Delta R^2$ =.018 , p<0.01) shows significant negative relationship with organizational cynicism which shows that there is no mediation of internalized stigma between the relationship of respectful treatment at work and organizational cynicism.

Hence the hypothesis H25 that Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism is rejected.

**H26: Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.**

In the first step of mediation analysis of internalized stigma between the relationship of workplace bullying and self-esteem, the control variables (years of employment, qualification, language, marital status, gender and age) R $^2$ value is .204. In the second step the internalized stigma ($\beta$ = -.275, R $^2$ = .351, $\Delta R^2$ = .147, p<0.001) shows significant negative relationship with self-esteem and in the third step when internalized stigma is controlled the workplace bullying ($\beta$ = -.166, R $^2$ = .358, $\Delta R^2$ =.007 , p>0.05) shows insignificant negative relationship with self-esteem which shows that there is mediation of internalized stigma between the relationship of workplace bullying and self-esteem as in mediation the third step results should be insignificant.

In the first step of mediation analysis of workplace bullying with organizational cynicism the control variables (years of employment, qualification, language, marital status, gender and age) R $^2$ value is .110. In the second step the internalized stigma ($\beta$ = .210, R $^2$ =.236, $\Delta R^2$ =.126, p<0.05) shows significant positive relationship with organizational cynicism and in the third step when internalized stigma is controlled the workplace bullying ($\beta$ = .200, R $^2$ =.150, $\Delta R^2$ =.086,

p>0.05) shows insignificant positive relationship with organizational cynicism which shows that there is mediation of internalized stigma between the relationship of workplace bullying and organizational cynicism.

Hence the hypothesis H26 that Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism is accepted.

**H27: Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.**

The conditions to conduct mediation analysis have not been met by hierarchical regression of depression results so mediation analysis of internalized stigma between the relationship of depression, self-esteem and organizational cynicism is not conducted.

Hence the hypothesis H27 that Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism is rejected.

**H28: Internalized stigma   mediates the relationship between stereotype endorsement, self-esteem and  organizational cynicism.**

In the first step of mediation analysis of internalized stigma between the relationship of stereotype endorsement and self-esteem, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .204. In the second step the internalized stigma ($\beta = -.275$, $R^2 = .351$, $\Delta R^2 = .147$, $p<0.001$) shows significant negative relationship with self-esteem and  in the third step when internalized stigma is controlled the

stereotype endorsement ($\beta$ = -.130, $R^2$ = .211, $\Delta R^2$ =.14 , p>0.05) shows insignificant negative relationship with self-esteem which shows that there is  mediation of internalized stigma between the relationship of stereotype endorsement and self-esteem  as in mediation the third step results should be insignificant.

The conditions to conduct mediation analysis have not been met by hierarchical regression results of stereotype endorsement for organizational cynicism so mediation analysis of internalized stigma between the relationship of stereotype endorsement and organizational cynicism is not conducted.

Hence the H28 that Internalized stigma mediates the relationship between stereotype endorsement, self-esteem and organizational cynicism is partially accepted as mediation of internalized stigma is only occurred between the relationship of stereotype endorsement and self-esteem.

**H29: Internalized stigma mediates the relationship between social stigma, self-esteem and organizational cynicism.**

In the first step of mediation analysis of internalized stigma between the relationship of social stigma and self-esteem, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .204. In the second step the internalized stigma ($\beta$ = -.275, $R^2$ = .351, $\Delta R^2$ = .147, p<0.001) shows significant negative relationship with self-esteem and in the third step when internalized stigma is controlled the social stigma ($\beta$ = -.185, $R^2$ = .360, $\Delta R^2$ =.009**,** p>0.05) shows insignificant negative relationship with self-esteem which shows

that there is mediation of internalized stigma between the relationship of social stigma and self-esteem.

In the first step of mediation analysis of social stigma with organizational cynicism the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .110. In the second step the internalized stigma ($\beta$ = .210, $R^2$ =.236, $\Delta R^2$ =.126, p<0.05) shows significant positive relationship with organizational cynicism and in the third step when internalized stigma is controlled the social stigma ($\beta$ = .235, $R^2$ =.114, $\Delta R^2$ =.122, p<0.01) shows significant positive relationship with organizational cynicism which shows that there is no mediation of internalized stigma between the relationship of social stigma and organizational cynicism.

Hence the H29 that Internalized stigma mediates the relationship between social stigma, self-esteem and organizational cynicism is partially accepted as mediation of internalized stigma is only occurred between the relationship of social stigma and self-esteem.

## 4.8. Test of Hypothesis 30-32

H30: Social stigma mediates the relationship between attribution and empathic concern.

H31: Social stigma mediates the relationship between social distance and empathic concern.

H32: Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.

**Table: 4.15.**

**Main Effect and Mediated Regression Analysis of Social distance, Social stigma and Empathic concern**

| Predictors | Empathic concern | | |
|---|---|---|---|
| | β | R² | ΔR² |
| Main effect: Social Distance | | | |
| Step 1<br>*Control variables* | | .186 | |
| Step 2<br>Social Distance | -.502*** | .307 | .121*** |
| Mediation: Social stigma | | | |
| Step 1<br>Control variables | | .186 | |
| Step 2<br>Social stigma | -.475*** | .355 | .169*** |
| Step 3<br>Social Distance | -.387 | .465 | .11 |

*p< .05,   **p< .01, ***p< .001*

As explained above that mediation analysis is done only for those variables that satisfy the conditions of mediation. Attribution does not satisfy the conditions of mediation so mediation analysis is not performed for it. The results in the above table show that the relationship of social distance becomes insignificant with empathic concern when mediation of social stigma is considered .So there is mediation of social stigma between the relationships of social distance and empathic concern.

**Table: 4.16.**

**Main Effect and Mediated Regression Analysis of Specific stigmatizing beliefs, Social stigma and Empathic concern**

| Predictors | Empathic concern | | |
|---|---|---|---|
| | β | R² | ΔR² |
| Main effect: Specific stigmatizing beliefs | | | |
| Step 1 *Control variables* | | .186 | |
| Step 2 Specific stigmatizing beliefs | .147*** | .218 | .032*** |
| Mediation: Social stigma | | | |
| Step 1 Control variables | | .186 | |
| Step 2 Social stigma | -.475*** | .355 | .169*** |
| Step 3 Specific stigmatizing beliefs | -.512*** | .369 | .014*** |

*p< .05,   **p< .01, ***p< .001*

The results in the above table show that the relationship of specific stigmatizing beliefs become significant with empathic concern  when mediation of social stigma is considered .So there is no mediation of social stigma between the relationships of specific stigmatizing beliefs and empathic concern.

**H30: Social stigma mediates the relationship between attribution and empathic concern.**

The conditions to conduct mediation analysis have not been met by hierarchical regression of attribution results so mediation analysis of social stigma between the relationship of attribution and empathic concern is not conducted.

Hence the H30 that Social stigma mediates the relationship between attribution and empathic concern is rejected.

**H31: Social stigma mediates the relationship between social distance and empathic concern.**

In the first step of mediation analysis of social stigma between the relationship of social distance and empathic concern, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .186. In the second step the social stigma ($\beta = -.475$, $R^2 = .355$, $\Delta R^2 = .169$, $p<0.001$) shows significant negative relationship with empathic concern and in the third step when social stigma is controlled the social distance ($\beta = -.387$, $R^2 = .465$, $\Delta R^2 = .11$, $p>0.05$) shows insignificant negative relationship with empathic concern which shows that there is mediation of social stigma between the relationship of social distance and empathic concern.

Hence the H31 that Social stigma mediates the relationship between social distance and empathic concern is accepted.

**H32: Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern.**

In the first step of mediation analysis of social stigma between the relationship of specific stigmatizing beliefs and empathic concern, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .186. In the second step the social stigma ($\beta$ = -.475, $R^2$ = .355, $\Delta R^2$ = .169, p<0.001) shows significant negative relationship with empathic concern

And in the third step when social stigma is controlled the specific stigmatizing beliefs ($\beta$ = -.512, $R^2$ = .369, $\Delta R^2$ =.014, p<0.001) shows significant negative relationship with empathic concern which shows that there is no mediation of social stigma between the relationship of specific stigmatizing beliefs and empathic concern.

Hence the H32 that Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern is rejected.

## 4.9. Test of Hypothesis 33

H33: Self-Efficacy moderates the relationship between internalized stigma and self- esteem such that the association between internalized stigma and self-esteem is weaker when self- efficacy is high.

**Table: 4.17.**

**Main Effect and Moderated Regression Analysis of Internalized stigma, Self-efficacy and self-esteem**

| Predictors | Self- Esteem | | |
|---|---|---|---|
| | β | $R^2$ | $\Delta R^2$ |
| Step 1 | | | |
| *Control variables* | | .292 | |
| Step 2 | | | |
| Internalized Stigma | -.421*** | | |
| Self-efficacy | .540*** | .424 | .132*** |
| Step 3 | | | |
| Internalized stigma x self-efficacy | .580* | .436 | .012* |

*p< .05,   **p< .01, ***p< .001*

The result in the above table shows that the self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self-efficacy is high. The value of interaction term   shows that self-efficacy minimizes the negative effect of internalized stigma on self-esteem such that in the presence of self-efficacy the internalized stigma cannot negatively affect the self-esteem of the individual.

**H33: Self-Efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self-efficacy is high.**

In the first step of moderation analysis of self-efficacy between the relationship of internalized stigma and self-esteem, the control variables (years of employment, qualification, language, marital status, gender and age) $R^2$ value is .292. In the second step the internalized stigma ($\beta$ = -.421, p<0.001) shows significant negative relationship and self-efficacy ($\beta$ =.540, $R^2$ = .424, $\Delta R^2$ =.132, p<0.001) shows significant positive relationship with self-esteem and in the third step the interaction term internalized stigma x self-efficacy ($\beta$ = .580 , $R^2$ =.436, $\Delta R^2$ =.012, p<0.05) shows significant positive relationship with self-efficacy which shows that there is moderation of self-efficacy between the relationship of internalized stigma and self-esteem such that when the individual is high in self-efficacy the internalized stigma will not negatively affect the self-esteem.

Hence the H33 that Self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self-efficacy is high is accepted.

## 4.10. Summary of Accepted/Rejected Hypothesis

**Table: 4.18.**

| Hypothesis | Statements | Results |
|---|---|---|
| **H1:** | Respectful Treatment at work is positively associated with self-esteem. | **Accepted** |
| **H2:** | Respectful Treatment at work is negatively associated with organizational cynicism. | **Accepted** |
| **H3:** | Respectful Treatment at work is negatively associated with internalized stigma. | **Accepted** |
| **H4:** | Workplace Bullying is negatively associated with self-esteem. | **Accepted** |
| **H5:** | Workplace Bullying is positively associated with organizational cynicism. | **Accepted** |
| **H6:** | Workplace Bullying is positively associated with internalized stigma. | **Accepted** |
| **H7:** | Depression is negatively associated with self-esteem. | **Rejected** |
| **H8:** | Depression is positively associated with organizational cynicism. | **Accepted** |
| **H9:** | Depression is positively associated with internalized stigma. | **Rejected** |
| **H10:** | Stereotype endorsement is negatively associated with self-esteem. | **Accepted** |
| **H11:** | Stereotype endorsement is positively associated with organizational cynicism. | **Rejected** |
| **H12:** | Stereotype endorsement is positively associated with internalized stigma. | **Accepted** |
| **H13:** | Social stigma is negatively associated with self-esteem. | **Accepted** |
| **H14:** | Social stigma is positively associated with organizational cynicism. | **Accepted** |
| **H15:** | Social stigma is positively associated with internalized stigma. | **Accepted** |

| H16: | Internalized stigma is negatively associated with self -esteem. | **Accepted** |
|---|---|---|
| H17: | Internalized stigma is positively associated with organizational cynicism. | **Accepted** |
| H18: | Attribution is negatively associated with empathic concern. | **Rejected** |
| H19: | Attribution is positively associated with social stigma. | **Rejected** |
| H20: | Social distance is negatively associated with empathic concern. | **Accepted** |
| H21: | Social Distance is positively associated with social stigma. | **Accepted** |
| H22: | Specific stigmatizing beliefs are negatively associated with empathic concern. | **Accepted** |
| H23: | Specific Stigmatized Beliefs are positively associated with social stigma. | **Accepted** |
| H24: | Social stigma is negatively associated with empathetic concern. | **Accepted** |
| H25: | Internalized stigma mediates the relationship between respectful treatment at work and self-esteem and organizational cynicism. | **Rejected** |
| H26: | Internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism. | **Accepted** |
| H27: | Internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism. | **Rejected** |
| H28: | Internalized stigma   mediates the relationship between stereotype endorsement, self-esteem and organizational cynicism. | **Partially Accepted (Mediation occur only with self-esteem)** |
| H29: | Internalized stigma   mediates the relationship between social stigma, self-esteem, and organizational cynicism. | **Partially Accepted (Mediation occur only with self-esteem)** |
| H30: | Social stigma mediates the relationship between attribution and empathic concern. | **Rejected** |

| **H31:** | Social stigma mediates the relationship between social distance and empathic concern. | **Accepted** |
| **H32:** | Social stigma mediates the relationship between specific stigmatizing beliefs and empathic concern. | **Rejected** |
| **H33:** | Self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self- efficacy is high. | **Accepted** |

| **Total number of Hypotheses:** | **33** |
| **Accepted:** | **22** |
| **Partially Accepted:** | **2** |
| **Rejected:** | **9** |

# CHAPTER # 5

# CHAPTER 5

## 5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

The main purpose of this study is to develop an integrated model of internalized stigma and social stigma so in order to attain the purpose an effort will be put forth to answer the following research questions:

## 5.1. Research Question 1

*How respectful treatment at work is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between respectful treatment at work, self-esteem and organizational cynicism.*

### 5.1.1. Summary of Results

To find out the answer of the above research question a number of hypothesis were formed the results of the hypothesis shows that H1, H2, H3 are accepted whereas H25 has been rejected.

### 5.1.2. Discussion

To test this research question different hypothesis are formed and tested. The result shows that respectful treatment at work has significant positive relationship with self-esteem which shows that more the employee receives respectful treatment at work the more their self-esteem will

increases. Respectful treatment becomes very important when the individual is suffering from HCV infection because he/she experiences inferior sense of worth so having respectful treatment at work ensures the infected employees self-worth and it will affect positively on their self-esteem and also helps in boosting it as previous studies also shows that giving respect to other people enhances the self-esteem of those people (Branden, 1994; Roland &Foxx, 2003). But disrespectful behavior and suppression makes the individual feel guilty followed by self-devaluation that decreases their self-esteem (Meglino & Ravlin, 1998).

Results depicted that respectful treatment at work has the significant negative relationship with organizational cynicism and internalized stigma. It should be noted that respectful treatment is the right of every individual as human being and self-respect is the acceptance, valuing and dignifying other to be a human being (Boxhill, 1995) so when people are working in an organization it becomes the responsibility of the organization to ensures that every individual is receiving this right and if the individual is discriminating and facing stigma due to certain issue like HCV infection as this study is focusing on the HCV related stigma the employee become cynical that the organization is not fulfilling its responsibility and not ensuring their right of respect.

This finding suggests that attention should be given because stigma can result in a number of outcomes that can badly affect the welfare of the stigmatized individual (Stutterheim et al., 2009).So by ensuring respecting attitudes at work can help minimizing the organizational cynicism because supportiveness, recognition and organization environment helped in handling the challenges at workplace (Bakker. Scheufeli , Leiter & Taris., 2008).The mediation analysis shows that internalized stigma does not mediate the relationship between respectful treatment at work, self-esteem and organizational cynicism.

But the respectful treatment shows negative relationship with internalized stigma which indicates that respectful treatment at work helps in minimizing the internalized stigma because people who get labelled when treated with respect then it deliver the message that they are respectful, valuable and most importantly they are the part of the society not the excluded one which will help in minimizing their internalizing of the fear of discrimination (Henry, 2011).So the results o confirms the previous studies findings.

## 5.2. Research Question 2

*How workplace Bullying is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between workplace Bullying, self-esteem and organizational cynicism.*

### 5.2.1. Summary of Results

The results of the hypothesis that covered the above research question show that H4, H5, H6 and H26 are accepted.

### 5.2.2. Discussion

Results demonstrate that workplace bullying negatively affects the self-esteem of the HCV infected individual. When the person faces bullying at workplace due to their stigmatized condition they encountered with dwindling level of self-esteem. Workplace bullying is also

positively related to internalized stigma that shows the HCV infected individual when bullied due to their infection they internalized the stigma and start accepting that they deserve such discriminating behavior because they have this infection that will result in negatively affecting the individual self-esteem.

Workplace bullying is associated to employee health and well-being (Nielsen & Einarsen, 2012). Previous studies also show that workplace bullying results in dwindling level of self-esteem and the individual become isolated that affects their well-being negatively (Matthiesen & Einarsen 2004; Lutgen-Sandvik 2008).

It is very important to analyze the workplace bullying in order to control its effects at workplace (Hauge et al., 2011). Previous studies shows that workplace bullying is associated to employee health and well-being (Cassidy, McLaughlin & McDowell , 2014; Hoel, Sheehan, Cooper, & Einarsen, 2011; Hogh, Mikkelsen, & Hansen, 2011 ; Jex, 2002; Nielsen & Einarsen ,2012) as bullying is comprised of such responses that devalue the other individual (Hadjifotiou,1983).

The results also shows that workplace bullying is positively linked with organizational cynicism means when the individual faces bullying behavior become cynical as organizational cynicism is a form of attitude in which the employees start distrusting their organization and develop negative feelings towards their organization because they start considering their organization to be responsible for their wellbeing and if the organization is not able to stop such discriminating behavior in the organizational setting it will result in cynicism because bullying causes cynicism (Apaydin, 2012; Mukhtar et al., 2010).

Results depicted that workplace bullying is positively associated with internalized stigma. Previous studies also shows that the bullying will lead to the stigmatization of the victim and the individual start feeling the worthlessness (Einarsen ,1999 ; Leymann ,1996).

The results also prove that internalized stigma mediates between the relationship of workplace bullying and self-esteem and also mediates between the relationship of workplace bullying and organizational cynicism.

Earlier studies also depicted that hostility present in the working environment like bullying, tends to initiate the undesirable attitudes that are damaging for the organization (Cooper, 2001; Einarsen, Hoel, Zapf, & Cooper, 2003;). If workplace bullying cannot be controlled than it will become the regular practice at workplace and it is the most alarming factor as compare to all other factors creating stress at work (Pearson, Andersson, & Porath, 2000 ;Wilson 1991).

It has been seen that mostly leaders ignored the workplace bullying (Salin, 2003) and this ignorance increases the level of bullying in the organization (Laschinger & Fida, 2014). So this finding suggests that a very careful and responsible attitude should be provided by the management in addressing this critical issue existing in their respective organizations.

## 5.3. Research Question 3

*How depression is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between depression, self-esteem and organizational cynicism.*

### 5.3.1. Summary of Results

The results of the hypothesis that covered the above research question show that only H8 is accepted whereas H7, H9 and H27 get rejected.

### 5.3.2. Discussion

People living with contagious diseases have reported very high level of depression worldwide (Ciesla, 2001; Clarke, Gibson, Barrow, Abel, & Barton, 2010; Morrison et al., 2011; Rabkin, 2008; Williams, et al, 2005). It has been also reported that depression and anxiety have high occurrence in hepatitis C (Golden, O'Dwyer & Conroy, 2005).

When the person become aware of their HCV infection they become highly depressive ,they feel very ashamed of having such an infection and become fearful of getting stigmatized or discriminating and losing their relationships  if they disclosed their HCV infection status (Blasioleet al.,,2006; Conrad et al .,2006).

The results also show that depression has significant positive relationship with organizational cynicism. The employee when know their health condition becomes depressed and if organization does not facilitate them in managing it and also don't protect them from discrimination it will leads to organizational cynicism.

In this study depression does not significantly relates to self-esteem and internalized stigma. So the conditions for mediation are not satisfied due to which mediation analysis has not been run for depression. So it has been analyzed that depression has only significant relationship with organizational cynicism typically among the HCV infected individuals in Pakistan.

## 5.4. Research Question 4

*How stereotype endorsement is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between stereotype endorsement, self-esteem and organizational cynicism.*

### 5.4.1. Summary of Results

The results of the hypothesis that covered the above research question show that H10 and H12 are accepted.H11 get rejected and H28 is partially accepted means the mediation of internalized stigma only occurs between the relationship of stereotype endorsement and self-esteem.

### 5.4.2. Discussion

Results shows that stereotype endorsement is negatively associated with self-esteem means people when endorses the negative stereotypes of others their self-esteem get affected because they are accepting that other people negative stereotypes are right and they deserve such mistreatment. It has been observed that stereotype endorsement is negatively linked with self-esteem (Friedman et al., 2005) and the results of this study also prove it.

Stereotype endorsement is also positively linked with internalized stigma showing that the more the person endorses stereotypes regarding to HCV the more they internalized the stigma. Such a person who faces the discrimination at workplace due to stigmatized condition encountered with

the stereotypes that become the obstruction to have the job, promotion and the guidance or supportiveness in the organization (Mor-Barak, 2005).

With organizational cynicism the stereotype endorsement shows insignificant relationship. Internalized stigma mediates the relationship between stereotype endorsement and self-esteem showing that when the individual endorses the negative stereotypes attached to their HCV condition by other people than it will accelerates the stigma internalization which results in decrease in individual's self-esteem. Stereotype endorsement affects negatively to the wellbeing of the people because when the individuals accept the negative stereotypes of the people they start internalizing the stigma (Lysaker et al., 2012).

Previous studies shows that discrimination and rejection results in decreased self-esteem and life satisfaction (Wright, Gronfein &Owens ,2000;Yanos , Rosenfield & Horwitz ,2001 ). And the results also confirm that stereotype endorsement initiates the internalizing of the discrimination and rejection due to stigma which decreases the infected individual self-esteem at workplace.

## 5.5. Research Question 5

*How social stigma is related with self-esteem, organizational cynicism and internalized stigma and does internalized stigma mediates the relationship between social stigma, self-esteem and organizational cynicism.*

### 5.5.1. Summary of Results

The results of the hypothesis that covered the above research question show that H13, H14 and

H15 are accepted whereas H29 is partially accepted means the mediation of internalized stigma only occurs between the relationship of social stigma and self-esteem.

## 5.5.2. Discussion

Results shows that social stigma is negatively associated with self-esteem as social stigma faced by HCV infected individuals increases there will be decrease in self-esteem of the stigmatized individuals. With organizational cynicism social stigma shows positive association means when social stigma increases the infected employees becomes more cynical. The findings also suggest that social stigma enhances the internalized stigma as social stigma is positively associated with internalized stigma.

Previous studies also shows social stigma initiates the internalized stigma because when the person gets aware of the devaluation due to their stigmatized condition they start internalizing the stigma (Herek, 2009;Mak & Cheung 2010).so this study depicts that in Asia social stigma is also linked with internalized stigma and it plays the role in manifestation of internalized stigma. It should be notably considered that the social stigma possess by the community results in the social segregation of the stigmatized individual (Corrigan & Penn, 1999).

Stigma escort to certain social outcomes like exclusion, discrimination and labeling (Weiss, Ramakrishna & Somma, 2006; Phelan, Link & Dovidio, 2008).Results also shows that internalized stigma mediates the relationship between social stigma and self-esteem as social stigma enhances internalized stigma that leads towards dwindling levels of individual self-esteem. Both social stigma and internalized stigma are linked with decreased self-esteem (Lannin1, Vogel, Brenner & Tucker, 2014).

## 5.6. Research Question 6

*How internalized stigma is related with self-esteem and organizational cynicism.*

### 5.6.1. Summary of Results

The results of the hypothesis that covered the above research question show that H16 and H17 are accepted.

### 5.6.2. Discussion

Results demonstrate that internalized stigma is negatively linked to the HCV infected individual self-esteem .An individual internalized stigma when the individual start feeling that the negative perception of the people are right and they deserve all this discrimination due to the stigmatized attribute that becomes their identity (Link,1987). Internalized stigma is the acceptance of the beliefs of the society regarding to their state of health and start devaluing their ownselves (Vogel, Wade & Hackler ,2007).When the individual internalized the self-worthlessness they start feeling that they are the one who gets rejected by the nature (Kilinc & Campbel,2009) and this decreases their self-esteem.

As HCV infected individual's faces a number of challenges in their life it can be fear of transmitting the disease to others, financial issues, poor health, loss of relationships, changing self-perception or lowering self-esteem and also faces stigma (Dunne & Quayle, 2002; Hepworth

& Krug, 1999;  Minuk, Gutkin, Wong & Kaita, 2005). So internalized stigma is negatively associated with self-esteem (Lysaker ,Tsai,Yanos & Roe, 2008).

Results also depicted that internalized stigma is positively associated with the organizational cynicism because devaluation, humiliation, lack of knowledge and offensive disposition are the main factors in initiating organizational cynicism (Johnson & O'Leary-Kelly, 2003) in the organization. It has been argued that devaluation, humiliation, lack of knowledge and offensive disposition are the main factors in initiating organizational cynicism. (Johnson & O'Leary-Kelly, 2003) . It has been founded that stigma is substantially foster the organizational cynicism at workplace (Bashir, 2011).

## 5.7. Research Question 7

*How attribution is related with social stigma and empathic concern and does social stigma mediates the relationship between attribution and empathetic concern.*

### 5.7.1. Summary of Results

The results of the hypothesis that covered the above research question show that H18, H19 and H30 are rejected.

## 5.7.2. Discussion

A very interesting findings has been seen in this study that attribution is showing insignificant relationship with social stigma and empathic concern whereas the previous literature shows that attribution attached to contagious diseases are negative and HCV is also a contagious disease like HIV and people blame to the individuals for having such condition but over here the results shows the insignificant relationship in case of attributions towards HCV infected people. There empathic concern does not get affected by attributions and also it doesn't contribute in developing social stigma.

Attribution is basically the belief and behavior towards the cause of the disease (Mukolo & Heflinger, 2011). If the prevalence of stigma is considered due to the causes not in control of the stigmatized individual then the feelings of sympathy emerges that lean to draw out pity attitudes (Pryor, Reeder, Monroe, & Patel, 2009) and feeling of pity compels better chances of recognition of stigmatized individual (Angermeyer & Matschinger, 2003).

But HCV is such a disease that is believed to be in the control of the individual so people infected with HCV will face the negative consequences ( Hebl & Kleck, 2002).Because People perception towards HCV is also like HIV that the individual is responsible for its cause (Fraser &Treloar, 2006). Sambisa, Curtis and Mishra (2010) reported that HCV is characterized as the controllable disease. So people having HCV are not considered as the worthy people to show empathy and help to them (Brener, von Hippel & Kippax, 2007; Day, Ross, & Dolan, 2003; Weiner, Perry & Magnusson, 1998).

This unique finding can be explained in the light of cultural background as stigma is linked with different cultural forms (Lopes, 2006) and the extent of stigma fluctuates between various cultural settings (Alonso et al., 2008).Over here people attribute to have this condition by the matter of bad luck or fate. As Pakistan has collectivist culture (Hofstede, 1980) and people supports each other so they don't develop negative attribution that the infected individuals are responsible for their condition so culture can be the factor of having this different finding

## 5.8. Research Question 8

*How social distance is related with social stigma and empathic concern and does social stigma mediates the relationship between social distance and empathetic concern.*

### 5.8.1. Summary of Results

The results of the hypothesis that covered the above research question show that H20, H21 and H31 are accepted.

### 5.8.2. Discussion

Results shows that social distance negatively affects the empathic concern because when people know that a HCV infected person is among them they try to maintain a distance from them so that they will not catch the disease from them this will affect their empathy feelings towards the infected employees. So for this reason normally people conceal their HCV status from the other

people. With social stigma it is found to have a positive relationship that more the people maintain the distance from the infected individual more it will contributes in increasing and developing social stigma at workplace. The mediation analysis also shows that social stigma mediates the relationship between social distance and empathic concern.

It has been reported in previous studies that employers frequently will not expand chances of jobs to individuals who previously get hospitalized (Gary, EdD, Rn & Faan, 2005). It should be considered that stigma affects the community (Baral, Karki & Newell, 2007).

And also it may considerably have an effect on common life of the infected individual (Yang & Wu, 2011) thatcauses hinderers in disclosing the disease (Tan & Cheah, 2005). Social distance affects the help seeking behavior because by maintaining distance from someone due to their disease affects their empathy level (Angermeyer & Matschinger, 2005; Marie & Miles, 2008).

Social distance vary according to the perceived nature of the disease (Parcesepe & Cabassa, 2013).It has been commonly seen that when the person get transmittable disease like HCV people around that individual start distancing from them so they might not get the infection which destructively affects the social relations of the patient.

 Studies of stigma reported that the people start keeping social distance from such individuals when their condition gets revealed (Lauber, Nordt, Falcato &Rossler, 2004). So the social distance is considered as one of the strongest causes contributing to social stigma (Lauber et al., 2004). So the previous studies also support the findings of this result.

## 5.9. Research Question 9

*How specific stigmatizing beliefs are related with social stigma and empathic concern and does social stigma mediates the relationship between specific stigmatizing beliefs and empathetic concern.*

### 5.9.1. Summary of Results

The results of the hypothesis that covered the above research question show that H22 and H23 are accepted whereas H32 get rejected.

### 5.9.2. Discussion

The results depicted that specific stigmatizing beliefs are also negatively linked with empathic concern towards the HCV infected employees and positively towards contributing the social stigma. As the Social or public stigma is basically characterized by the people negative opinion towards the stigmatized person (Corrigan &Watson, 2002) so the people who are stigmatized considered belittling (Shih, 2004) and faces the aggravate communication in the society (Hebl, Tickel, & Heatherton, 2000).

So it's important to know the reasons of formation of social stigma, discrimination is one of the most important parts of stigma for its social occurrence (Link & Phelan, 2001). Discrimination is frequently linked with stigma (Monjok, Smesny & Essien, 2009) and the discrimination due to hepatitis regarding stigma causes the negative attitudes and perceptions (Parker & Aggleton, 2003) and recently the stigma related to health issues are characterized by unfavorable and

negative social opinions and attitudes (Cotler et al.,2012) and such stigmatizing beliefs will leads towards social stigmatization at workplace.

The mediation analysis shows that social stigma does not mediate the relationship between specific stigmatizing beliefs and empathic concern. Stigma becomes evident as biasness is experienced by the stigmatized person that is enforced by others (Baskind & Birbeck,2005) so its affects should not be ignored.

As stigma has three typical functions; first one is to make people feel down due to their lack of power so due to the dominating behavior of letting down make the less powerful people stigmatized. Second is to force and stigmatized the people to reside in their ingroup in order to implement the communal standards and third is to avoid the people who are infected with disease so due to the avoidance resulting from stigmatized beliefs the infected people get stigmatized and discriminated by the other people in the society (Kurzban & Leary, 2001).Such stigmatizing beliefs can be develop due to the lack of knowledge about the disease and its mode of transmission that will results in social stigmatization towards the infected employees.

## 5.10. Research Question 10

*How social stigma is related with empathic concern.*

## 5.10.1. Summary of Results

The results of the hypothesis that covered the above research question show that H24 is accepted.

## 5.10.2. Discussion

Results shows that social stigma is negatively associated with empathic concern means as the social stigma increases the empathic concern of people towards the HCV infected employees also decreases. The data was taken from the different level of educated people, the sample also includes the people who are not well educated they are below the intermediate level and the people who are educated so that the people thinking regarding to HCV people can be clearly depicted because education level plays a very important in affecting the awareness level.

Empathetic concern is the level of consideration and understanding the emotions of the other person for the problems and the unlucky circumstances that they are confronted with (Davis, 1983; Anfossi & Numico,2004).It is to feel the emotions of others (Mehrabian, Young&Sato , 1998).

It can be assumed that the stigmatized people experiences lower level of empathy from the other people because of their devalued identity in the society (Decety, Echols & Correll, 2009). The mode of transmission of the disease is the vital factor in predicting the emotional response among the people (Feldman & Crandall, 2007). It has been observed that dearth of empathetic concern leads to the impassive interactions (Miller, Stiff &Ellis, 1988).

Social or people stigma is a negative perception that prohibited and restricted the labeled identity individual from contributing in social activities (Elliott, Ziegler, Altman & Scott, 1982) and according to Henry (2011) such sort of social stigmatization existence can result in the outcomes affecting the emotional states of the people at workplace like in career the stigmatized individuals face prejudice at workplace and also in continuing their employment ( Surgevil &

Akyol,,2011) because social stigma is linked with discrimination and decreases the opportunities for the job (Conner et al., 2010).

And it has been reported that stigma is associated with contagious diseases and HCV is also a contagious disease (Fraser & Treloar, 2006) so the infected individuals have the increased threat of facing the public or social stigma so empathetic concern will be decreases for HCV infected individuals.

## 5.11. Research Question 11

*Does self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self- efficacy is high.*

### 5.11.1. Summary of Results

The results of the hypothesis that covered the above research question show that H33 is accepted.

### 5.11.2. Discussion

Results illustrate that self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self-efficacy is high. The person self-efficacy results in positive outcomes as the person feels that

he can deal with the problematic situations because it develops the challenging perception of the person (Gomes, Faria & Gonçalves 2013) and the self-confidence of the individual also helps in managing the obstacles arises due to the disease (Huang et al., 2013; Nokes et al., 2012).

The higher level of self-efficacy enhances the individual strength to face the difficulties and challenging situations and it will also minimize the effect of internalized stigma on their self-esteem because self-esteem and self-efficacy are positively linked with each other (Klein, Elifson & Sterk, 2010; Villegas et al., 2013) so the individual who is high in self-efficacy can be at a better position to tackle with internalization of stigma and controlling its effects on their self-esteem.

## 5.12. Conclusion

The results of this study show that respectful treatment at workplace has significant positive relationship with self-esteem and negative with internalized stigma and organizational cynicism. Workplace bullying and stereotype endorsement are negatively associated with self-esteem and positively with internalized stigma whereas depression has insignificant relationship with self-esteem and internalized stigma. Workplace bullying and depression have significant positive relationship with organizational cynicism while stereotype endorsement has insignificant relationship with organizational cynicism.

It has been analyzed that social stigma has significant negative relationship with self-esteem and positive relationship with organizational cynicism and internalized stigma whereas internalized stigma has significant negative relationship with self-esteem and positive relationship with organizational cynicism.

Social distance and specific stigmatizing beliefs have significant negative relationship with empathic concern and social stigma. While social stigma is negatively associated with empathic concern. Attribution is showing insignificant association with empathic concern and social stigma shows that attribution is not contributing as the determinant of empathic concern and social stigma in this cultural context.

There is mediation of internalized stigma between the relationships of workplace bullying, self-esteem and organizational cynicism and also there is mediation of internalized stigma between the relationships of stereotype endorsement and self-esteem. Results also show that there is mediation of internalized stigma between the relationships of social stigma and self-esteem. Mediation of social stigma between the relationships of social distance and empathic concern has also seen.

It is observed from the results that self-efficacy moderates the relationship between internalized stigma and self-esteem such that the association between internalized stigma and self-esteem is weaker when self-efficacy is high.

### 5.13. Theoretical and Practical Implications

There are certain theoretical implications that represent its significance. Firstly it enhances the knowledge of stigma at workplace as there is dearth of studies conducted for stigma understanding at workplace. This study will helps in understanding the stigma prevalence at workplace and how it affects the employees. Secondly in this study a comprehensive integrated model of stigma has been presented in which certain determinants and outcomes of internalized and social stigma has been tested at workplace. And also association between social stigma and

internalized stigma has been analyzed and the results of this study prove that social stigma enhances the internalized stigma at workplace. So such a comprehensive integrated model will improve the understanding of stigma process and its affects at workplace.

The connection of contagious illness to stigma is a known fact (Herek, 1999) and it is argued that stigmatized people due to some distinctive features become undervalued in the social context (Crocker, Major, Steele, 1998).The geographical regions also effects the stigma (Utulu & Lawoyin, 2007) and the reasons and determinants of stigma and its expression might vary between different cultures. So this study also signifies its importance from the contextual side as this study is conducted in one of Asian country where already stigma research is inadequate and especially in Pakistan there are very limited studies that addresses the stigma issue. It has been observed that HCV carriers are high in numerous Asian countries (Thanachartwet et al., 2007; Wang et al., 2008) and in bulk of underdeveloped countries HCV stigma is not appropriately understand (Van Rie et al., 2008).So from cultural side this will helps other researchers to analyze the difference of stigma manifestation in Asian countries and specially in developing country where a very high level of HCV prevalence is reported.

There are certain practical implication of this study like this type of study is conducted for the first time in Pakistan so it will help in highlighted the issue of stigma existence in the organizations. And it helps the management to understand the causes and effects of stigma at workplace and how stigmatization can be controlled because the social setting at work affects the health of the employees and their performance (Cummings et al., 2010) and leaders are responsible in enhancing the workplace optimistic behaviors (Kuoppala, Lamminpaa, Liira, & Vainio, 2008).

It's important to develop the respectable interaction at workplace as it has been suggested by the literature of the stigma that by keeping interaction at personal and community level can lessens the stigma (Heijnders & Van Der Meij,2006).So by controlling the discriminating behavior at workplace make it easy for the employees to overcome the stigma barrier.

Another practical implication of this study suggests that by having the knowledge of stigma process in this part of culture can help in clarifying the stigma aspects as stigma is a very complex process. And it has been suggested that by having enhanced awareness of stigma prevalence across different cultures makes it possible to formulate approaches in order to decrease the level of stigma. (Tsang et al, 2007).So this study will also supports in developing the interventions that can help in tackling with issue of stigmatization.

## 5.14. Limitations and Future Research Directions

There are certain limitations regarding to this study firstly the issue of generalizability as the data was collected conveniently, although the sample was adequate but it was not sampled from the identified population. Secondly this study evaluates the data as a whole without considering the variation of different types of organizations. Thirdly the study is unable to state many other independent variable effects contributing to the internalized and social stigma.

Although this study is conducted in a novel contextual setting that is Pakistan where already deprivation of stigma studies existed so this study predicts the stigma manifestation in this culture but there is a need of studying the stigma process by taking different cultural dimensions so a more clear understanding of stigma process can be appeared from this geographical region of the world. Demographical variables affects should also be consider in studying the stigma so

that impact of demographical variables can also be analyzed on the internalized and social stigma

process. Future studies may further enhance the knowledge of stigma in this particular context by

considering these points in their research.

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# APPENDICES

# ANNEXURE I

**Table 1. Reliability Analysis: Respectful treatment at work**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| R1 | .231 |
| R2 | .565 |
| R3 | .468 |
| R4 | .784 |

*R= Respectful treatment at work*

**Table 2. Reliability Analysis: Depression**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| D1 | .457 |
| D2 | .662 |
| D3 | .641 |
| D4 | .628 |
| D5 | .580 |
| D6 | .533 |

*D= Depression*

**Table 3. Reliability Analysis: Workplace Bullying**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| W1 | .853 |
| W2 | .835 |
| W3 | .833 |
| W4 | .824 |
| W5 | .825 |
| W6 | .833 |
| W7 | .865 |
| W8 | .860 |
| W9 | .857 |
| W10 | .853 |
| W11 | .855 |
| W12 | .835 |
| W13 | .835 |
| W14 | .833 |
| W15 | .824 |
| W16 | .825 |
| W17 | .830 |
| W18 | .824 |
| W19 | .826 |
| W20 | .826 |
| W21 | .833 |
| W22 | .831 |

*W=Workplace Bullying*

**Table 4. Reliability Analysis: Stereotype Endorsement**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| Styp1 | .676 |
| Styp2 | .792 |
| Styp3 | .745 |
| Styp4 | .694 |
| Styp5 | .695 |
| Styp6 | .693 |
| Styp7 | .839 |

*Styp=Stereotype Endorsement*

**Table 5. Reliability Analysis: Attribution**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| A1 | .574 |
| A2 | .771 |
| A3 | .558 |
| A4 | .488 |
| A5 | .522 |
| A6 | .656 |

*A= Attribution*

**Table 6. Reliability Analysis: Social Distance**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| SD1 | .846 |
| SD2 | .713 |
| SD3 | .609 |
| SD4 | .582 |
| SD5 | .543 |

*SD=Social distance*

**Table 7. Reliability Analysis: Internalized Stigma**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| IS1 | .849 |
| IS2 | .852 |
| IS3 | .858 |
| IS4 | .854 |
| IS5 | .860 |
| IS6 | .882 |
| IS7 | .852 |
| IS8 | .858 |
| IS9 | .854 |
| IS10 | .860 |
| IS11 | .882 |

*IS= Internalized Stigma*

**Table: 8. Reliability Analysis: Social Stigma**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| SS1 | .759 |
| SS2 | .788 |
| SS3 | .766 |
| SS4 | .759 |
| SS5 | .761 |
| SS6 | .773 |
| SS7 | .817 |
| SS8 | .812 |
| SS9 | .808 |
| SS10 | .802 |
| SS11 | .804 |
| SS12 | .779 |
| SS13 | .779 |
| SS14 | .766 |
| SS15 | .759 |
| SS16 | .761 |
| SS17 | .760 |
| SS18 | .790 |
| SS19 | .774 |

*SS=Social Stigma*

**Table 9. Reliability Analysis: Self-esteem**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| SE1 | .669 |
| SE2 | .722 |
| SE3 | .719 |
| SE4 | .705 |
| SE5 | .660 |
| SE6 | .718 |
| SE7 | .729 |
| SE8 | .707 |
| SE9 | .656 |
| SE10 | .667 |

*SE=Self-esteem*

**Table 10. Reliability Analysis: Organizational cynicism**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| OC1 | .697 |
| OC2 | .696 |
| OC3 | .722 |
| OC4 | .781 |
| OC5 | .738 |
| OC6 | .707 |
| OC7 | .693 |
| OC8 | .715 |
| OC9 | .690 |
| OC10 | .685 |
| OC11 | .687 |
| OC12 | .686 |

*OC= Organizational cynicism*

**Table 11. Reliability Analysis: Self-efficacy**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| S1 | .728 |
| S2 | .778 |
| S3 | .767 |
| S4 | .794 |
| S5 | .777 |
| S6 | .763 |
| S7 | .728 |
| S8 | .778 |
| S9 | .767 |
| S10 | .794 |

*S= Self-efficacy*

**Table 12. Reliability Analysis: Empathic Concern**

|  | Cronbach's Alpha if Item Deleted |
|---|---|
| EC1 | .634 |
| EC2 | .766 |
| EC3 | .761 |
| EC4 | .744 |
| EC5 | .732 |
| EC6 | .694 |
| EC7 | .634 |

*EC= Empathic Concern*

# ANNEXURE II

# QUESTIONNAIRE

**Dear Respondents,**

I am a doctoral candidate at Mohammad Ali Jinnah University, Islamabad; I am collecting data for my PhD dissertation. Please fill in the following questionnaire which is about studying the factors that are involved in **Internalized Stigmatization** of people and its effects at workplace in Pakistan. Your response will be having great value for completion of this research. The data will only be used for academic purposes and strictly remain confidential. To ensure anonymity, you are not supposed to write your name or name of organization anywhere in the questionnaire.

Thanks a lot for your help and support!
Sincerely,
Ayesha Noor
Ph.D. Candidate
Mohammad Ali Jinnah University, Islamabad

## SECTION: I

**BASIC INFORMATION**

**Please tick the appropriate answer**

1. How long you have been employed in this organization?

   (Less than 1yr)     (1yr to 2yrs)     (2 yrs to 3yrs)     (more than 3yrs) ☐                    ☐

2. What is your highest qualification?  Intermediate or less ☐   Bachelors ☐ Masters or more ☐

3. What is your native language?         Urdu    ☐        Punjabi ☐      Sindhi ☐     Anyother ☐

4. What is your marital status?                    Married ☐          Un Married ☐

5. What is your gender?                        Male ☐              Female ☐

6. What is your age?      (20 to 30) ☐    (30 to 40) ☐  (40 to 50) ☐   (50 and above) ☐

| | |
|---|---|
| **1= Strongly Disagree     2= Disagree     3= Neutral     4= Agree     5= Strongly Agree** | |

| | SECTION: II<br><br>Respectful Treatment at work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. | At the place I work, I am treated with respect | 1 | 2 | 3 | 4 | 5 |
| 2. | My supervisor is helpful to me in getting the job done | 1 | 2 | 3 | 4 | 5 |
| 3. | My supervisor is concerned about the welfare of those under him or her | 1 | 2 | 3 | 4 | 5 |
| 4. | When you do your job well, are you likely to be praised by your supervisor oremployer | 1 | 2 | 3 | 4 | 5 |

**Workplace Bullying**

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | Being shouted at or being the target of spontaneous anger. | 1 | 2 | 3 | 4 | 5 |
| 2. | Persistent criticism of your work and effort. | 1 | 2 | 3 | 4 | 5 |
| 3. | Being humiliated or ridiculed in connection with your work. | 1 | 2 | 3 | 4 | 5 |
| 4. | Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life. | 1 | 2 | 3 | 4 | 5 |
| 5. | Having your opinions and views ignored. | 1 | 2 | 3 | 4 | 5 |
| 6. | Being the subject of excessive teasing and sarcasm. | 1 | 2 | 3 | 4 | 5 |
| 7. | Repeated reminders of your errors or mistakes. | 1 | 2 | 3 | 4 | 5 |
| 8. | Having allegations made against you. | 1 | 2 | 3 | 4 | 5 |
| 9. | Being ignored or facing a hostile reaction when you approach. | 1 | 2 | 3 | 4 | 5 |
| 10. | Someone withholding information which affects your performance. | 1 | 2 | 3 | 4 | 5 |
| 11. | Excessive monitoring of your work. | 1 | 2 | 3 | 4 | 5 |
| 12. | Spreading of gossip and rumors about you. | 1 | 2 | 3 | 4 | 5 |
| 13. | Intimidating behavior such as finger-pointing, invasion of personal space, shoving, and blocking/barring the way. | 1 | 2 | 3 | 4 | 5 |
| 14. | Being exposed to an unmanageable workload. | 1 | 2 | 3 | 4 | 5 |
| 15. | Being given tasks with unreasonable or impossible targets or deadlines. | 1 | 2 | 3 | 4 | 5 |

| 16. | Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses). | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 17. | Being ignored, and excluded. | 1 | 2 | 3 | 4 | 5 |
| 18. | Hints or signals from others that you should quit your job. | 1 | 2 | 3 | 4 | 5 |
| 19. | Threats of violence or physical abuse or actual abuse. | 1 | 2 | 3 | 4 | 5 |
| 20. | Practical jokes carried out by people you don't get on with. | 1 | 2 | 3 | 4 | 5 |
| 21. | Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks. | 1 | 2 | 3 | 4 | 5 |
| 22. | Being ordered to do work below your level of competence. | 1 | 2 | 3 | 4 | 5 |

**Depression**

| 1. | I feel sad | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 2. | I feel happy | 1 | 2 | 3 | 4 | 5 |
| 3. | I feel good(R) | 1 | 2 | 3 | 4 | 5 |
| 4. | I feel depressed | 1 | 2 | 3 | 4 | 5 |
| 5. | I feel blue | 1 | 2 | 3 | 4 | 5 |
| 6. | I feel cheerful(R) | 1 | 2 | 3 | 4 | 5 |

**Stereotype Endorsement**

| 1. | Stereotypes about the HCV disease apply to me. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 2. | People can tell that I have this disease by the way I look | 1 | 2 | 3 | 4 | 5 |
| 3. | HCV ill people tend to be violent | 1 | 2 | 3 | 4 | 5 |
| 4. | Because I have this disease, I need others to make most decisions for me. | 1 | 2 | 3 | 4 | 5 |
| 5. | People with HCV illness cannot live a good, rewarding life. | 1 | 2 | 3 | 4 | 5 |
| 6. | HCV ill people shouldn't get married. | 1 | 2 | 3 | 4 | 5 |
| 7. | I can't contribute anything to society because I have this illness | 1 | 2 | 3 | 4 | 5 |

| SECTION: III<br><br>**Internalized Stigma** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I feel I am not as good a person as others because I have HCV | 1 | 2 | 3 | 4 | 5 |
| 2. I never feel ashamed of having HCV(R) | 1 | 2 | 3 | 4 | 5 |
| 3. Having HCV makes me feel unclean | 1 | 2 | 3 | 4 | 5 |
| 4. Having HCV makes me feel that I'm a bad person | 1 | 2 | 3 | 4 | 5 |
| 5. Having HCV in my body is disgusting to me | 1 | 2 | 3 | 4 | 5 |
| 6. It is my fault that I have a health condition | 1 | 2 | 3 | 4 | 5 |
| 7. I can't do a lot of things because I have a health condition | 1 | 2 | 3 | 4 | 5 |
| 8. Because I have a health condition, I'm not a good employee | 1 | 2 | 3 | 4 | 5 |
| 9. I can't fulfill many of my responsibilities because I have a health condition | 1 | 2 | 3 | 4 | 5 |
| 10. I am as capable as people who do not have a health condition(R) | 1 | 2 | 3 | 4 | 5 |
| 11. People who do not have health conditions are not better than me(R) | 1 | 2 | 3 | 4 | 5 |

| SECTION: IV<br><br>**Self Esteem** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. On the whole, I am satisfied with myself. | 1 | 2 | 3 | 4 | 5 |
| 2. At times, I think I am no good at all. | 1 | 2 | 3 | 4 | 5 |
| 3. I feel that I have a number of good qualities. | 1 | 2 | 3 | 4 | 5 |
| 4. I am able to do things as well as most other people. | 1 | 2 | 3 | 4 | 5 |

| 5. | I feel I do not have much to be proud of. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 6. | I certainly feel useless at times. | 1 | 2 | 3 | 4 | 5 |
| 7. | I feel that I'm a person of worth, at least on an equal plane with others. | 1 | 2 | 3 | 4 | 5 |
| 8. | I wish I could have more respect for myself. | 1 | 2 | 3 | 4 | 5 |
| 9. | All in all, I am inclined to feel that I am a failure. | 1 | 2 | 3 | 4 | 5 |
| 10. | I take a positive attitude toward myself. | 1 | 2 | 3 | 4 | 5 |

**Organizational Cynicism**

| 1. | I believe my organization says one thing and does another. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 2. | My organization's policies, goals, and practices seem to have little in common. | 1 | 2 | 3 | 4 | 5 |
| 3. | When my organization says it's going to do something, I wonder if it will really happen. | 1 | 2 | 3 | 4 | 5 |
| 4. | My organization expects one thing of its employees, but rewards another. | 1 | 2 | 3 | 4 | 5 |
| 5. | I see little similarity between what my organization says it will do and what it actually does. | 1 | 2 | 3 | 4 | 5 |
| 6. | I often experience irritation when I think about my organization. | 1 | 2 | 3 | 4 | 5 |
| 7. | I often experience aggravation when I think about my organization. | 1 | 2 | 3 | 4 | 5 |
| 8. | I often experience tension when I think about my organization. | 1 | 2 | 3 | 4 | 5 |
| 9. | I often experience anxiety when I think about my organization. | 1 | 2 | 3 | 4 | 5 |
| 10. | I exchange "knowing" glances with my coworkers. | 1 | 2 | 3 | 4 | 5 |
| 11. | I criticize my organization's practices and policies with others. | 1 | 2 | 3 | 4 | 5 |
| 12. | I find myself mocking my organization's slogans and initiatives. | 1 | 2 | 3 | 4 | 5 |

| | SECTION: V<br><br>Self-Efficacy | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. | I can always manage to solve difficult problems if I try hard enough. | 1 | 2 | 3 | 4 | 5 |
| 2. | If someone opposes me, I can find the means and ways to get what I want. | 1 | 2 | 3 | 4 | 5 |
| 3. | It is easy for me to stick to my aims and accomplish my goals. | 1 | 2 | 3 | 4 | 5 |
| 4. | I am confident that I could deal efficiently with unexpected events. | 1 | 2 | 3 | 4 | 5 |
| 5. | Thanks to my resourcefulness, I know how to handle unforeseen situations. | 1 | 2 | 3 | 4 | 5 |
| 6. | I can solve most problems if I invest the necessary effort. | 1 | 2 | 3 | 4 | 5 |
| 7. | I can remain calm when facing difficulties because I can rely on my coping abilities. | 1 | 2 | 3 | 4 | 5 |
| 8. | When I am confronted with a problem, I can usually find several solutions. | 1 | 2 | 3 | 4 | 5 |
| 9. | If I am in trouble, I can usually think of a solution. | 1 | 2 | 3 | 4 | 5 |
| 10. | I can usually handle whatever comes my way. | 1 | 2 | 3 | 4 | 5 |

# ANNEXURE III

# QUESTIONNAIRE

**Dear Respondents,**

I am a doctoral candidate at Mohammad Ali Jinnah University, Islamabad; I am collecting data for my PhD dissertation. Please fill in the following questionnaire which is about studying the factors that are involved in **Social Stigmatization** of people and its effects at workplace in Pakistan. Your response will be having great value for completion of this research. The data will only be used for academic purposes and strictly remain confidential. To ensure anonymity, you are not supposed to write your name or name of organization anywhere in the questionnaire.

Thanks a lot for your help and support!
Sincerely,
Ayesha Noor
Ph.D. Candidate
Mohammad Ali Jinnah University, Islamabad

## SECTION: I

**BASIC INFORMATION**

**Please tick the appropriate answer**

1. How long you have been employed in this organization?

   (Less than 1yr)     (1yr to 2yrs)     (2yrs to 3yrs)     (more than 3yrs) ☐               ☐

2. What is your highest qualification?  Intermediate or less ☐   Bachelors ☐ Masters or more ☐

3. What is your native language?        Urdu     ☐       Punjabi ☐      Sindhi ☐     Anyother ☐

4. What is your marital status?                   Married ☐           Un Married ☐

5. What is your gender?                        Male ☐              Female ☐

6. What is your age?        (20 to 30) ☐    (30 to 40) ☐  (40 to 50) ☐   (50 and above) ☐

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**1= Strongly Disagree     2= Disagree     3= Neutral     4= Agree     5= Strongly Agree**

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| | SECTION: II<br><br>**Attribution**<br><br>From people having HCV | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | I feel threatened | 1 | 2 | 3 | 4 | 5 |
| 2. | I feel unsafe | 1 | 2 | 3 | 4 | 5 |
| 3. | Terrify me | 1 | 2 | 3 | 4 | 5 |
| 4. | I am frightened | 1 | 2 | 3 | 4 | 5 |
| 5. | I would avoid | 1 | 2 | 3 | 4 | 5 |
| 6. | I am scared | 1 | 2 | 3 | 4 | 5 |

**Social Distance**

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | I would feel comfortable moving next door to person with HCV. | 1 | 2 | 3 | 4 | 5 |
| 2. | I would spend an evening socializing with a person with HCV. | 1 | 2 | 3 | 4 | 5 |
| 3. | I would make friends with a person with HCV. | 1 | 2 | 3 | 4 | 5 |
| 4. | I would feel comfortable with a person with HCV marrying into the family. | 1 | 2 | 3 | 4 | 5 |
| 5. | I would feel comfortable working closely with a person with HCV. | 1 | 2 | 3 | 4 | 5 |

**Specific Stigmatized Beliefs**

While keeping in mind the HCV patients what do you think about them

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | Have themselves to blame | 1 | 2 | 3 | 4 | 5 |
| 2. | Are unpredictable | 1 | 2 | 3 | 4 | 5 |
| 3. | will never recover | 1 | 2 | 3 | 4 | 5 |
| 4. | Are difficult to talk to | 1 | 2 | 3 | 4 | 5 |
| 5. | Will not improve after treatment | 1 | 2 | 3 | 4 | 5 |

| 6. | Are Danger to others | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 7. | pull themselves together | 1 | 2 | 3 | 4 | 5 |
| 8. | have different feelings | 1 | 2 | 3 | 4 | 5 |

| **SECTION: III**<br><br>**Social Stigma** | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. Families of people living with HCV should be ashamed | 1 | 2 | 3 | 4 | 5 |
| 2. People living with HCV should be ashamed | 1 | 2 | 3 | 4 | 5 |
| 3. People who have HCV are cursed | 1 | 2 | 3 | 4 | 5 |
| 4. People who have HCV are disgusting | 1 | 2 | 3 | 4 | 5 |
| 5. People living with HCV deserve to be punished. | 1 | 2 | 3 | 4 | 5 |
| 6. It is reasonable for an employer to fire people who have HCV | 1 | 2 | 3 | 4 | 5 |
| 7. People with HCV should be isolated from other people | 1 | 2 | 3 | 4 | 5 |
| 8. People with HCV should not have the same freedoms as other people | 1 | 2 | 3 | 4 | 5 |
| 9. People living with HCV in this community face rejection from their peers | 1 | 2 | 3 | 4 | 5 |
| 10. People who have HCV in this community face verbal abuse or teasing | 1 | 2 | 3 | 4 | 5 |
| 11. People living with HCV in this community face ejection from their homes by their families | 1 | 2 | 3 | 4 | 5 |
| 12. People living with HCV in this community face neglect from their family. | 1 | 2 | 3 | 4 | 5 |
| 13. People who are suspected of having HCV lose respect in the community. | 1 | 2 | 3 | 4 | 5 |
| 14. People living with HCV in this community face physical abuse | 1 | 2 | 3 | 4 | 5 |
| 15. Most people would not buy vegetables from a shopkeeper or food seller that they knew had HCV | 1 | 2 | 3 | 4 | 5 |
| 16. People with HCV should be treated similarly by health care professionals | 1 | 2 | 3 | 4 | 5 |

| | as people with other illnesses | | | | | |
|---|---|---|---|---|---|---|
| 17. | People with HCV should be allowed to fully participate in social events in this community | 1 | 2 | 3 | 4 | 5 |
| 18. | A person with HCV should be allowed to work with other people | 1 | 2 | 3 | 4 | 5 |
| 19. | People who have HCV should be treated the same as everyone else | 1 | 2 | 3 | 4 | 5 |

| **SECTION: IV**<br><br>**Empathic Concern** | Strongly | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. I often have tender, concerned feelings for people less fortunate than me. | 1 | 2 | 3 | 4 | 5 |
| 2. Sometimes I don't feel very sorry for other people when they are having problems.(R) | 1 | 2 | 3 | 4 | 5 |
| 3. When I see someone being taken advantage of, I feel kind of protective towards them. | 1 | 2 | 3 | 4 | 5 |
| 4. Other people's misfortunes do not usually disturb me a great deal.(R) | 1 | 2 | 3 | 4 | 5 |
| 5. When I see someone being treated unfairly, I sometimes don't feel very much pity for <br><br> them.(R) | 1 | 2 | 3 | 4 | 5 |
| 6. I am often quite touched by things that I see happen. | 1 | 2 | 3 | 4 | 5 |
| 7. I would describe myself as a pretty soft-hearted person. | 1 | 2 | 3 | 4 | 5 |