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The London School of Economics and Political Science

APPENDIX

Managing Emergent Stigmatised Social Identities at Work: a Study of the Antecedents,  
Consequences, and Evolution of Individual Coping and Identity Management Strategies

By

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A thesis submitted to the Department of Management of the London School of Economics  
and Political Science for the degree of Doctor of Philosophy, London, September 2019.

**Declaration**

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### **Abstract**

This thesis asks what happens when individuals targeted with prejudiced behaviours push back on discrimination at work? It investigates when and how individuals resist, and what outcomes ensue for them personally and the organisation.

Deploying a triangulation strategy, the multi-method approach of this thesis allowed for the investigation of the phenomenon from different and complementary perspectives. Study 1 is a qualitative, exploratory study that introduces the concept of emergent stigma, which I define as a stigmatised social identity that comes into being by acquisition and/or disclosure, and stress and coping as analytical lens for this thesis. Exploring the experience of individuals with an emergent stigma, this study gathers evidence of resistance to discrimination at work, and identifies key items in the process of stigma management in the workplace and clues to cause-and-effect relationships.

Study 2 is a longitudinal, repeated cross-sectional survey that tests these relationships directly, particularly the explanatory role that coping and identity management strategies have in the process of stigma emergence. Additionally, it explores how these strategies change over time.

Finally, study 3 is a laboratory experiment that examines in detail the causal links between different identity management strategies and individual and interpersonal outcomes, and the processes underlying these cause-and-effect relationships.

In conclusion this thesis argues that being open about one's stigma, intended as challenging stereotypes, assumptions, and discriminatory treatment, ultimately yields positive outcomes for individuals and organisations alike. However, openness is not just disclosure; it is an evolving, iterative learning process influenced by individual attributes and context characteristics, and constantly adapted on the basis of the feedback from the social environment.

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## Chapter 1: Introduction

The aim of this thesis is to advance our understanding of stigmatisation in the workplace, focusing on one question: what happens when individuals targeted with prejudiced behaviours push back on discrimination at work? To answer this question, I examine the process of individual resistance to this treatment via identity management, the enabling individual attributes and situational characteristics, and the outcomes that ensue for them personally and the organisation.

Stigma is defined as "an attribute that is deeply discrediting" (Goffman 1963, p. 3) and stigmatized individuals are those who "possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (Crocker, Major, & Steele, 1998, p. 505). Stigma comes in many forms and can be described in terms of concealability, course, disruptiveness, aesthetics, origin, or controllability, and peril (Crocker et al., 1998; Goffman 1963; Jones et al., 1984; Hilbert, 1985). Concealability refers to the extent to which a stigma is visible or invisible. For example, race is a visible attribute, while sexual orientation is an invisible one. Course refers to the extent to which the stigma's prominence varies over time. For example, diseases such as cancer have a natural evolution which makes the stigma of the illness more or less prominent to others during the time the person is sick. Disruptiveness refers the extent to which the stigma complicates social interactions. For example, disfigurement may create a situation of unease and awkwardness in social interactions. Aesthetics refers to the extent to which others use the stigmatising attribute as an approximation of qualities other than the stigmatised person's inherent worth. For example, this occurs when an obese person is believed by others to be lazy and lacking discipline. Origin, or controllability, refers to the extent to which the stigmatised is believed to be responsible for his or her stigma. For example, having a criminal record is typically considered the person's own responsibility,

while gender or birth defects are not. Finally, peril refers to the extent to which the stigma represents a threat or danger to others. For example, contagious diseases create a possible threat to the wellbeing of others.

Stigmatised individuals experience discrimination in most aspects of their lives, including work, health and wellbeing, education and social relations (Link & Phelan, 2001). Workplace discrimination is defined as distinguishing someone unfavourably, basing personnel decisions not on qualifications or performance, but on the social group to which one belongs (Foley et al 2005). Despite the surge in regulatory efforts to curb inequalities in organisations, such as the Charter of Fundamental Rights of the European Union (2000) or the Equality Act (2010) in the UK, there is evidence that prejudice lingers in the workplace, particularly in its subtler forms, such as those discriminatory behaviours embedded in people's daily lives or incivility (Andersson & Pearson, 1999, p. 457; Cortina et al., 2013; Hackney & Perrewé, 2018; Hebl et al, 2002; Sue et al., 2007; Swim et al., 2001; 2003; 2007).

The literature on workplace discrimination is part of the nomological network of diversity research (Roberson, Ryan, & Ragins, 2017) and, as such, it is for the most part based on identity-related paradigms, such as social identity and self-categorisation theories (Tajfel & Turner, 1986; Turner, 1982). These theories attempt to explain how individuals locate themselves in their environment on the basis of the social categories, or group memberships, to which they belong. One of the fundamental assumptions of these paradigms is that of identity as a fixed, individual core attribute (Holk, Muhr, & Villeséche, 2015), which resonates with the essentialist view of social categories and power structures as discrete, unchangeable, and homogenous (Wagner, Holtz, & Kashima, 2009). Given their focus on what pulls people together and inter-group relationships, these theories lend themselves to the study of the tension between the natural tendency toward homogeneity and

the increasing demographic diversity of organisations, suiting the study of the negative outcomes of diversity, such as workplace discrimination.

This approach to the study of workplace discrimination has proven fruitful, drawing attention to inequality at work and providing valuable insight to the challenges associated with increasing workplace diversity. However, identity related paradigms have important blind spots that limit our capacity to gain a fuller, more nuanced understanding of stigmatisation in the workplace. First, by treating identity as a fixed, individual core attribute (Holk, Muhr, & Villeséche, 2015), these theories reinforce the idea of social identity as immutable and experienced by everyone who possesses it in exactly the same way. Yet, while stigma can be inherited at birth (e.g. race, gender), it can also be acquired during a person's life (e.g. scarring, illness), and it can change in its prominence over time (Jones et al., 1984). This aspect of stigma suggest that treating devalued social identities as fixed limits our understanding of prejudice and, consequently, workplace discrimination.

Second, and related to the previous point, by considering identity as fixed, identity-related paradigms ignore shifts in identification, effectively viewing members of devalued social categories as subject to their identity and passive recipients of the stigmatisation that comes with it (Kenny, Whittle, & Willmott, 2011). However, targets of this treatment can and do engage perpetrators, challenging them when they know them and have a desire to educate them (Ayres, Friedman, & Leaper, 2009; Czopp & Monteith, 2003; Hyers, 2007). Thus, extant literature on responses to prejudiced encounters suggests that, under certain circumstances, targets of discriminatory behaviour at work might resist and push back on this treatment, and do so in many different ways. However, this possibility remains underexplored in the workplace discrimination literature.

Finally, research on workplace discrimination tends to focus on the perspective of the targets more than on those of the perpetrators and organisations (Jones et al., 2017), possibly

because of the dominance of identity-related paradigms as theoretical foundations of this body of literature. An unintended consequence of this nearly exclusive focus on targets is that it “may reduce organisations’ felt responsibility to address and remediate [workplace discrimination]” (Jones et al., 2017, p. 1077). However, research in other areas of diversity, such as climate and inclusion, suggest that organisational practices do have an impact on stigmatised individuals’ work lives (Harvey, 1999; Mor Barak, 2014; Robson, 2006; Wentling & Palma-Rivas, 2000). Concurrently, the literature on workplace abuse has identified several contributing factors at the organization level, including culture and norms (Aquino & Lamertz, 2004), injustice (Mackey et al., 2015), and situational constraints that obstruct performance and work goals (Herscovis et al., 2007), that are instrumental to the lived experience of individuals in organisations. Additionally, this body of research found evidence of substantial negative effects on both individual and organisational outcomes, such as reduced job satisfaction, organisational commitment, OCBs and performance, and increased turnover intentions and deviant behaviour (Bowling & Beehr, 2006; Hackney & Perrewé, 2018; Herscovis & Barling, 2010). Thus, the study of workplace discrimination would likely benefit from rebalancing its focus, splitting it more evenly between targets and organisations.

Taken together, the blind spots of identity-based paradigms point to a puzzling contradiction in the workplace discrimination literature, and an opportunity for research: on the one hand, by treating social categories and power structures as immutable, targets of discrimination are implicitly ascribed the role of passive victims of prejudiced behaviours; on the other hand, the disproportionate focus of the extant research on targets compared to perpetrators and enabling organisational environments might implicitly be putting the burden of resolving discrimination at work on the very same people that experience it most.

My thesis aims to address the paradoxical position of targets in the workplace discrimination literature. To this end, I introduce the concept of emergent stigma, which I define as a stigmatised social identity that comes into being by acquisition and/or disclosure. As such, it is emergent for the individual and/or others in a social context – here, the workplace.

The concept of emergent stigma helps me answer the central question of my thesis by providing a complementary conceptual perspective to the identity-related paradigms that dominate the workplace discrimination literature. Specifically, it allows for identity to be fluid rather than fixed; targets to be active agents establishing themselves in their social environment rather than passive victims of prejudiced behaviour; and organisations to assume the key role of social environments that either support diversity or enable discrimination.

I draw my theoretical foundations for this thesis from the stress and coping literature, which for the past twenty years has proven valuable in the study of stigma. Miller and Kaiser (2001) argue that studying stigma and prejudice from this perspective has several advantages: first, it draws attention to the psychological, social, and biological effects of stigma on the stigmatised person; second, it emphasises how stigma related stressors are appraised in similar ways to any other kind of stressor by stigmatised individuals, thus generating different level of stress across individuals and situations; and third, it sheds light on the coping strategies stigmatised individuals use to manage stigma-related stress, including identity management strategies (Berjot & Gillet, 2011). This theoretical perspective is well-suited to meet the aims of this thesis because it considers both the active role of individuals as well as the influence of situational factors on the coping process; moreover, it recognises the dynamic relationship that exists between the individual and the environment, each influencing the other (Folkman, 1984).

I examine different types of stigma and use a multi-method approach to tackle my research question. This research strategy allows for the triangulation of different dimensions of the phenomenon that need to be examined if we are to advance our understanding of stigmatisation at work and individual resistance. First, I conduct a qualitative, exploratory investigation of an emergent stigma that is new to the person and their social environment (cancer) to address the limits of essentialism and obtain an in-depth description of the process of stigma emergence. Then, building on these findings, I carry out a longitudinal survey study of a stigma that is invisible and therefore emergent in new social environments (sexual orientation) to scope the agency of targets and examine the influence of the organisational context and work relationships. Finally, I run an experiment in a controlled laboratory environment with a convenience sample (LSE students and staff) to test the mechanisms underlying the cause-and-effect relationships identified in the previous studies. In sum, this multi-method approach captured three different dimensions of the phenomenon: an in-depth description of the process of stigma emergence and management; the cause-and-effect relationships between individual attributes and context factors, individual identity management strategies, and individual and interpersonal outcomes; and the explanatory mechanisms underlying these relationships.

The key findings resulting from this programme of research provide validation of existing theory and add novel conceptual and empirical insight. On the one hand, the studies that form this thesis lend support to the use of stress and coping theory as valid analytical lens to understand stigmatisation. Specifically, the results emphasise the interconnectedness of stigma and stress, coping and identity management strategies, and ensuing outcomes; support the role of identity management strategies as mechanisms that explain the relationship between individual attributes and situational characteristics, and individual and interpersonal work outcomes; provide initial evidence of the evolving nature of coping and identity



management; and suggest that different identity management strategies yield different individual and interpersonal outcomes. On the other hand, this thesis introduces the concept of emergent stigma, characterising it as a qualitatively different process from managing a stigma that has been embedded in a person's identity since birth. Additionally, the results emphasise how an invisible stigma is also an emergent stigma in new social environments, and highlight how the process of stigma emergence overlaps with that of organisational socialisation for individuals with an invisible stigma. Finally, the findings of these studies provide initial evidence of the malleable nature of identity management strategies, which are governed by both individual attributes and situational characteristics and, as such, evolve over time and have immediately detectable effects on individual and organisational outcomes.

This thesis aims to make theoretical and methodological contributions to the extant literature. First, by taking the view of identity and social categories as changeable rather than fixed, and of stigmatised individuals as active agents rather than passive victims of discriminatory treatment, this programme of research makes room for a nuanced view of stigma management as a process of identity emergence and affirmation in the workplace.

Second, by adopting stress and coping theory (Folkman, 1984) as theoretical perspective, this thesis tests its applicability in workplace discrimination research, drawing attention to the interactive relationship between individuals and their work environment. This approach thus attempts to rebalance the role of organisations as social contexts that may hinder or facilitate workplace discrimination.

Finally, by applying panel data models, and specifically mixed-effects models (Wooldridge, 2002), to study the evolving patterns of individual coping and identity management strategies, my thesis introduces this analytical approach in to the workplace discrimination literature.

This thesis comprises seven chapters in addition to this one, and proceeds as follows: Chapter 2 is the literature review, which contextualises my programme of research within the field. This chapter begins with a discussion of essentialism and its relationships to stigmatisation. Then, it explains how these social phenomena became relevant in organisations and how both the academy and practitioners have addressed the issues of diversity and inclusions, as well as the challenges of inequality. Finally, it positions my thesis within this body of research, delineating its contribution to our understanding of stigma in organisations.

Chapter 3 summarises the methods used for the three empirical studies included in this thesis. This chapter begins with a discussion of the rationale for a triangulation strategy and the appropriateness of a multi-method design to tackle the central research question of this thesis. Then, for each of the three studies, it summarises the purpose of the investigation, describes the methodology and analytical approach, provides a rationale for the sample, and reflects on the strengths and weakness of the data and design.

Chapter 4 reports the result of study 1, which is an exploratory qualitative study of the experience of individuals with an emergent stigma. Based on fourteen interviews with cancer patients, this chapter shed light on how individuals with an emergent stigmatised social identity experience and manage this transition personally and at work. The rationale for this study was to gather evidence of resistance to discrimination at work, and identify key items in the process of stigma management in the workplace and clues to cause-and-effect relationships to be tested in subsequent studies.

Chapters 5 and 6 report the findings of study 2, which is a longitudinal, repeated cross-sectional study of the experience of gay, lesbian and bisexual organisational newcomers. Based on the responses to a four-wave survey of 140 gay, lesbian and bisexual students, these chapters build on the findings of study 1 and test hypothesised mediational

paths linking individual characteristics and context attributes, individuals' identity management strategies, and resulting outcomes (Chapter 5), and explored individuals' identity management trajectories over time (Chapter 6).

Chapter 7 reports the findings of study 3, which is a laboratory experiment with LSE students and staff participants. This chapter examines in detail the causal links between different identity management strategies and individual and interpersonal outcomes, and the processes underlying these cause-and-effect relationships.

Finally, Chapter 8 concludes with a discussion of the findings and the contribution to knowledge made by this thesis. Specifically, it summarises the findings of the three studies, linking them together, and offers a reflection on the contributions made by this programme of research, including theoretical, methodological, and practical insights.

## **Chapter 2 – Literature Review**

Diversity and, subsequently, inequality in organisations became salient at the turn of the millennium, following major socioeconomic changes in most advanced economies. Naturally, they existed in societies well before then and, one could argue, the tensions and synergies between diverse people have shaped much of human history. As workplaces began to become increasingly diverse, better reflecting the composition of the societies they existed in, the patterns of struggle over privilege started to reproduce in organisations, over time taking the form of workplace discrimination.

The goal of the chapter is to contextualise my thesis within the extant literature, and define my contribution to knowledge. The chapter is structured as follows: I begin with an introduction to the concepts of essentialism and stigma, explaining their relevance in the organisational context. Then, I discuss diversity, inclusion, and discrimination as analytical perspectives to the study of stigmatisation in the workplace. Finally, I reflect on the theoretical foundations of this body of research and delineate the contribution of this thesis to our understanding of stigma in organisations.

### **Essentialism and stigmatisation**

Globally there are great divides, such as divides of nations, wealth, race, religion, education, class, gender, and sexuality, that both order social existence and "hold the capacity to create serious inequalities, generate conflicts, and promote human suffering" (Epstein, 2007, p. 1). There is evidence that these divides originate in part from essentialist thinking (Haslam & Whelan, 2008; Pratto & Pitpitan, 2008; Wagner, Holtz, & Kashima, 2009). Essentialism is the claim that there are natural kinds of categories whose members share a common essence (Haslam & Whelan, 2008). This essence is the collection of all the fundamental similarities shared by the members of the category and it is believed to be

unalterable and causing the appearance of the members of the category (Haslam & Whelan, 2008; Wagner, Holtz, & Kashima, 2009). Wagner and colleagues (2009) argue that these characteristics of essentialism have a number of important consequences. First, categories are discrete and their boundaries impermeable, which implies that members of a category cannot change their membership because essence is immutable. Second, categories are homogeneous, which implies that category members are all "essentially" the same and therefore they can all be treated in the same way. Third, surface characteristics of category members can be explained and predicted because of their membership to the category, which determines their appearance. Finally, categories are "naturalized", which means that they are taken as products of the natural order. Haslam & Whelan (2008) claim that while "most philosophers consider [essentialism] to be metaphysically dubious, there is evidence that laypeople think that some categories have essences" (p. 1297) - a phenomenon they refer to as "psychological essentialism".

Psychological essentialism produces important outcomes. Essentialised categories are labelled and naturalised, which results in the creation of in-groups and out-groups, and the legitimisation of categories' standing in society (Howarth, 2006; Wagner, Holtz, & Kashima, 2009). The consequence of this process is twofold. On the one hand, essentialist thinking accentuates perceived differences between categories (Haslam & Whelan, 2008), with two potential outcomes: promoting stereotyping (Yzerbyt, Corneille, & Estrada, 2001), which is attending selectively to stereotypic information and forming impressions of others accordingly (Fiske, 2000, p. 309), and underpinning the "infra-humanization effect", which occurs when in-group members subtly see out-group members as less human than themselves (Leyens et al., 2001). The extent to which these conceptual boundaries are malleable depends on a society's ability to change, which in turn is determined by several elements, including the state of the economy, the political orientation of the government (liberal versus

conservative), the need for the contribution of members of subordinate categories to both the public and the private sector, the extent of the education of members of subordinate categories, and the power of conservative religious leaders in their society (Epstein, 2007). In addition, mentalities, ideologies and representational systems can change over time and can be challenged. For example, political movements (e.g. feminism) can question the status quo to bring about processes of de-naturalisation of essentialised social categories (Wagner, Holtz, & Kashima, 2009).

On the other hand, essentialist thinking ascribes status to categories relative to one another and legitimizes their treatment of one another (Wagner, Holtz, & Kashima, 2009). Categories' statuses are universally ranked, with the gap between them being sometimes wide and sometimes narrow (Epstein, 2007). Social categories of higher status enjoy favourable treatment and are motivated to retain their privileged position in society. To achieve this, they perpetuate social divides and promote the stereotypes and embedded cultural schemata that reinforce them (Epstein, 2007; Pratto & Pitpitan, 2008). At the same time, low status legitimises the exclusion and discrimination of subordinate social categories, as well as the unequal treatment of their members (Howarth, 2006). Epstein (2007) argues that “natural causation” is used as master narrative, such that naturally occurring biological differences are used to justify the divides. For example, “men and women are naturally different and have different intelligences, physical abilities, and emotional traits [such that] men are naturally suited to dominance and women are naturally submissive [...]; women’s different intellect or emotional makeup is inconsistent with the capacity to work at prestigious jobs, be effective scholars, and lead others” (Epstein, 2007, p. 7).

The cultural meanings and behavioural norms attached to the privileged categories reflect what is most valued in a given context, and those who belong to categories that do not possess these characteristics become subordinate members of society. The failure of

subordinate categories to embody the attributes most valued in a society results in their stigmatization.

Stigma is defined as "an attribute that is deeply discrediting" (Goffman 1963, p. 3) and stigmatized individuals are those who "possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (Crocker, Major, & Steele, 1998, p. 505). Stigma is attached to low status categories, and these categories are assumed to be discrete, unchangeable, and homogenous (Wagner, Holtz, & Kashima, 2009); thus, stigma can be understood as something that a person has or has not, and that is manifest for and experienced by everyone who shares it in the same way.

Stigma comes in many forms and can be described along several dimensions. In his seminal work, Goffman (1963) focuses on the concealability of a stigmatising attribute, distinguishing stigmatised individuals as discredited and discreditable. A discredited individual carries a stigma that is visible, such as gender, race, or physical disability, while a discreditable individual carries a stigma that is not visible, such as socioeconomic status, sexual orientation, or diabetes (Goffman, 1963). Compared to individuals with a visible stigma, discreditable individuals may use discretion in deciding whether to conceal or reveal their stigma; however, invisible stigmas may also be revealed unintentionally or by factors outside the individual's control.

Building on Goffman's (1963) work, Jones and colleagues (1984) add several dimensions to concealability to describe stigma. Specifically, they consider a stigma's course through time, which refers to whether the prominence of the stigma increases, decreases, or disappears (e.g. illness, such as cancer); its disruptiveness, or the extent to which it impedes smooth social interactions (e.g. stutter); its aesthetics, intended as the extent to which the stigma is used by others as an estimation of qualities other than the stigmatised person's inherent worth (e.g. obesity, as proxy for laziness); its origin, or controllability (Crocker et al,

1998), which reflects the extent to which the stigmatised is responsible for his or her stigma (e.g. criminal record vs gender); and its peril, or the extent to which the stigma represents a threat or danger to others (e.g. HIV) (Jones et al., 1984; Hilbert, 1985).

Stigma is a product of essentialist thinking, and the link between essentialism and the process of stigmatisation is unequivocal. Link and Phelan (2001) describe stigmatization as a process that develops as a sequence of events. Firstly, labels are created, highlighting human differences and oversimplifying inter-group variability (Link & Phelan, 2001). Then, negative stereotypes are associated with these labels and, as a result, with those who “fit” the labels (Link & Phelan, 2001). By perpetuating the “us-them” separation, society comes to accept labels and stereotypes as real and true. Consequently, those labelled become members of undervalued groups and victims of discrimination in most aspects of life – work, health and wellbeing, education and social relations (Link & Phelan, 2001).

### **The significance of great divides for organisations**

For organisations, the great divides of the world became salient toward the end of the millennium, when important societal and economic changes began to reshape the demographics of the workforce. For example, in the U.S., Johnston and Packer (1987) predicted that in the coming decades the American economy would continue to grow and would increasingly rely on the tertiary (or services) sector, rather than the secondary (or manufacturing) sector. When the Hudson Report by Johnston and Packer (1987) was published, the U.S. economy was recovering from two recessions that occurred at the beginning of the decade, one in 1980 and another in 1981-1982. Growth across the services and manufacturing sectors was uneven: more jobs were created in the tertiary sector than in the secondary sector, where companies that recovered after the recessions did so with fewer workers thanks to the modernization of machinery and other equipment (Plunkert, 1990). Johnston and Packer (1987) further predicted that, in turn, this trend would create greater



wage inequality, as the services industry tends to have more high and low earners compared to manufacturing. At the same time, they forecasted that the U.S. population, and consequently its workforce, would "grow more slowly than at any time since the 1930s" (Johnston & Packer, 1987, p. 20), resulting in fewer young workers entering the labour force during the 1990s. These trends would thus make employers "hungry for qualified people and more willing to offer jobs and training to those they have traditionally ignored" (Johnston & Packer, 1987, p. 27): women and minorities. On this assumption, Johnston and Packer (1987) predicted that by the year 2000 "non-Whites, women and immigrants [would] make up more than five-sixths of the net additions to the workforce" (p. 21); however, at least initially, women would be concentrated in jobs that pay less, and minority and immigrant workers would face difficulties in the job market because at the time they were "the least advantaged in terms of skill levels and educational backgrounds" (p. 102). Recent data from the Bureau of Labour Statistics of the U.S. Department of Labour suggests that these predictions were met in part, not only by the year 2000, but also in more recent times. Specifically, the workforce participation rate of women and Blacks in the U.S. has grown by more than 5% and 10% respectively since the publication of the Hudson Report (Johnston & Packer, 1987; Roberson, Ryan, & Ragins, 2017; U.S. Department of Labour, 2015). Moreover, women were and continue to be paid less than men, and the wage gap is greater among Whites than it is among other ethnicities, with the exception of Asian Americans; in addition, White workers are typically paid more than non-Whites (U.S. Department of Labour, 2001, 2009). In sum, the U.S. workforce today is more diverse than it was 30 years ago; men continue to be better off compared to women; and Whites retain their privileged status compared to other ethnicities.

Similar trends can be observed in Europe, where the population has become increasingly diverse over the past 20 years (Special Eurobarometer 437, 2015). Concurrently,

the European labour force has experienced significant changes in its demographic composition, and these changes have been intensified by dramatic social and economic events. First, following the crisis of 2008, many individuals of working age, but not employed at the time, began to work to contribute to household income in a situation of increased uncertainty, particularly women and older workers (Labour Market and Wage Developments in Europe, 2017). However, recent data suggests that the labour market in the European Union remains inequitable. Specifically, in the EU-28 women remain underrepresented in certain sections of society, such as those associated with prestige, power, and greater financial rewards (e.g., academia, politics, and boardrooms); they are also less likely to participate in the labour market than men, and when they are employed they "are more likely to work on a part-time basis, have a temporary contract, work for a lower number of average hours per week, and receive a smaller salary" (Eurostat Regional Yearbook, 2015, p. 257).

Second, the large number of refugees and immigrants entering Europe in the most recent years is bound to have long lasting effects on the European Union's demographic composition and, by extension, its labour force. Several Member States have already put in place measures to facilitate the integration of refugees and immigrants in their societies, such as language classes and educational programmes (Labour Market and Wage Developments in Europe, 2017); however, with approximately one third of individuals with ethnic or immigrant backgrounds reporting experiences of discrimination in employment on the basis of their appearance (50%), first and/or last name (36%), and accent (18%) between 2012-2017 (Second European Union Minorities and Discrimination Survey, 2017), fully integrating these workers in the European labour market is proving an herculean task.

Finally, the aging population fuels increased demographic diversity in Europe and globally in at least two ways: not only an increase in retirement age means that individuals

have to work significantly longer than in the past decades, resulting in different generations working together, but also that the number of workers with disabilities and chronic illnesses will grow, as old age and disability correlate (Colella & Bruyère, 2011; Dwertmann & Boehm, 2016; WHO, 2011). These projections are reinforced by the expected rise in chronic conditions combined with improved health care and medical rehabilitation that preserve and prolong life (WHO, 2011, p. 236). As with the other forms of diversity discussed above, regulatory efforts such as the Charter of Fundamental Rights of the European Union (2000) and country-specific legislation have been developed by Member States to provide the disabled and the chronically ill with equitable access to employment. However, despite these trends and efforts, individuals with disabilities or chronic conditions remain an underemployed group in the labour force, with the unemployment rate being twice as high as that of people without disabilities (Colella & Bruyère, 2011; Vorholt et al., 2017). Additionally, even when they are employed, many disabled and chronically ill employees work on a contingent or part time basis, and earn less than people without disabilities (WHO, 2011).

In sum, this evidence suggests that the European labour force is highly diverse at present, and will become increasingly so in the coming decades; furthermore, the labour market remains segregated, with men being better off compared to women, White Europeans being better off compared to non-Whites, and non-disabled Europeans being better off compared to Europeans with disabilities and chronic health conditions.

Labour market current conditions and forecasted trends have important implications for organisations. First, organisations need to plan their workforce strategically to be able to meet new demands in terms of quality, innovation, and internationalisation (Harvey, 1999; Milliken & Martins, 1996; Wise & Tschirhart, 2000). Second, organisations must gain a comprehensive understanding of the labour market to devise a sustainable business strategy.

Huo & McKinley (1992) argue that labour force characteristics such as demographic heterogeneity, per capita income, and skill level are all important factors to consider when evaluating business-level strategies. Thus, changes in the demographic composition of the labour market should alert organisations for the potential need for business strategy adjustments. Finally, changes in the labour market might be shaped or accompanied by new legislation or policy, with which organisations need to comply. For example, recently several European countries have “passed and enacted legislation mandating female quotas for the board of directors of public companies” (Stark & Hyll, 2014, p.174). Some European countries have similar quotas for disabled employees (Vorholt et al., 2017). Thus, it is not surprising that the increasing diversification of the workforce “has received consistent and increasing attention by organisations, the business media, and the popular press” (Roberson, Ryan, & Ragins, 2017, p. 483).

### **Diversity, inclusion, and the challenge of inequality**

Organisational scholars have echoed the interest of organisations and the public in workforce diversity and related issues, and since the 1990s have been developing a substantial body of research. However, this literature remains fragmented and the findings inconclusive. Recent reviews of the diversity literature (e.g. Mannix & Neale, 2005; Harrison & Klein, 2007; Roberson, Ryan, & Ragins, 2017) contend that diversity as a construct tends to be defined in very broad terms, such as “any attribute that another person may use to detect individual differences” (Williams & O’Reilly, 1998, p. 81), and essentially aims to answer the question of who is in the organisation, that is the composition of the workforce (Roberson, 2006). Mannix and Neale (2005) argue that this definition is accurate and that its wide scope has stimulated the formulation of several categorisations of diversity. In particular, there are two dominant paradigms: the factor approaches and the proportions approach (Mannix & Neale, 2005; Roberson, Ryan, & Ragins, 2017). Factor approaches

identify, measure, and compare two or more different types of diversity. One such approach is to organise differences based on the extent that they are observable, thus distinguishing between observable, or surface-level attributes, such as gender, race, or age; and non-observable, or deep-level characteristics, such as education, personality, and values (Jackson, May, & Whitney, 1995; Milliken & Martins, 1996; Mannix & Neale, 2005; Roberson, Ryan, & Ragins, 2017). More sophisticated factor approaches move beyond the study of one focal characteristic and conceptualise diversity as multifaceted, therefore considering an array of attributes and their interactions (Mannix & Neale, 2005; Roberson, Ryan, & Ragins, 2017). Pelled (1996) developed a typology that combines the visible-invisible dimension of diversity with the level of job-relatedness of the focal attributes, thus separating characteristics that directly shape task perspectives and technical skills from differences that instead do not. The resulting framework helps understand attributes along both these dimensions. For example, ethnicity is a visible difference but of low relevance to the performance of a job (even though it is sometimes used as proxy for life experiences that may influence work outcomes, e.g. Volokh, 1996); by contrast, functional background is not observable but is highly job-related (Pelled, 1996). Another, more comprehensive multifaceted view of diversity is offered by the faultline model of Lau and Murningham (1998; 2005), which focuses on the effect of group member attributes in combination rather than in isolation, positing that individuals in a group split into subgroups based on one or more of these attributes. Faultlines can form around many characteristics, including demography, skills, personality, and values, and are considered strong when the attributes they are based on are distinct and non-overlapping (Lau and Murningham, 2005). Factor approaches offer the obvious advantage of allowing the examination of one or more types of diversity, as well as the interactions between them; however, they “ignore the sizes of factions and subgroups” (Mannix & Neale, 2005, p. 31).

The proportions approach, by contrast, focuses precisely on the effects that the relative size of majority and minority groups have on the quality of the relationships between demographically different groups (Williams & O'Reilly, 1998; Mannix & Neale, 2005; Roberson, Ryan, & Ragins, 2017). This approach is rooted in the work of Blau (1977), who theorised that, statistically, heterogeneous groups increase the opportunity of contact between different people and, consequently, support the formation of high quality relationships between demographically diverse individuals – assuming the validity of the social-contact hypothesis, whereby social contact and interactions increase attraction, liking, and understanding (Pettigrew, 1982). A clear strength of the proportions approach is that it allows the consideration of the effects of minority group size and related phenomena, such as tokenism; however, it also tends to focus on only one type of diversity at the time, possibly overestimating its effects compared to other types (Mannix & Neale, 2005).

In an attempt to reconcile these different understandings of diversity, Harrison and Klein (2007) propose a three-dimensional structure for the construct. Specifically, they put forth the idea that the construct of diversity comprises three forms of dispersion: separation, which captures disagreement or the “horizontal distance along a single continuum representing dissimilarity in a particular attitude or value” (Harrison & Klein, 2007, p. 1200); variety, which refers to qualitative differences on categorical attributes, pertaining primarily to information, knowledge, or experience of group members (Harrison & Klein, 2007); and, finally, disparity, which reflects differences in ownership or access to socially valued resources, or the “vertical differences that, at their extreme, privilege a few over many” (Harrison & Klein, 2007, p. 1200). In other words, the conceptualisation of diversity proposed by Harrison and Klein (2007) combines opposition, asymmetry, and inequality - all sources of difference that have been investigated separately in the literature.

In sum, the extant literature on diversity takes various perspectives on the study of the demographic composition of the workplace, each helping to answer the question of who is in the organisation from a different point of view. However, these conceptualisations share an understanding of diversity in categorical terms, whether it is referring to a single attribute or a combination of attributes, or proportions that imply a majority and minority, or these two paradigms combined. Implicitly recognising status differences between social groups, current conceptualisations of diversity treat attributes and power structures as fixed and immutable. While these may in reality change or be challenged (Epstein, 2007; Wagner, Holtz, & Kashima, 2009), the current understandings of diversity are deeply rooted in various theoretical perspectives that further reinforce the idea of categories' essence as discrete, unchangeable, and homogenous (Wagner, Holtz, & Kashima, 2009).

Diversity research is built mostly on three dominant theoretical perspectives: social attraction and similarity-attraction theories, social identity and self-categorisation theories, and information-processing and problem-solving approaches.

Social attraction and similarity-attraction theories essentially stipulate that people tend to like and bond with others with whom they share characterising attributes. Newcomb's theory of social attraction predicts that people will gravitate toward others that are similar to them, because similarity on attributes such as personal values, beliefs, and attitudes facilitate interpersonal attraction and liking, each reinforcing the other (Newcomb, 1961; 1968). Byrne's attraction-similarity paradigm echoes this theory, stipulating that individuals are attracted to others who hold similar attitudes to themselves, or who they perceive to be similar to themselves (Byrne, 1971). The empirical evidence generally supports these theories, and the data suggests that both surface-level and deep-level shared characteristics predict affiliation and attraction (Byrne, Clore, & Worchel, 1966; Hoffman, 1959; Hoffman & Maier, 1961; Roberson, Ryan, & Ragins, 2017; Triandis, 1959; 1960). Building on this

logic, Schneider's attraction-selection-attrition theory predicts that organisations also tend toward homogeneity (1987). This occurs because individuals will join organisations that they perceived to be similar to themselves, and recruiters in those organisations will select the applicants that most closely match the current composition of the organisation. Then, when newcomers and tenured members get to meet and interact at work, the similarity-attraction process further pulls the organisation toward homogeneity, weeding out dissimilar members.

Social identity theory (Tajfel & Turner, 1986) and self-categorisation theory (Turner, 1982) attempt to explain how individuals locate themselves in their environment on the basis of the social categories, or group memberships, to which they belong. These theories, which underpin the largest proportion of diversity research, posit that individuals define themselves and others in terms of categories, which they then use to compare the resulting social groups (Tajfel & Turner, 1985). This process of categorisation exaggerates the inter-group differences on the one hand, and minimises the intra-group differences on the other hand, creating fertile ground for stereotyping (Mackie & Smith, 1998; Yzerbyt, Corneille, & Estrada, 2001). Moreover, it triggers "us-them", or in-group/out-group effects, which offer a plausible explanation for a number of findings associating group diversity with negative outcomes, such as reduced team attachment and organisational commitment, slower decision-making, and increased absenteeism and group conflict (Hambrick, Cho, & Chen, 1996; Harrison, Price, & Bell, 1998; Jehn, Northcraft, & Neale, 1999; O'Reilly, Caldwell, & Barnett, 1989; Mannix & Neale, 2005; Pelled, Eisenhardt, & Xin, 1999; Roberson, Ryan, & Ragins, 2017; Tsui, Egan, & O'Reilly, 1992). An important aspect of social identity theory is the conceptualisation of identity as a fixed, individual core attribute (Holk, Muhr, & Villeséche, 2015). This stance on identity ignores shifts in identification, effectively viewing members of devalued social categories as subject to their identity and passive recipients of the stigmatisation that comes with it (Kenny, Whittle, & Willmott, 2011). A complementary



approach to these theories is the critical perspective, which constructs identity as a “dynamic, open-ended, and polyphonic process” (Holk, Muhr, & Villeséche, 2015, p. 52). This perspective does not see individuals’ identity as a fixed attribute; instead, it recognises that individuals navigate social identity scripts and discourses, striving to achieve a coherent sense of self (Holk, Muhr, & Villeséche, 2015). In other words, the critical perspective posits that social identity categories are not static, but socially constructed, and individuals have agency in determining who they are and how they manage their social identities. However, this perspective treats social power structures, or hierarchies, as fixed. As a result, diversity research built on the critical perspective has gravitated around the search for social justice and the conceptualisation of diversity management as managerial practice that enables “control by defining minority employees in fixed, essential groups with negative connotations” (Holk, Muhr, & Villeséche, 2015, p. 52; Boogaard & Roggeband, 2009; Ghorashi & Sabelis, 2013; Tatli & Özbilgin, 2012; Zanoni, Janssens, Benschop, & Nkomo, 2010).

Finally, information-processing and problem-solving approaches suggest that social interactions offer shared meaning that individuals use to develop a nuanced understanding of others and of organisations (Weick, 1995). In diversity research, this perspective makes room for the possibility that diversity and occurrences involving diversity may influence individuals’ sensemaking of their workplace and colleagues (Roberson, Ryan, & Ragins, 2017). Compared to social attraction and identity-related paradigms, which tend to focus on the negative outcomes of diversity, the information-processing and problem-solving approaches offer an “optimistic view in which diversity creates an atmosphere for enhancing group performance” (Mannix & Neale, 2005, p.42). Specifically, these perspectives postulate that the additional information and expertise available to diverse groups compared to homogeneous groups improves performance, despite the coordination and integration

problems that may arise in heterogeneous groups (Gruenfeld, Mannix, Williams, & Neale, 1996; Mannix & Neale, 2005; Phillips, Mannix, Neale, & Gruenfeld, 2004). The extant empirical evidence supports the beneficial effects of diversity of functional background, knowledge, and ability (Mannix & Neale, 2005; Bunderson & Sutcliffe, 2002), and Van Knippenberg, De Dreu, and Homan (2004) suggest that for these effects to occur group members must notice task-relevant differences and consciously decide to utilise them.

These three theoretical approaches have stimulated a vast amount of research investigating the outcomes of diversity. In her comprehensive review, Roberson (2019) harmonises and organises the findings of these otherwise largely siloed research streams.

At the individual level, the empirical evidence supports the claim that dissimilar person characteristics hinder the attraction to outgroup members, which ultimately adversely affects group identification (Byrne, Clore, & Worchel, 1966; Hoffman, 1959; Hoffman & Maier, 1961; Roberson, Ryan, & Ragins, 2017; Triandis, 1959; 1960; Tsui et al., 1992). In-group/out-group effects materialise in different forms of bias, including trust, helping behaviour, resource allocation, and performance evaluation (Ferguson & Porter, 2013; Roberson, 2019). As a result of these processes, outgroup members tend to experience lower self-esteem and wellbeing, as well as worsened job attitudes (Ferguson & Porter, 2013; Hebl & King, 2013; Roberson, 2019; Williams & O'Reilly, 1998)

At the group-level, a great deal of effort has been put in understanding how team diversity affects cohesion and communication, conflict, and performance. Despite the evidence in support of in-group/out-group dynamics, the findings on the effects of diversity on group communication and cohesion are inconclusive. While some research found that observable diversity negatively impacts communication and cohesion (O'Reilly et al., 1989; Zenger & Lawrence, 1989), other research found that non observable diversity enhances these processes (Ancona & Caldwell, 1992; Smith et al., 1994). Additionally, there is some

evidence suggesting that single diversity categories might be insufficient to explain group communication and cohesion outcomes, but instead it is the convergence of different categories that might provide a better understanding of these dynamics (Lau & Murningham, 2005). Finally, Roberson (2019) argues that including a temporal dimension in the study of the impact of diversity on group communication and cohesion outcomes may be warranted, given that the impact of diversity on group processes unfolds over time (Harrison et al., 1998; Watson, Kumar, & Michaelsen, 1993).

The study of the relationship between diversity and conflict is also prevalent in the literature, possibly because it is considered a powerful explanatory variable linking group diversity to performance (Jehn, Greer, & Rupert, 2008; Roberson, 2019). While the empirical evidence suggests that diversity does increase conflict at the task, process and relationship level (Jehn & Greer, 2013), there are also findings supporting the positive influence of diversity on conflict (Bunderson & Sutcliffe, 2002; Mannix & Neale, 2005; Roberson, 2019). Thus, the evidence in this area of research remains equivocal.

Finally, there is a wealth of research investigating the question of how diversity influences performance. However, despite the abundance of evidence, and reviews of this evidence (e.g. Jackson, Joshi, & Erhardt, 2003; Milliken & Martins, 1996; Williams & O'Reilly, 1998), conclusive answers to this question are yet to be found (Bowers, Pharmer, & Salas, 2000; Webber & Donahue, 2001). This gap has been attributed to the potential intervention of explanatory variables, such as communication and conflict (Williams & O'Reilly, 1998), and contextual variables (Bowers et al., 2000; Joshi & Roh, 2009; Webber & Donahue, 2001), as well as to the inherent difficulty to distinguish discrete patterns of relationship between diversity and performance measure (Jackson et al., 2003).

At the organisation-level, the empirical evidence on the relationship between diversity and organisational performance is scarce and not conclusive. Roberson (2019) argues that

this may be explained by “the substantive variability across studies in terms of the focal level of analysis, conceptualisation, and operationalisation of diversity, indicators of performance, and intervening variables (p. 76). It is possible that, as researches grow the body of evidence, a clearer picture of the net effect of diversity on organisations will emerge.

In sum, the evidence of the outcomes of diversity on individuals, groups, and organisations is fragmented and in need of further development. This may be disappointing given the volume of research in the field, but not surprising. The alignment of scientific enquiry with the three theoretical paradigms underpinning diversity research in social psychology and organisational behaviour has inevitably resulted in compartmentalised empirical evidence that is difficult to integrate. While each of these theoretical paradigms provides insight to the complexity of the phenomenon of diversity in organisations, the three approaches have inherent blind spots that limit their ability to explain diversity, its underlying processes, and their impact on organisational performance. Specifically, social attraction and identity-related theories, by attempting to explain what pulls people together and inter-group relationships, lend themselves to the study of the tension between the natural tendency toward homogeneity and the increasing demographic diversity of organisations, resulting in research skewed toward the negative outcomes of diversity. Additionally, by treating categories’ attributes and inter-group power structures as fixed and immutable, these theories effectively deny agency on the part of individuals and groups with a devalued social identity to influence this process and, consequently, the outcomes that ensue. By contrast, information-processing and problem-solving approaches, by stressing the value of different and numerous inputs, are suitable for the study of the potential benefits of diversity; however, this stream of research also suggests that diversity per se is not sufficient to boost performance because differences must be recognised and leveraged consciously. In other words, this approach emphasises the need of individuals and groups to understand and manage different identities. In sum, the

former theories address the challenges that diversity presents, and the latter perspectives the potential gains for organisations. Additionally, the former theories recognise the pervasive influence of social categories and status differences among them, and the latter perspectives the pivotal role individuals and groups ought to play to counter stigmatisation and instead make the most of diversity. The obvious next step in diversity research is to integrate these perspectives to investigate “under what circumstances groups will be able to overcome the natural disruptive effects of diversity in favour of its benefits” (Mannix & Neale, 2005, p.43).

Beginning in the practitioner literature, an attempt in this direction has been made by moving from diversity to inclusion, broadly defined as “worker participation and empowerment” (Roberson, 2006, p. 214). Organisations that direct their efforts toward inclusion focus on removing the structural and societal barriers that prevent (potential) employees from leveraging their skills and competencies, and fully participating in organisational life (Harvey, 1999; Robson, 2006; Wentling & Palma-Rivas, 2000). To this end, they rely on initiatives such as employee participation, communication strategies, and community relations (Roberson, 2006; Wentling & Palma-Rivas, 2000). These practices fall under the umbrella term “diversity management”, which refers to all “the voluntary organisational actions that are designed to create greater inclusion of employees from various backgrounds into the formal and informal organisational structures through deliberate policies and programmes”(Mor Barak, 2014, p. 218). Recently, Mor Barak and her colleagues (2016) developed a comprehensive model of diversity management, testing the relationship between diversity and organisational outcomes, and the role of inclusion as crucial influence in this process. They found that a climate of inclusion is consistently associated with positive outcomes, affirming the idea that diversity representation alone does not result in net value added to organisational process, but that inclusive practices are needed to reap the benefits of diversity (Mor Barak et al., 2016).

In the academic literature, comparatively little attention has been devoted to the study of inclusion, crucially because research in this area has often assumed it to be integral to diversity (Roberson, 2006). However, while the two concepts are related to one another, diversity refers to organisational demography and inclusion to the practices that enable full employee participation and contribution in organisations (Roberson, 2006). Early attempts to differentiate the two concepts include for example Cox's (1991) typology, which distinguishes organisations on the basis of the level of structural and cultural inclusion of employees. Thomas and Ely (1996) then proposed three paradigms that guide organisations in their diversity management practice: first, discrimination-and-fairness, which focuses on equal opportunity; second, access-and-legitimacy, which stimulates the matching of organisational demography to key customer groups; and third, learning-and-effectiveness, which links diversity to organisational performance. This work has been the foundation for the body of research on diversity climate, defined as "employees' perceptions about the extent to which their organisation values diversity as evidenced in the organisation's formal structure, informal values, and social integration of underrepresented employees" (Dwertmann, Nishii, & van Knippenberg, 2016, p. 1137). In their extensive literature review, Dwertmann and colleagues (2016) argue that the discrimination-and-fairness paradigm dominates the majority of research on diversity climate, driven by "a common focus on equal employment opportunity practices, fair treatment and the absence of discrimination in the employment process, and the elimination of social exclusion" (p. 1137). The prevalence of this perspective in the literature is not surprising. From a theoretical point of view, the goal of social justice can be traced back to "moral case" for diversity, an established paradigm in the literature (Holk, Muhr, & Villeséche, 2015; Tatli & Özbilgin, 2012). Additionally, since identity-based theories underpin the largest proportion of studies in this area, it is almost inevitable that the consequences of categorisation processes and stereotyping maintain

relevance in the study of inclusion in organisations. From a practice perspective, the diversification trends observable in the workforce, combined with ever developing equal opportunity legislation across geographies, demand that organisation align to local frameworks to avoid incurring both legal and reputational costs (Dwertmann, Nishii, & Knippenberg, 2016).

Workplace discrimination, defined as distinguishing someone unfavourably, basing personnel decisions not on qualifications or performance, but on the social group to which one belongs (Foley et al 2005), remains a thorny issue across societies. Over time, anti-discrimination laws have been adopted in many countries to keep organizations from perpetuating inequalities, and while these were originally developed to protect women and ethnic minorities, today they have become broader in reach to include other groups that have been targets of discrimination. For example, Article 21 of the Charter of Fundamental Rights of the European Union (2000) prohibits discrimination "based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation" (p. C 364/13). In the UK, the Equality Act (2010) covers a number of categories, including age, disability, gender reassignment, sex, sexual orientation, marital status, pregnancy and maternity, race, and religion or belief, and protects them from direct discrimination, defined here as discrimination originating from membership in a protected category, and indirect discrimination, defined here as discrimination originating from the application of provisions, criteria or practices that are discriminatory in relation to a protected category.

Despite these efforts, there is evidence that prejudice lingers in organizations. Specifically, the extant literature suggests that episodes of formal discrimination, such as unfavourable treatment in hiring, promotion, access, and resource distribution, are becoming

increasingly rare. However, several studies have found that subtler expressions of prejudice are pervasive. For example, Swim and colleagues (2001; 2003; 2007) conducted a number of studies to understand the phenomenon, which they refer to as “everyday prejudice”. Everyday prejudice refers to “the expression of prejudice and the display of discriminatory behaviour embedded in people's daily lives” (Swim et al., 2001, p. 32). They investigated the frequency and nature of everyday prejudice against women, African Americans, and lesbian, gay and bisexual (LGB) individuals, and found some common threads as well as group-specific aspects of these experiences. Specifically, while all samples reported a mix of verbal and behavioural expressions of prejudice, the nature and content of these expressions varied across groups: while respondents from all groups reported being referred to by stereotypic terms or being the target of hostile comments, the content of these terms and comments was group-specific. For example, derogatory terms and negative slights tend to be closely associated with specific devalued social identities (Sue et al., 2007).

Aside from group-specific expressions of prejudice, there is evidence that even conduct that is generally unacceptable affects women and minorities disproportionately. For instance, compared to men and Whites, women and Blacks experience more workplace incivility, defined as “low intensity deviant behaviour with ambiguous intent to harm the target in violation of workplace norms for mutual respect [including behaviours that are] characteristically rude and discourteous” (Andersson & Pearson, 1999, p. 457; Cortina et al., 2013). Some of these behaviours might be difficult to detect. Hebl and colleagues (2002) conducted an experiment to study the differences in interpersonal discrimination between stigmatised and non-stigmatised applicants during a job interview, and found that, compared to interviews with non-stigmatised applicants, interviews with stigmatised individuals were shorter in duration and word count, and more negative verbally. Additionally, the



confederates (applicants) also reported less eye-contact and interest, and greater hostility of the interviewer in the stigmatised condition.

In sum, the evidence suggests that expressions of prejudice remain pervasive in the workplace, take several different forms, and vary in manifestation and intent to harm the target. Specifically, modern discriminatory treatment can be manifest as verbal or behavioural expressions of prejudice. Verbal expressions of prejudice include for example offensive remarks, jokes, denigration, and the use of stereotypic terms (Ashburn-Nardo et al., 2008; Sue et al., 2007; Swim et al., 2001; 2003; 2007). Behavioural expressions of prejudice include for example rejecting someone, avoiding eye-contact, and keeping interactions as brief as possible (Ashburn-Nardo et al., 2008; Hebl et al., 2002; Swim et al., 2007).

Expressions of prejudice also vary in their intent to cause harm to the target. While certain expressions and behaviours might be used consciously by the perpetrator to hurt the target, such as ignoring someone or referring to them in derogatory terms (Ashburn-Nardo et al., 2008; Sue et al., 2007), other remarks and behaviours are often used unconsciously, such as speaking fewer words or being occasionally rude to the target (Cortina, 2008; Cortina et al., 2013; Hebl et al., 2002; Sue et al., 2007). Additionally, perpetrators might not even be aware that their comments and behaviours are prejudiced. For example, “benevolent sexism” is defined as “a set of interrelated attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles, but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviours typically categorized as prosocial (e.g. helping) or intimacy-seeking (e.g. self-disclosure)” (Glick & Fiske, 1996, p. 491; Glick & Fiske, 1997).

Women, minorities, and members of devalued social groups continue to encounter expressions of prejudice in their day-to-day life at work, and experience various forms of discrimination while employed or searching for a job. Aside from creating the potential for

legal and reputational repercussions for organisations, workplace discrimination negatively impacts targets in several ways. The extant evidence links discrimination to negative individual outcomes, including worsened job attitudes, such as decreased job satisfaction, organizational commitment, organization-based self-esteem, loyalty to the employer, and performance, and impaired psychological and physical health (e.g. Ensher et al., 2001; Foley et al., 2005; Jones et al., 2016; Jones et al., 2017; Lim, Cortina, & Magley, 2008; Madera et al., 2012; Sojo et al., 2016; Triana et al., 2010).

This literature is part of the nomological network of diversity research (Roberson, Ryan, & Ragins, 2017). As such, workplace discrimination as area of enquiry is largely underpinned by identity-based paradigms, such as social identity and self-categorisation theories (Tajfel & Turner, 1986; Turner, 1982). These theories, as I discussed above, help us understand the tension between the natural tendency toward homogeneity and the increased diversification of organisational demographics, with a resulting focus skewed toward the negative outcomes of diversity, such as discrimination at work. While these perspectives draw attention to inequality at work and the ensuing negative outcomes for individuals, groups, and organisations, they have important blind spots that limit our capacity to gain a fuller, more nuanced understanding of stigmatisation in the workplace. First, by conceptualising identity as a fixed, individual core attribute (Holk, Muhr, & Villeséche, 2015), they reinforce the idea of social categories' essence as discrete, unchangeable, and homogenous (Wagner, Holtz, & Kashima, 2009). In other words, the study of discrimination at work tends to treat devalued social identities as immutable attributes that everyone in a particular social category experiences in exactly the same way. However, stigma is not necessarily a fixed, unchangeable attribute. Stigma can be inherited at birth (e.g. race), but it can also be acquired during the course of a person's life (e.g. scarring); moreover, stigma may be changeable, as suggested by Jones and colleagues' (1984) stigma characterising

dimension of course. Thus, if we only think of stigma in essentialist terms, we forgo the opportunity to understand the different life experiences of people who are born with a stigma and people who instead acquire it in time.

Second, and related to the previous point, by considering identity as fixed, these paradigms ignore shifts in identification, effectively viewing members of devalued social categories as subject to their identity and passive recipients of the stigmatisation that comes with it (Kenny, Whittle, & Willmott, 2011). However, the extant literature on responses to prejudiced encounters suggests that targets can engage and even challenge perpetrators, particularly when they know them and have a desire to educate them (Ayres, Friedman, & Leaper, 2009; Czopp & Monteith, 2003; Hyers, 2007). So if we keep ignoring the evolving nature of stigma, we also remain unable to appreciate the active role of stigmatised people in managing their identity.

Finally, and perhaps as a consequence of the dominant identity-based theoretical paradigms, the workplace discrimination literature also tends to focus on the target perspective more than on the perpetrators and organisations' perspectives. Recently, Jones and colleagues (2017) argued that discrimination at work cannot be understood apart from the comprehension of the targets' experience of this treatment. However, a potential by-product of the nearly exclusive focus on targets "may reduce organisations' felt responsibility to address and remediate [workplace discrimination]" (Jones et al., 2017, p. 1077). Therefore, it is imperative to maintain a balanced view of responsibilities to avoid putting the burden of resolving workplace discrimination on the very same people who experience it most.

This reflection on the theoretical foundations of nomological network of diversity research points to a puzzling contradiction in the literature: on the one hand, social categories and power structures are treated as immutable, and targets of discrimination are assumed to be passive victims of prejudiced behaviours and treatment; on the other hand, the

disproportionate focus of the extant research on targets compared to perpetrators and enabling organisational environments might implicitly be putting the burden of resolving discrimination at work on the very same people that experience it most.

### **My thesis**

In this thesis, I explore the paradoxical position of targets in the workplace discrimination literature by addressing the three blind spots of the identity-based paradigms that dominate diversity research. First, I move away from the idea of stigma as fixed attribute and instead consider the process of identity management as dynamic. Specifically, I explore the experience of individuals whose stigmatised identity comes into being by acquisition and/or disclosure, and therefore is emergent for the individual and/or others in a social context – here, the workplace. I consider two types of emergent stigma: one that is new to the person and their social environment (cancer), and the other that is invisible and therefore emergent in new social environments (sexual orientation), but not necessarily new to the individual. The former allows me to gain a deep understanding of the process of stigma emergence, and the latter to scope the agency of targets and examine the influence of the organisational context and work relationships.

Second, I challenge the implicit view of targets of discrimination as passive recipients of this treatment and instead examine how individuals with an emergent stigma navigate their work lives. The process of stigma emergence is inherently a negotiation process, where stigmatised individuals establish themselves in their social environment, by trial-and-error and integration of context stimuli and feedback. This perspective is important because it recognises the potential for shifts in identity and makes room for the possibility that, under certain circumstances, targets can engage and even challenge perpetrators.

Finally, I combine the target perspective with the organisational perspective in an attempt to rebalance the distribution of responsibilities in tackling workplace discrimination.

Specifically, I investigate explicitly the influence of organisational factors on individuals' stigma emergence process, and the resulting work outcomes. This is critical because it shifts back some responsibility to organisations and, at the same time, highlight areas of potential intervention in practice.

In sum, I take the view of stigma as fluid rather than fixed; targets of discrimination as active agents rather than passive victims; and organisations as key in providing social environments that support diversity or enable discrimination. Ultimately, this thesis asks the question of what happens when targets push back on discrimination at work. Further, it considers when and how individuals resist, and what outcomes ensue for them personally and the organisation.

### **Chapter 3 - Methods**

During the past three years, I planned and conducted three studies that together constitute the empirical component of this thesis. Study 1, presented in Chapter 4, is an exploratory qualitative study; study 2, presented in Chapters 5 and 6, is a longitudinal, repeated cross-sectional survey; and study 3, presented in Chapter 7, is a laboratory experiment. I conducted Study 1 in 2017, and Studies 2 and 3 concurrently the following year. Below, I give an overview of these studies and explain the rationale for combining diverse methods, designs, and analytical procedures to understand stigma management and responses to workplace discrimination.

#### **Rationale for research design**

The realist tradition posits that theory is central to explaining reality, and thus it is the research questions that guide researchers in their choice of design and methods (Robson, 2011). Consistent with this epistemological position, this thesis deployed a triangulation strategy, broadly defined as “the combination of methodologies in the study of the same phenomenon” (Denzin, 1978, p. 291; Jick, 1979). Specifically, this thesis combines three studies that utilise various designs, samples, and analytical procedures to tackle different research questions about responses to prejudice in the workplace. In other words, it achieves data and methodological triangulation by means of multi-method data collection and mixed-method design approaches (Robson, 2011). Fielding & Fielding (1986) argue that triangulation cannot be considered a strategy of validation, because different methods have emerged from different theoretical traditions and therefore combining them does not necessarily increase accuracy; however, triangulation should be seen as an alternative to validation, as a means to add breadth and depth to the study of a phenomenon, resulting in a fuller, more nuanced understanding of the matter of study (Flick, 1992).

Mixed-method designs offer the distinctive advantage of offsetting the inherent limitations of a research approach by combining it with different ones (Robson, 2011). As a result, they allow researchers to investigate a wider range of questions compared to using a single approach, to examine multiple aspects of complex phenomena and from different angles, and to refine research questions, and formulate and test emerging hypotheses (Robson, 2011). A mixed-method design was appropriate for this thesis because of the complex and sensitive essence of discrimination at work as well as the exploratory nature of the question of when and how targets push back on this treatment, and what happens as a result of their response. Specifically, I first had to gather evidence that this kind of resistance does happen in the workplace, and get a sense of how targets respond and under what conditions. This exploration called for the insight and thick description of a qualitative methodology, which eventually allowed me to identify items that matter in this process as well as to formulate hypotheses on how these items relate to one another. However, to test these hypotheses and examine cause-and-effect relationships I needed fixed designs and quantitative methodologies. In sum, this triangulation strategy allowed me to capture three different dimensions of the subject at hand: an in-depth description of the phenomenon, cause-and-effect relationships, and explanatory mechanisms of these relationships.

This thesis is structured as a fully mixed, sequential, equal status design (Leech & Onwuegbuzie, 2009). It is fully mixed because it combines qualitative and quantitative research across the two stages of the research process (Study 1, exploration; Studies 2 and 3 testing of relationships and underlying mechanisms); it is sequential because it begins with a qualitative investigation that informs the subsequent, concurrent quantitative studies; finally, it is of equal status because both qualitative and quantitative elements are given approximately equal weight (Leech & Onwuegbuzie, 2009). The data collection strategy included various methods: semi-structured interviews for the qualitative component, and a

longitudinal repeated cross-sectional survey and a laboratory experiment for the quantitative component. Finally, the analytical procedures used in the analysis of these datasets include thematic coding analysis for the qualitative interview data; regression and statistical mediation analysis, and panel analysis for the survey and experiment data.

In the sections that follow, I provide a brief overview of the goals, design, and analytical approach of each of the three studies of this thesis; a detailed account of these can be found in the respective chapters, as indicated below.

### **Study 1 (Chapter 4)**

#### **Purpose**

The overall purpose of study 1 was to investigate whether and how targets challenge prejudice in the workplace, and what outcomes they experience as a result of their responses and identity management strategies. The rationale for this study was to gather evidence of resistance to discrimination at work, and identify key items in the process of stigma management in the workplace and clues to cause-and-effect relationships to be tested in subsequent studies (studies 2 and 3 below).

#### **Methodology**

Given the exploratory nature of this study, a flexible, qualitative design seemed most appropriate (Robson, 2011). I used semi-structured interviews to collect data on the experience of managing a stigmatised identity at work, the range of responses to stigma-related incidents, and the outcomes individuals experience as a result of their identity management decisions. This type of interview suits researchers that are closely involved with the research process, and research questions that require some degree of flexibility in the way interviews are conducted (Robson, 2011). These conditions were both met, since I carried out all the interviews and analysed the data, and the sensitive nature of the topics being



investigated benefitted from ongoing adjustments in the process of collecting the data, i.e. during the interviews.

### **Sample**

The target population for this study was cancer patients and survivors. Two aspects of cancer stigma were decisive in finalising this sampling decision. On the one hand, patients acquire the stigma at the time of the diagnosis, and their stigma may become apparent at work through disclosure and/or changes in appearance. Thus, compared to those who have dealt with a particular stigma throughout their life, cancer patients experience a rapid transition in their social identity, and they internalise this change to various extents, meaning that their responses to stigma-related events may vary not only across individuals, but also over time for each individual. Concurrently, the way colleagues see and treat individuals with a cancer diagnosis may change suddenly as a result of their newly acquired stigma, thus threatening established work relationships. The combination of novelty and volatility aspects of cancer stigma creates the conditions for a range of responses of targets to discriminatory treatment and makes room for the possibility that newly stigmatised individuals respond to and challenge prejudiced behaviours.

On the other hand, cancer stigma also varies considerably with respect to visibility, and controllability (Crocker et al, 1998; Knapp et al, 2014; Marlow, Waller and Wardle, 2015), making the findings from studying this population potentially generalizable to other stigmatized social groups.

### **Analytical approach**

The analytical approach I used for analysing the interview data in study 1 is thematic analysis, which is a subjective, interpretative process for encoding qualitative information (Boyatzis, 1998; Hsieh & Shannon, 2005) by “identifying, analysing and reporting patterns (themes) within the data” (Braun & Clarke, 2006, p.79). A close alternative to grounded

theory (Robson, 2011), this flexible, generic approach is a useful method for the identification of patterns in the data and the extrapolation of intelligible categories that exhaustively capture the complexity of the matter of study. This aspect of the method is especially useful in the context of this study and this thesis, because the themes that I identified in the data guided the selection of the variables in studies 2 and 3, as I explain below. Although not all the themes were viable variables for further analyses because they could not be taken out of the context of cancer stigma (e.g. the theme reflecting others' expectations of recovery after cancer treatment), this analytical approach offered an overall invaluable starting point for studies 2 and 3.

### **Quality of qualitative research**

Validity, reliability and generalisability are guiding principles that answer three basic questions about scientific research, respectively: do the results accurately reflect the phenomenon being studied? Are the measurement instruments stable and consistent? Are the findings applicable beyond the specific piece of research, to other individuals, contexts, or cases? (Robson, 2011). Establishing validity, reliability and generalisability in flexible design studies and qualitative research is not straightforward. However, while some have rejected these notions entirely for flexible designs (e.g. Guba & Lincoln, 1989; Wolcott, 1994), and others have dismissed qualitative enquiry as not reliable, not valid, and therefore not scientific (e.g. Morse, 1999), it is possible to reconcile these extremes and “find alternative ways of operationalising [validity, reliability and generalisability] appropriate to the conditions and circumstances of flexible design research” (Robson, 2011, p.156). Robson (2011) recommends several practices to operationalise validity in qualitative research. First, the researcher should provide a detailed and thorough description of the data and the process of interpreting it (Robson, 2011). A complete, exhaustive account of the data collection and analytical procedure helps shielding studies from the “anything goes” critique often made to

qualitative research, strengthening the standing and credibility of the findings (Braun & Clarke 2006)

Second, while bias cannot be eliminated, it can be minimised, for example by limiting the length of researcher involvement with a particular setting or set of respondents (Robson, 2011). Finally, the researcher could also check with their respondents both the rough data (e.g. interview transcripts) and his or her interpretation of the data (e.g. draft or summary analysis). With respect to reliability, Robson (2011) recognises that “the general non-standardisation of many methods of generating qualitative data precludes formal reliability testing” (p.159). Nevertheless, keeping an audit trail or a full record of the research activities and analytical steps helps researchers navigate the research process and show others what they have done, thus demonstrating a concern for reliability. These practices should demonstrate a good fit between the stated aims of the research and the actions taken to address the research questions (Braun & Clarke, 2006).

Finally, generalisability can be understood as internal and external (Robson, 2011). Internal generalisability refers to the generalisability of the research findings within the setting studied, while external generalisability refers to the generalisability of the conclusions to other settings (Robson, 2011). Internal generalisability becomes an issue when the researcher systematically excludes cases or participants of a setting when studying that setting; external generalisability tends to be less problematic because it is typically not the end goal of flexible design studies (Robson, 2011). However, these studies have the potential for analytic or theoretical generalisation, which means that such studies may “provide convincing evidence for a set of mechanisms and the contexts in which they operate” (Robson, 2011, p. 160).

In carrying out study 1 and writing Chapter 4, I adhered as strictly as possible to Robson’s (2011) recommended practices for validity and reliability. I describe these

processes in detail in Chapter 4, and provide supporting documentation and evidence in [Appendix]. In terms of generalisability, the goal of the study was first and foremost one of theoretical generalisation, aiming to uncover the process and context of stigma management and resulting outcomes in the workplace. Arguably, however, at least some degree of internal and external generalisability have been achieved through sampling. On the one hand, while the respondents of study 1 had very different diagnoses, treatments, journeys and demographic characteristics, the data converged on some consistent processes and experiences, potentially suggesting the generalisability of the findings to a larger group of cancer patients than the sample of individuals interviewed for study 1 (internal generalisability). On the other hand, and as mentioned above, the multifaceted essence of cancer stigma makes the findings based on the experience of these participants potentially generalizable to other stigmatised groups (external generalisability).

## **Study 2 (Chapters 5 and 6)**

### **Purpose**

The purpose of study 2 was to test the hypotheses formulated on the basis of the findings of study 1. Specifically, study 1 provided clues to a selection of factors key to the process of stigma management as well as to cause-and-effect relationships between these factors (i.e. individual characteristics and context attributes, individuals' identity management decisions, and resulting outcomes). Additionally, one of the key findings of study 1 was that individual identity management strategies are not fixed, but change over time. Thus, study 2 served two aims: first, it tested the hypothesised paths linking individual characteristics and context attributes, individuals' identity management decisions, and resulting outcomes; and second, it explored how individuals' identity management evolve over time. Given these two different aims, I present the analyses and results for each in separate chapters (Chapters 5 and 6, respectively) for clarity of presentation.

## **Methodology**

Study 2 used a non-experimental, fixed design. This kind of research design is appropriate when the goal is to measure relationships between variables (Robson, 2011), and therefore it is fitting for the purpose of study 2. I collected the data for this study with a longitudinal, repeated cross-sectional survey. This kind of survey differs from a multi-wave design because it combines the collection of different information at different times (typical of multi-wave designs), with the collection of the exact same information at different time points (repeated cross-sectional design). The survey was administered online and the data was collected at four time points. At time 1 (T1), I collected basic information on the respondent as well as qualifying information for their participation in the study. Then, I carried out a repeated cross-sectional survey at three time points separated by one week (T2, T3, and T4). This survey captured the perceived contextual factors, the identity management strategies used, and the individual and interpersonal outcomes experienced by the respondents during the work week. Since the participants were the same at all time points, although in decreasing number due to sample attrition, and all participants have been surveyed the same number of times, study 2 can be described as using a balanced panel design (Greene, 2010; Robson, 2011).

## **Sample**

The target population for this study was non-heterosexual individuals, specifically gay, lesbian and bisexual university students starting a job. Several factors, both theoretical and practical, had to be considered when choosing the population of interest for study 2, as well as the most appropriate recruitment strategy. From a theoretical point of view, it was necessary to identify a population whose stigma could be, at a time or another, emergent – or novel in a particular context because, at least in this aspect, it would be comparable to the experience of cancer stigma. A sample of young gay, lesbian and bisexual individuals

entering the labour force seemed fitting: on the one hand, while the respondents might have dealt with sexual orientation stigma for some time at the time of the study, when starting a job possibly for the first time they effectively entered uncharted waters. School-to-work transition is a delicate, shocking, and chaotic change in a young person's life (Bauer, Bodner, Erdogan, Truzillo, & Sommers, 2007; Kowtha, 2011), and for gay, lesbian and bisexual students this scenario is complicated further by the necessity to make decisions about how to manage their stigmatised identity at work – one of the most difficult career challenges for non-heterosexual employees (Button, 2001, 2004; Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Ragins, 2004; Ragins, Singh, & Cornwell, 2007). To ensure that the sample included only participants who had just recently started in a new role, during the recruitment of stage prospective participants were required to indicate a start date for their current/future job, as well as the number of hours worked. On the other hand, this sample was appropriate because, like cancer stigma, sexual orientation stigma also varies with respect to visibility and controllability (Crocker et al, 1998). Taken together, these attributes of the chosen sample put the external generalisability of the findings of study 1 to test with a stigmatised group that is substantially different from cancer patients, but whose members' experience resembles in some ways that of the participants in study 1, at least theoretically. Finally, there were also some practical considerations that played a role in this sampling decision, particularly access. Recruiting gay, lesbian and bisexual students through LGBT+ student groups in UK universities offered a robust and efficient strategy to get a sample of stigmatised individuals engaging with a new organisational environment. Further, because the study was conducted in late November and December 2018, many students at the time were starting seasonal jobs, therefore increasing the likelihood of recruiting a large enough sample for the study. The final samples consisted of 140 students, of which about two thirds were gay men. Given that the recommended number of respondents for each subgrouping in a

survey is about 100 (Robson, 2011, p.271), the final sample is somewhat small and imbalanced by this standard. However, it is acceptable when considering the narrowly defined target population for this study (i.e. gay, lesbian and bisexual students currently registered at a university in the UK and starting a new job).

### **Analytical approach**

The study's purpose is twofold: on the one hand, it measured the relationships between individual characteristics and context attributes, individuals' identity management decisions, and resulting outcomes; on the other, it explored how individuals' identity management strategies evolve over time. These different aims required two different analytical approaches. For clarity, I present these analyses and results in two separate chapters (Chapters 5 and 6, respectively).

Chapter 5 presents the hypotheses, analysis and results relative to the first aim of study 2, which is the measurement of the relationships between individual characteristics and context attributes, individuals' identity management decisions, and resulting outcomes. I used hierarchical regression analysis to test the relationships between individual characteristics and context attributes, individuals' identity management strategies, and resulting outcomes. Specifically, I tested several mediated paths, where individuals' coping and identity management strategies mediate the relationships between individual and context predictors, and individual and interpersonal outcomes. These analyses were conducted with the data collected at all four time points: individual characteristics as measured at time 1, context characteristics as measured at time 2, identity management strategies as measured at time 3, and outcomes as measured at time 4. The repeated measures design allowed the collection of temporally independent observations of the independent variables, mediators, and dependent variables, thus satisfying the assumption of temporal antecedence needed for causal inference (Cook & Campbell, 1979). In other words, this approach increases confidence in my

conclusions that the hypothesised causes (individual and context characteristics) come before both the mediators (identity management strategies) and the effects (individual and interpersonal outcomes), as well as that the mediators (identity management strategies) come before the effects (individual and interpersonal outcomes). I ran these tests using the PROCESS macro, a computational add-on for OLS statistical software, such as SPSS, that facilitates the estimation of complex models (Hayes, 2018).

Chapter 6 presents the research questions, analysis and results relative to the second aim of study 2, which is the exploration of how individuals' identity management strategies evolve over time. To investigate the question of how individuals' coping and identity management strategies evolve over time, I used panel data models, specifically mixed-effect models (Wooldridge, 2002). This analytical approach allowed me to examine variable trajectories over time, while accounting for individual heterogeneity as well as the effects of time-varying predictors, not visible in cross sections (Greene, 2010). In other words, they allow for the estimation of a variable's trend over time for *each* unit surveyed. In so doing, this approach captures the effects of time and of predictors that change over time, and their influence on individuals' trajectories for the variable of focus. Given the exploratory question of how individuals' engagement in various identity management strategies changes over time, I chose this analytical approach to gain an initial insight to these trajectories. Once again, I used the data collected at all four time points; however, I had to restructure the dataset from wide form to long form to obtain short data series for the context predictors and the identity management strategies. These analyses required the estimation of three mixed-effects models of increasing complexity for each of the identity management strategies examined in study 2. The first model only accounts for the effects of time on strategy engagement; the second model adds the effects of fixed predictors (individual characteristics); finally, the third model



includes the effects of the time-varying predictors (contextual predictors). To run these tests and build the models I used the MIXED function in SPSS (SPSS, 2005).

### **Quality of quantitative research**

Establishing validity, reliability and generalisability is a fundamental issue in non-experimental, fixed design studies. Answering the question of whether the results of a study accurately reflect reality is complex. In particular, the first concern that arises with quantitative research is whether the instrument used to measure a particular variable accurately measures what it is intended to measure – in other words, does it have construct validity (Robson, 2011)? There is also a concern for whether the findings reflect actual cause-and-effect relationships – or, do the findings have internal validity? In study 2, I addressed the concern with construct validity by using established measurement instruments for all the constructs that I measured. I made an exception for the measurement of the identity management strategies. The original instrument included over 30 items (Anderson et al., 2001), making it very long, particularly in the context of a longitudinal, repeated cross-sectional survey. Thus, I used a shortened version, including only the items with the highest factor loadings. With respect to internal validity, the repeated measures approach satisfied the assumption of the temporal antecedence, therefore making a robust case for the cause-and-effect findings of the mediational analysis. Additionally, longitudinal, balanced panels minimise the threat to internal validity by design (Greene, 2010; Robson, 2011).

Reliability is the concern with the stability and consistence of measurement (Robson, 2011). Several factors can undermine reliability, including respondent errors and bias, as well as observer errors and bias (Robson, 2011). For example, while there are tactics to reduce the occurrence of these, which can be built in the data collection method or the study design, it is good practice to test the reliability of the instruments used (Robson, 2011). Typically, reliability is tested for each measurement instrument by calculating Cronbach's alpha

(Cronbach, 1951), although this is not without criticism (Sijtsma, 2009). Alternative ways of assessing reliability, particularly for scales with 10 items or less, include an examination of the inter-item correlations, which should fall within the optimal .2 to .4 range for a measure to be considered reliable (Briggs & Cheek, 1986; Pallant, 2016), and test re-test reliability for measures with only one item. I used all these checks for reliability, as appropriate for the instrument, and reported the results of this analysis in Chapter 5.

Finally, generalisability is the concern with the applicability of the findings to individuals, contexts and cases other than those of the specific study (Robson, 2011). Intuitively, the biggest threat to generalisability is specificity – of participants or group characteristics, constructs, setting, and histories (LeCompte & Goetz, 1982; Robson, 2011). To a certain extent, this specificity is inescapable when studying stigma, because while some aspects are shared across devalued social groups, such as discrimination, the way stigmatisation is operationalised against them may be group-specific (e.g. Swim et al., 2001; 2003; 2007). For example, specific derogatory terms and negative slights tend to be closely associated with specific devalued social identities (Sue et al., 2007). Nevertheless, even in a non-experimental, fixed design study on stigma and responses to prejudiced treatment some degree of internal and external generalisability can be achieved. As with study 1, sampling in study 2 was key. On the one hand, while the respondents were all young gay, lesbian and bisexual university students starting a new job, they were scattered all over the UK, therefore the findings of study 2 can at the very least be generalised to the wider gay, lesbian and bisexual student/young worker community in the UK (internal generalisability). On the other hand, as with cancer stigma, sexual orientation stigma is also complex and diversified in its expression, thus it is possible that the findings are generalizable to other stigmatised groups (external generalisability).

### Study 3 (Chapter 7)

#### Purpose

The purpose of study 3 was to examine in detail the causal links between different identity management strategies and individual and interpersonal outcomes, and the processes underlying these cause-and-effect relationships. Compared to study 2, study 3 is more focused as it explores the mechanisms that might explain how engaging in different identity management strategies impacts a selection of individual and interpersonal work outcomes.

#### Methodology

Given the narrow focus of this study, an experimental design seemed most appropriate (Robson, 2011). Experiments are a prime example of fixed designs and require significant planning; they involve the assignment of participants to different conditions, the manipulation of one or more independent variables, the measurement of the effects of this manipulation on one or more dependent variables, and the control of all other variables (Robson, 2011, p.94). Experiments must uphold the highest ethical standards, and therefore no physical or psychological harm can be inflicted on study participants. This aspect of experimental research may appear at odds with stigmatisation, which is inherently harmful to the stigmatised (cfr. cancer and sexual orientation stigma). Therefore, the challenge in designing study 3 was to create an ethically acceptable, temporary, relevant invisible social stain combined with the realistic possibility that it would be revealed to others – in other words, study participants had to care to at least some extent about this particular stigma and has to believe that they could be “outed”. Given the population from which I intended to draw my sample (i.e. LSE students and staff), a temporary threat to their self-image of intelligent and cultured individuals navigating a competitive environment seemed appropriate yet sufficiently mild to meet ethical standards. Thus, in study 3, I recreated a temporary stigmatising condition (poor individual performance on a task where other participants

supposedly performed significantly better) and instructed the participants to engage in one of two opposite identity management strategies (open and covert conditions, which map onto the extremes of the continuum from explicitly open to passing behaviours) when interacting online with one other participant (the interaction being giving an account of the process of working on the task and, possibly, one's own performance). These two strategies were the manipulation in the experiment. Then, I measured the effect of engaging in either strategy on three dependent variables: individual mental fatigue, perceived exchange quality with the other participant, and helping behaviour toward the other participant (in two occasions). The experiment was built entirely online and included various elements of deception to prevent participants from guessing the true purpose of the experiment. I discuss this particular aspect of the design in detail in Chapter 7.

### **Sample**

The sample for study 3 was a convenience sample of LSE students and staff, recruited through the LSE Behavioural Lab platform. Since the stigmatising condition was recreated artificially in the laboratory, there were no specific requirements for participants.

### **Analytical approach**

The analytical approach I used to test the hypotheses of study 3 included independent sample t-tests, hierarchical regression analysis, and mediational analysis. Specifically, first I compared the means for each dependent variable between the participant groups in the two identity management strategy conditions. Then, I ran linear regressions between predictor and outcome variables, (i.e. strategy conditions and mental fatigue, quality of interpersonal exchange, and both measures of helping behaviour) as preliminary analysis to the mediational analysis. Finally, I tested the two hypothesised mediated paths: one where mental fatigue mediates the relationship between cover identity management strategies and helping behaviours, and the other where interpersonal exchange quality mediates the relationship

between open identity management strategies and helping behaviours. I used SPSS for all the analysis, and the PROCESS macro for estimating the mediation models (Hayes, 2018).

### **Quality of experimental research**

Validity, reliability and generalisability are concerns of experimental research in ways that are very similar to those discussed for non-experimental fixed designs. There are, however, some issues of validity, reliability and generalisability that are specific to experiments.

Experimental designs grant the researcher control over the independent variables and the way they are applied to the study participants (Seltman, 2018). A key advantage of this is that the assignment to experimental conditions can be random, thus removing all of the confounding (Seltman, 2018). Without confounding, a statistically significant change in the dependent variable is a robust indicator of a causal relationship between the treatment (independent variable) and the outcome (dependent variable; Seltman, 2018). Thus, randomised experiments have internal validity “built in” or, in other words, “causal conclusions are a natural outcome” (Seltman, 2018, p. 196). Experimenters can also devise strategies that enhance the power of the experiment, or the probability that the causal relationships observed are accurate (Seltman, 2018). These strategies enhance internal validity and are mainly concerned with minimising variability – in measurement, environmental conditions, application of the treatment, and subject-to-subject variability (Seltman, 2018). The flipside of high internal validity, however, is that experimental designs raise serious generalisability (or external validity) concerns (Leik, 1997; Robson, 2011). Since experiments can handle only a small number of variables, and occur in controlled environments, the overall experience for the research participants tends to be artificial and distant from real life outside the laboratory (Aronson, Wilson, & Akert, 2007; Robson, 2011). Moreover, the common practice of using convenience samples means that the experiment

participant group is unlikely to be representative of the wider population (Seltman, 2018). Consequently, it becomes very difficult to generalise the findings of an experimental study beyond the experiment itself, and it is ultimately the researcher's ability to leverage their background and judgment to convey a convincing argument for generalisability of the findings (Seltman, 2018).

In planning and then running study 3, I followed the recommended practices of randomisation and variability minimisation. First, participants were randomly allocated to either strategy condition via the experiment software Qualtrics. Second, all participants in either group condition were presented with the exact same instruction for their strategy condition, which minimised treatment application variability. Third, because the study was computer-based, effectively built like an online survey, respondents' data was collected with the same measures and in the same order, thus minimising measurement and environment variation. Finally, while I applied no restrictions on individual attributes when recruiting study participants, the entire sample was recruited through the LSE Behavioural Lab platform, which reduces in part the subject-to-subject variability. However, aside from their being registered on this platform, the participants only shared two other known attributes: being affiliated with the School in some way and living in London at the time of the study. Thus, the subject-to-subject variability for this sample remains relatively high. Overall, the study was designed and administered with great concern for internal validity. Generalisability was not a primary concern in study 3, because the focus of the research question was on the underlying psychological mechanisms that explain the influence of identity management strategies on individual and interpersonal outcomes. Nevertheless, it could be argued that because of the high subject-to-subject variability the findings of this study could potentially be extended to other individuals if they were to take part in the exact same experiment.

### **Ethical considerations**

All studies in this thesis were conducted in line with the London School of Economics and Political Science's research ethics procedures. These include the submission of a study proposal and data management plan to the LSE Research Ethics Committee and, for study 3, also to the LSE Behavioural Research Lab.

In each study, before collecting prospective participants' data, I asked them to give their consent before participating; I guaranteed the confidentiality of their responses; I clarified that they could drop out of the study at any time and without penalty; and, in study 1, I asked them for the permission to record their interview.

At the end of each study, participants were debriefed to the purpose of the study. I also asked them to confirm their permission for me to use the data for analysis.

During the process of data analysis, I anonymised responses whenever applicable, such as in the interview in study 1, by removing all names of individuals, places, and organisations. Additionally, I substituted participants' identifiers, such as names or email addresses, with codes which I used when running the analysis, such as in study 2. My contact details, and the contact details of the LSE's Research Division were provided with each study.

### **Conclusion**

Triangulation is not a panacea for the inherent limitations of data collection and study design approaches (Robson, 2011), nor it guarantees the accuracy of the research findings (Fielding & Fielding, 1986). However, it does provide the means to achieve a fuller, more nuanced understanding of phenomena, unattainable using a single design (Flick, 1992). Consistent with the realist view that the research questions guide the choice of methodology, this thesis deploys a fully mixed, sequential, equal status design (Leech & Onwuegbuzie, 2009) to investigate different aspects of stigma management and responses to prejudice at

work. Study 1 (Chapter 4) constitutes the foundation, both theoretical and empirical, for studies 2 and 3 (Chapters 5 and 6, respectively). It provides a thick description of the phenomenon of stigma emergence and management, as well as the outcomes individuals experience as result of their identity management choices. Study 2 and 3 focus on the individual and contextual predictors and the individual and interpersonal outcomes of different identity management respectively. Study 2 also explores the evolution of individuals' identity management strategies over time, and in so doing applies panel data models, an analytical approach novel to the literatures considered in this dissertation.



### **Chapter 4: Introducing and Exploring Emergent Stigma (Study 1)**

An emergent stigmatised social identity is a stigmatised identity that comes to exist for the individual and/or actors in the environment through movement into stigmatised status by acquisition and/or disclosure. Compared to those who have dealt with a particular stigma throughout their lives, individuals with an emergent stigma experience a comparatively rapid transition in their social identity, which in turn can change the way others perceive and behave toward them. The dynamic nature of emergent stigma has important implications: compared to embedded stigmas (i.e. stigma that are present since birth or have been present for a long time), emergent stigmas have a strong novelty component, which creates fundamentally distinct conditions for individuals who have to cope with and manage this new social identity. In turn, the transformational aspect of emergent stigma makes room for the possibility that individuals with emergent stigmatised social identities will resist and perhaps even challenge prejudice and discriminatory treatment.

The goal of this chapter is to shed light on how individuals with an emergent stigmatised social identity experience and manage this transition at work. I report the findings of an exploratory qualitative study, based on fourteen interviews with cancer patients. The chapter is structured as follows: first, it reviews the literature on stigma management, introducing stress and coping as theoretical lens. This analytical perspective is discussed in detail here and maintained throughout the thesis, informing also the studies presented in Chapters 5, 6 and 7. Then, it zooms in on cancer stigma, providing evidence of its emergent nature and supporting the case for the choice of cancer patients as appropriate population for studying the phenomenon. It proceeds to outline methods, analysis, and results. A discussion follows, referring the results to the research question and highlighting the theoretical contribution of the study. Finally, it discusses the limitations of the study before concluding.

### **Theoretical background**

For the past twenty years, research on stigma has increasingly drawn from the stress and coping literature. Miller and Kaiser (2001) argue that studying stigma and prejudice from this perspective has several advantages. First, "putting stigma squarely in the domain of stress and coping [...] invites consideration of the many ways in which stigma can affect the stigmatized person, including psychological, social, and biological effects" (Miller & Kaiser, 2011, p. 73). Second, they suggest that the extent to which stigma creates stress is largely dependent on the cognitive appraisals stigmatized individuals make about an event or situation, just as such appraisals are important in the responses to stressors in general (Lazarus & Folkman, 1984; Miller & Kaiser, 2011). Finally, conceptualizing stigmatization as a form of stress emphasizes the coping strategies stigmatized people use to cope with the stress arising from their belonging to a stigmatized social group (Miller & Kaiser, 2011).

Miller and Kaiser (2001) argue that a stigmatized status creates unique demands for the individual, because a devalued social identity makes a person vulnerable to prejudice. In turn, this increases environmental demands that create a variety of stressors, potentially resulting in psychological and physiological stress responses (Miller & Kaiser, 2001). The stressors experienced by stigmatized individuals differ from those who do not have a stigmatized identity in several ways. First, while stigma is a devalued social identity in a particular context, for many stigmatized individuals the context in which they are stigmatized is pervasive; "thus, stigma can increase the quantity of stressors stigmatized individuals experience" (Miller & Kaiser, 2001, p. 74). Second, stigma creates stressors that are usually unique to the stigmatized, for example prejudice and discrimination (Miller & Kaiser, 2001). One important and related consequence of this is that, compared to non-stigmatized people, stigmatized individuals appraising a situation may face considerable ambiguity about whether the event occurred as a result of prejudice or discrimination or other factors (Crocker et al.,

1998; Miller & Kaiser, 2001). Finally, the stigma associated with an individual's social identity can potentially increase the person's exposure to unfair treatment simply because of group membership (Miller & Kaiser, 2001). These arguments highlight the link between stigma and stress, and positions stigma-related stress as a distinctive form of stress that individuals with a devalued social identity must cope with. It also points to the factors shaping the relationship between stigma and stress; specifically, one's social identity as a source of stress—which can result in stigma-specific ways of coping—as well as the ambiguity that potentially affects the cognitive appraisals individuals make of events and situations.

The extant literature on responses to prejudice has investigated the circumstances in which stigmatized individuals respond to prejudiced behaviours by confronting the perpetrator, as well as the consequences of this response. Most of this literature has focused on the stigma of gender and ethnicity. For example, in their framework of perception and response to discrimination, Stangor, and colleagues (2003) identify several individual, situational, and contextual characteristics that contribute to the target's understanding of an incident as discriminatory. For example, individuals who have experienced chronic exposure to discrimination (Crocker & Major, 1989; Stangor et al., 1992; Swim et al., 1995), identify strongly with their social group (Johnson et al., 2002; Operario & Fiske, 2001), and have high stigma consciousness (Mendoza-Denton et al., 2002; Pinel, 2002) are more likely to interpret an event as discriminatory. Situational factors that increase perceptions of discrimination include the prototypicality of the incident and perpetrator (or the extent to which incident and perpetrator resemble prototypical forms) (Inman & Baron, 1996; Marti, Bobier, & Baron, 2000) as well as negative target mood (Sechrist, Swim, & Mark, 2002); finally, a contextual characteristic affecting a target interpretation of an event as discriminatory is the accessibility

to the construct, which is the extent to which discrimination is easily recognized (Stangor, Carr, & Kiang, 1998).

An incident that is understood as prejudiced alerts the target; however, it may or may not exceed the target's resources and, in turn, may or may not trigger a coping response (Miller & Kaiser, 2001). Research on confronting sexism and racism suggests that the decision to confront the perpetrator might be motivated by the target's goal in the interaction (Hyers, 2007). Specifically, self-presentation needs hinder confronting behaviours (Hyers, 2007), whereas the desire to educate the perpetrator triggers them (Czopp & Monteith, 2003; Hyers, 2007). Additionally, situational characteristics such as familiarity and status of the perpetrator relative to the target and severity of the incident also affect the target's decision to confront (Ayres, Friedman, & Leaper, 2009).

The literature summarized above is largely based on Lazarus and Folkman's (1984) transactional model of stress and coping. Indeed, Lazarus and Folkman's (1984) cognitive theory of stress and coping is a widely accepted framework for understanding people's responses to stressful situations. Lazarus and Folkman's (1984) model is relational and process oriented: it is relational because stress is defined as "a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering his or her wellbeing" (Folkman, 1984, p. 840). It is also process oriented because "the person and the environment are in a dynamic relationship that is constantly changing and [...] this relationship is bidirectional, with the person and the environment each acting on the other" (Folkman, 1984, p. 840). Lazarus and Folkman's (1984) model assumes a linear sequence of stages: it begins with an event that is understood and assessed by the individual, who decides how to respond to it and, as a result of their behaviour experience different outcomes. I detail this process below.

The transactional model of stress and coping posits that people determine the meaning of the events they experience with cognitive appraisals. An appraisal is defined as the "cognitive process through which an event is evaluated with respect to what is at stake [...] and what coping resources are available" (Folkman & Lazarus, 1980, p. 223). Lazarus and Folkman (1984) distinguish two types of appraisals, primary and secondary. Primary appraisals determine whether a situation is irrelevant, benign-positive, or stressful. A stressful primary appraisal can be further framed as injury or damage already done (harm/loss stressful appraisal), potential for injury or damage (threat stressful appraisal), or opportunity for growth, mastery or gain (challenge stressful appraisal; Folkman & Lazarus, 1980). Of course, these stress appraisals are not mutually exclusive; an event can be appraised both as threat and challenge (e.g. job promotion), or as threat and loss (e.g. loss of a limb) (Folkman, 1984). Primary appraisals are influenced by a number of individual and situation factors, including a person's beliefs, defined as "pre-existing notions about reality that serve as a perceptual lens" (Folkman, 1984, p. 840), commitments, which are what is important to the person (Folkman, 1984), and personality traits, such as optimism and self-esteem (Rector & Roger, 1997). The nature of the harm or threat, familiarity or novelty of the event, likelihood of its occurrence, and the ambiguity of the expected outcome also affect primary appraisals (Folkman, 1984). Secondary appraisals involve an evaluation of the options and coping resources one has available and are salient in the event of stressful primary appraisals because the person must assess whether he or she has the necessary resources, such as physical, social, psychological, and material assets, to cope with the situation (Folkman, 1984).

Once a person has appraised a situation as stressful and assessed the resources available, he or she will choose how to cope with that event. Folkman and Lazarus (1980) define coping as "the cognitive and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts among them" (p. 223). Coping has two major

functions: the regulation of stressful emotions and the management of the problem that is causing the distress (Folkman, 1984). Emotion-focused strategies such as “devaluing the stakes that are at risk in an encounter (e.g. “Passing that exam really doesn’t matter much”), focusing on the positive aspects of the negative outcomes (e.g. “I’m a stronger person for having gone through this”), and engaging in positive comparisons (e.g. “It could have been much worse”)” (Folkman, 1984, p. 844) help regulate stressful emotions. Problem-focused strategies such as problem solving, decision making, and direct action (directed toward the environment and/or oneself) help manage the problem that is causing the distress (Folkman, 1984). Examples of problem-focused ways of coping include “confrontive coping”, which describes aggressive, hostile or risky responses to the situation, and “planful problem-solving”, which describes cool, deliberate strategies to change the situation (Folkman et al., 1986). While most people typically use a combination of emotion-focused and problem-focused coping strategies (Folkman & Lazarus, 1980), “problem-focused forms of coping are used more often in encounters appraised as changeable, and emotion-focused forms of coping in encounters appraised as unchangeable” (Folkman et al., 1986, p. 993).

Lazarus and Folkman’s (1984) framework has been used to explain and predict people’s responses to discriminatory or prejudiced encounters, and highlights “the fact that stigmatized individuals are not passive when confronting discrimination and that individual and situational factors interact to create a specific appraisal of the situation and engender specific coping strategies” (Berjot & Gillet, 2011, p. 2). However, the general nature with which Lazarus and Folkman’s (1984) model explains stressful encounters does not take into account the unique conditions created by a stigmatized social identity. This is significant because, as noted by Berjot and Gillet (2011), “people do not cope with identity threatening situations as they do with situations that do not involve identity” (p. 3). To address this,

Berjot and Gillet (2011) propose an adaptation of the model that accounts for the specificities of the situations stigmatized individuals face.

To adapt the transactional model of stress for individuals with a stigmatized social identity, Berjot and Gillet (2011) add a number of individual and situational factors that affect appraisals and propose to consider an additional category to account for the characteristics of the stigma. Specifically, they add personal characteristics such as rejection sensitivity and stigma consciousness, situational characteristics such as the social context (e.g. position of the group in society; number of targets), as well as the stigma characteristics of visibility (i.e., the extent to which a person can be classified in a devalued group because of their appearance) and controllability (i.e., the extent to which membership in a devalued group is perceived as a choice) (Crocker et al., 1998). Berjot and Gillet (2011) also extend the transactional model by suggesting that when individuals with a stigmatized social identity appraise a situation as prejudicial (i.e., stressful), they can frame it as challenge or threat to both their own identity *and* their social identity. Finally, Berjot and Gillet (2011) argue that the identity threat-related stress of a discriminatory encounter may lead individuals to cope by means of identity management strategies. For example, individuals with a stigmatized social identity can attribute negative outcomes to discrimination against their group rather than their personal ability, skill, or deservingness (Crocker & Major, 1989). They can engage in “individual mobility”, which is eliminating their social identification, or selectively regarding as central to one’s self-definition those attributes of their stigmatized group that are viewed positively by others while devaluing those attributes that instead are viewed negatively by others (Crocker & Major, 1989). They can compare their outcomes with the outcomes of similar others, who are likely to get similarly unfavourable outcomes as opposed to the outcomes of others in high status groups (Crocker & Major, 1989). They can engage in self-handicapping, which is claiming impediments to performance prior to performing (Berjot

& Gillet, 2011). They can also identify with their group while placing less importance on this identity, or devaluing what out-group members devalue of them and their group and valuing what out-group members value of them and their group, a strategy called “domain disengagement” (Berjot & Gillet, 2011). Individuals can also enhance their social identity by reaffirmation (i.e. affirming social identity) or by re-evaluating threatened dimensions (Berjot & Gillet, 2011). In sum, Lazarus and Folkman's (1984) transactional model of stress and coping, as well as the adapted version put forward by Berjot and Gillet (2011), are useful frameworks for understanding how stigmatized individuals cope with discrimination and help support the view that these individuals can be active agents who respond to prejudice in various ways.

Despite the strengths of these models, there are at least two important elements that have yet to be addressed in this literature. First, research in this domain tends to assume that an individual's stigmatized social identity is embedded in the individual's life experience. However, stigmatized social identities differ greatly and along several dimensions (Crocker et al, 1998), including the way in which they come to exist for the individual. Some stigmatized social identities are inherited at birth (e.g., gender, ethnicity), whereas others are acquired over time (e.g., religion, age, illness). This aspect of stigma might have important implications with respect to coping processes and strategies and needs to be taken into consideration. Second, the outcomes individuals with a stigmatized social identity experience *as a result* of their coping strategies are underexplored. However, understanding the association between coping strategies and outcomes is especially important in the context of workplace discrimination, because perceptions of discrimination have been linked to compromised work outcomes (e.g. Ensher Grant-Vallone, & Donaldson, 2001; Foley, Hang-Yue, & Wong, 2005; Madera, King, & Hebl, 2012; Triana, del Carmen, Garcia, & Colella, 2010) and poor individual well-being (e.g. Jones, Peddie, Gilrane, King, & Gray, 2016; Sojo,



Wood, & Genat, 2016). Thus, uncovering whether different coping strategies produce different outcomes for the individual could be of particular value for those who perceive themselves to be targeted by discrimination due to their stigmatized social identity.

To address these gaps, I draw on the adapted transactional model of stress and coping as theoretical lens to investigate the experience of individuals whose stigmatized social identity is not embedded, but *emergent*; that is, a stigmatized social identity that comes into being from movement into stigmatized status by acquisition and/or disclosure. I focus on a cancer diagnosis as a particular form of stigmatized social identity, as this provides an invaluable context to study stigma and meet the objectives of the study. First, cancer stigma is emergent because individuals move to stigmatized status at the time of their diagnosis (Knapp et al, 2014). At the same time, cancer stigma may become emergent in the workplace through disclosure and/or changes in appearance. Depending on the type of cancer and the side effects of the treatment, the stigmatized identity may be visible, invisible, or both at different times (Fujisawa & Hagiwara, 2015). For example, head and neck cancers tend to be visible, while gastrointestinal cancers can be concealed; similarly, cancer treatment may cause immediately detectible side effects, such as alopecia (i.e. hair loss), but this is not always the case and boldness is in most cases temporary (Fujisawa & Hagiwara, 2015). Thus, there can be considerable variation between and within individuals with respect to how they experience and cope with cancer stigma. Second, cancer stigma is multifaceted, not only in terms of visibility, but also of perceived controllability (Crocker et al, 1998; Knapp et al, 2014; Marlow, Waller and Wardle, 2015). For example, lung cancer patients are often believed to be responsible for their conditions, on the basis of the biased assumption that had they never smoked they would not have gotten cancer – and this belief holds even if the patients had actually never being smokers (Weiss, Stephenson, Edwards, Rigney, & Copeland, 2014). By contrast, cancers such as breast cancer that may be attributed to

heredity are generally associated with less stigma (Fujisawa & Hagiwara, 2015). Consequently, certain types of cancer may be perceived more negatively than others and the experience of stigmatization can vary considerably among cancer patients and survivors. Finally, because of its emergent nature, the social identity of an individual diagnosed with cancer is internalized as part of their self-identity in varying degrees (Knapp et al., 2014; Stergiou-Kita et al., 2017). Knapp and colleagues (2014) argue that “for many, but not all, cancer patients stigma is a central force in perceptions of the self” (p. 2) and the degree to which it becomes internalised may be understood as the extent to which the disease, and the stigma attached to it, generates identity threat for the individual. Specifically, the more cancer stigma interferes with the patient’s ability to achieve personal goals and function in social interactions, the greater the identity threat and, thus, the stronger the internalisation of this social identity (Knapp et al., 2014). For example, if an individual associates strongly with a profession but as a result of the diagnosis and treatment can no longer pursue that line of work, he or she is likely to internalise the identity as part of their self. Additionally, individual characteristics, such as stigma consciousness (Pinel, 1999), or attitudes, such as self-blame (Bennet, Compas, Beckjord, & Glinder, 2005), also contribute to the internalisation of the stigma as part of patients and survivors’ self-identity (Knapp et al., 2014). For example, individuals who believe that they are at least in part responsible for their condition are likely to come to see cancer as part of who they are. In sum, the implication is that individuals’ lived experience of the identity can vary considerably. The variability in the characteristics of cancer stigma (visibility, controllability, and internalization of the social identity) makes the findings from studying this population potentially generalizable to other stigmatized social groups.

Overall, the goal of this study is to explore how individuals navigate this experience, with a particular focus on the challenges, coping strategies, and outcomes individuals

experience in their personal and professional lives. To meet the goals of this study keeping into consideration the nature of cancer stigma, I seek to answer the following research question (RQ1): *How do individuals diagnosed with cancer experience their journey post-diagnosis?*

## Method

### Research Strategy

Given the exploratory nature of the research question investigated in the current study, a flexible, qualitative strategy is appropriate (Robson, 2011). In addition, qualitative methodologies deliver the “depth of data collection and descriptive write-up that provide clues to cause-and-effect relationships” (Bennet & McWhorter, 2016, p. 691), which suits this study, as it investigates the process of coping with and managing an emergent stigma.

I used semi-structured interviews to collect data on the journey post diagnosis of individuals diagnosed with cancer, focusing on its impact on their work life and how they managed their professional lives and relationships while coping with the social, psychological, and physical challenges of the disease. This type of interviews is most appropriate when “the interviewer is closely involved with the research process” (Robson, 2011, p. 285), which is the case with the current study, since I carried out all the interviews and analysed the data. Furthermore, semi-structured interviews follow an interview schedule, but give the researcher freedom in the sequencing of questions, in their wording, and in the time and attention given to the various sections or topics (Robson, 2011). This flexibility was deemed essential given the sensitive nature of the topics being investigated, because it allowed me to follow up on interesting responses, investigate underlying motives, but also modify my line of enquiry to adjust to the interviewee’s verbal, para-verbal, and non-verbal responses. Questions were generally open-ended, formulated as non-leading, and presented following for the most part this sequence: (1) interviewee’s current circumstances (e.g.,

current job if any, their typical day, etc.); (2) the story of the interviewee's diagnosis, from the medical examinations that led to the diagnosis, through their treatment, until the present day; (3) questions to clarify content and elicit greater detail about key topics (e.g. disclosure of diagnosis, reactions of others, reflection on evolving relationships, etc.); (4) question to reflect on their experience of going back to their workplace (e.g. expectations, own performance, relationships, emotional impact, etc.); (5) personal reflection on what the diagnosis means to the interviewee; and (6) discussion of the most positive experiences associated with their journey (e.g. specific episodes or changes in life) to end on an uplifting note. The interview guide can be found in [Appendix B].

All research participants were individuals who had been diagnosed with cancer and were currently cleared or on palliative care (i.e. post treatment; hereafter "cancer patients"), recruited through the networks of three UK-based charities. My study was advertised to these networks by my contact persons at the charities and interested members contacted me directly or via my contact person at their charity to arrange the interview. Before the interview, I asked prospective interviewees to read and sign the consent form [Appendix B], which also includes a note to give consent to the interviews being audio recorded. At the start of the interview I asked the interviewee if they had any questions about the study goal and consent-related matters. At the end of the interview, I asked if I could keep the recording, and advised the interviewee to read the debriefing document for the study [Appendix B] and come back to me with their questions or feedback if anything was unclear. All interviews were done on Skype, since travelling for in-person meetings would have put excessive strain on the interviewees. The interviews were audio calls, meaning that the interviewees and I could not see each other. Normally, this might detract from the interview experience, perhaps making it more difficult to establish rapport, but in this case I believe that not being able to see each other enhanced the quality of the data collected. As it becomes clear later in the chapter,

appearances are a key concern for many of the participants, thus it is possible that not been seen might have made the interaction with me easier for them. Additionally, as I could not see the participants, audio calls have prevented any bias arising from me being able to see the interviewees. I conducted the interviews between April and November 2017; they lasted on average approximately 45 minutes. All interviews were recorded and transcribed for analysis. Following the LSE's guidelines for data management, I removed all direct and indirect identifiers from the quotes used throughout this chapter.

### **Sample**

The final sample consisted of 14 cancer patients (13 women, 1 man), with varied professional profiles and diagnoses.

Table 1 [Appendix] presents a summary of the sample characteristics.

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Insert Table 1 about here  
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### **Analysis**

#### **Thematic coding analysis**

I used thematic coding analysis to analyse the interview data. Thematic analysis is a subjective, interpretative process for encoding qualitative information (Boyatzis, 1998; Hsieh & Shannon, 2005), based on careful reading of the data “to unearth the themes salient in a text at different levels” (Attride-Stirling, 2001: p. 387). This method is useful for the identification of patterns and helps researchers organize their data into intelligible categories that capture the richness of the phenomenon being studied (Braun & Clarke, 2006). Thematic coding analysis is a generic approach to the analysis of qualitative data and a close alternative to grounded theory (Robson, 2011). In line with Braun and Clarke's (2006) recommendation

for a detailed account of the process of data analysis in qualitative research, I describe below the steps I took in performing thematic coding analysis to analyse the interview data.

Robson (2011) describes thematic coding analysis as a five-step process: (1) familiarisation with the data; (2) generation of codes; (3) identification of themes; (4) visual representation of the data; and (5) integration and interpretation.

**Step 1: Familiarisation with the data.** According to Robson (2011), the first step in the process of qualitative data analysis is to familiarise oneself with the data. This means preparing the data for analysis and re-reading the data “searching for meanings and patterns” (p. 477). While collecting the data, I kept notes of interesting topics or themes that kept emerging from the interviews.

**Step 2: Generation of codes.** Codes are “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis 1998, p. 63). When generating codes, the researcher devises a coding framework and then uses it to code the text. I used a hybrid approach, which combines original codes that emerge from the data with codes derived from the literature (Hsieh & Shannon 2005). This approach was suitable because while the research question guided the development of the interview topic guide and codebook, unexpected themes also emerged from the data. For example, while coding the interviews I noticed several references to money matters or preoccupations with financial support, so I created a new code to reflect this. The codebook I developed is in [Appendix].

**Step 3: Identification of themes.** Once the text has been coded, the researcher extrapolates themes from the coded text and then refines them so that they are at once non-repetitive and sufficiently broad to include a set of ideas contained in several text segments. For example, interviewees frequently mentioned management’s inexperience in dealing with employees with a cancer diagnosis and related issues, so I extrapolated the theme of

"Inexperience with Cancer-related issues", encompassing any reference to management's inadequate formal responses to the situation. If appropriate, the researcher then clusters themes that fit together, thus creating a hierarchy of themes, typically main themes and sub-themes (Robson 2011).

From the analysis of the interview data, I identified three sets of main themes with several sub-themes. The first set of main themes relates to the challenges experienced by individuals diagnosed with cancer. The main themes of this set are: "own well-being", with sub-themes "physical well-being" and "psychological well-being"; "work demands", with sub-themes "physical work demands" and "intellectual work demands"; "responses of management", with sub-themes "inexperience with cancer-related issues" and "lack of empathy"; and "expectations of others", with sub-themes "patient as role model", "patient's priorities", and "recovery". The second set of main themes relates to the strategies individuals diagnosed with cancer use to cope with the disease and associated challenges, and to manage this new aspect of their identity. The main themes of this set are: "adaptability", with sub-themes "adapt appearances", "adapt lifestyle", and "adapt communications"; "openness", with sub-themes "acknowledge ignorance of cancer issues", "keep others informed", "address any misunderstandings immediately", and "satisfy curiosity and educate"; "attitudes", with sub-themes "being positive" and "being matter-of-fact"; and "support from others", with sub-themes "emotional support", "practical support", and "professional support". Finally, the third set of main themes relates to the outcomes experienced by individuals diagnosed with cancer. The main themes of this set are: "transformation", with sub-themes "mortality awareness", "search for meaning", and "carpe diem attitude"; "emotional turmoil", with sub-themes "positive emotions" and "negative emotions"; "desire to have an impact", with sub-themes "raise awareness" and "leave a legacy"; and "new social identity", with sub-themes "connection with similar others" and "desire to help similar others".

In the context of this thesis, the themes identified at this stage of the analysis serve two purposes: first, they provide a coherent structure to the interview data, thus aiding in the description of the process of coping with and managing an emergent stigma. Specifically, the three main themes, challenges, strategies, and outcomes, very intuitively map onto the stress and coping models (i.e. stressors and individual factors, coping strategies, outcomes; Lazarus & Folkman, 1984; Berjot & Gillet, 2011) that constitute the theoretical foundations of this thesis. This structure is not only appropriate for the data and consistent with theory, but also sufficiently clear and linear to enable a clearly structured discussion of the results of this study. Second, these themes represent the foundation for the subsequent studies presented here, particularly the first set of themes (i.e. challenges). These themes offer the starting point for the identification of general individual and context factors that influence stigmatised individuals' coping and identity management decisions. I describe in detail the process and reasoning used to extrapolate such factors from these themes in Chapter 5; however, at this point is also essential to stress the critical role this step of the analysis has in the context of the thesis as a whole, beyond the current study.

**Step 4: Visual representation of the data.** Robson (2011) suggests to organize the data in a visual form. A common way to do so is with matrices, which are tables with rows and columns. Tables 2, 3 and 4 [Appendix] summarise the main themes and the sub-themes for the challenges experienced by cancer patients, their coping strategies, and the outcomes they experience, respectively.

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Insert Tables 2, 3 and 4 about here

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**Step 5: Integration and interpretation.** The fifth and final step of the thematic coding analysis process is essentially the discussion of the results. I present the findings in the section below.

### **Results**

I present the results of the study following the theme structure introduced above. Specifically, I begin with a discussion of first set of main themes, namely the challenges cancer patients experience during the journey post diagnosis. This first set of themes maps onto the stressors/individual characteristics section of stress and coping models (Lazarus & Folkman, 1984; Berjot & Gillet, 2011). Then, I present the second set of themes, encompassing the strategies cancer patients engaged in to cope with and manage their emergent identity. This second set of themes maps onto the coping strategies section of stress and coping models (Lazarus & Folkman, 1984; Berjot & Gillet, 2011). Finally, I discuss the last of themes, which refers to the outcomes experienced by cancer patients. This final set maps onto the outcomes section of stress and coping models (Lazarus & Folkman, 1984; Berjot & Gillet, 2011). For all main themes, I delve into each sub-theme and provide quotes to give examples in support of the analysis.

#### **Personal and professional challenges post-diagnosis**

The interviews revealed that cancer patients face various challenges that either emerge in the workplace or affect their work life. These challenges relate to their own well-being, the demands of their job, the inadequate response of management, and managing the expectations of others.

The first recurring theme among the challenges that cancer patients face relates to their own health and well-being. After the diagnosis cancer patients not only need to deal with the symptoms of the disease, but also with the side effects of the treatment, which strain both their psychological well-being and their physical health. Psychologically, many

experience anxiety, stress, loss of confidence, and feelings of vulnerability. The strained well-being complicates their work-life and their ability to work more generally.

For example, a cabin crew staff member is battling with anxiety and counts on their “buddy crew” [selected cabin crew who are aware of the respondent’s condition and story, and who are always staffed on flights with the respondents] to help them :

*20170407: “I am on anxiety tablets. [...] They [buddies] all know the story. They all know what is going on with me. That just helps because anxiety is awful. That is why they are on my flight, to help me with my anxiety. [...] it makes it easier [but] it doesn’t stop it.”*

For an education consultant, upon returning to work it became clear quite early that they had lost their agility in seemingly straightforward reasoning:

*20170615: “The fact that my brain just felt... I guess it’s chemo brain isn’t it? But it just felt really slow. [...] The only way I can describe the chemo brain is it’s like you know this... I just found that I couldn’t think straight. I couldn’t problem solve something. So I couldn’t sort of think, ‘Oh I need to do that, so in order to do that I must do that.’ I would find that those thought processes were really sluggish”.*

Physically, all interviewees mentioned fatigue and low energy levels, and some had severe side effects that caused joint pain and thinning bones, which make movement more difficult. For example, a teacher reported low energy that made it difficult to resume work:

*20170518: “I tried the phased return, I just didn’t have the energy to do it, I just physically wasn’t able to do it.”*

Instead, a real estate officer suffers pain so severe that sometimes cannot work at all:

20170517: *“The only time I do slow down is when I am tired or if my joints really, really hurt, therefore making every day tough, painful.”*

The second recurring theme among the challenges that cancer patients face at work pertains to the work itself, specifically the job’s intellectual and physical demands. This theme is closely related to the first, as the physical and psychological challenges discussed above can and often do become incompatible with the job’s demands. For example, upon returning to work, a marketing consultant struggled to cope with the intellectual demands of their job:

20170619\_1: *“When I did come back [to work] I wasn't firing on all cylinders, at all”.*

Instead, for a cleaner the challenge was the heavy physical nature of their work that made them struggle:

20170821: *“I asked about that, but because I had a physical job, they explained, they said it would be okay if I was in a desk job, but because I'm on my feet and I'm lifting boxes and that, they didn't recommend it. They were like, 'No' because they didn't want me putting weight... Maybe one day I'd be feeling good and the next day, maybe not feeling so good and then I couldn't go back to work.”*

A third, major challenge faced by cancer patients disclosing the diagnosis and returning to work was the frequently inadequate response of management. In many cases it was an issue of lack of experience in managing situations where an employee is given a life-threatening diagnosis, which resulted in messy arrangements. For example, a teacher recalls their return to work and subsequent retirement in bitter terms:

20170518: *“And I felt sort of ready to go back to work, but there was my head-teacher who was not experienced to know the process of someone*

*returning to work with a diagnosis like this. And my return to work was absolutely disgusting. [...] And so, in the end, that's what I got, so I got ill health retirement, but because I'd signed a contract with my head saying I wanted to be not a head of management, just an ordinary teacher, my retirement package, my money was based on the change of contract. And I was annoyed about that, because obviously my lump sum would have been bigger, my monthly payments would be bigger. And it's due to his lack of understanding of the process, I ended up with less money.”*

However, it was frequently also an issue of lack of empathy, as the cabin crew recalls:

*20170407: “His reaction was ‘I’ll send you the long-term sickness policy’; ticking boxes and not a person. That was the first and only time I have experienced that. [...] He is not a bad person; he didn’t mean anything maliciously. He just doesn’t have the experience to deal with it. You don’t say that to somebody.”*

The fourth and last theme among the challenges experienced by cancer patients at work pertain to managing other’s expectations. First, there is the expectation that cancer can be cured and once the treatment is finished the patients is back to his or her old self. At work, this typically results in colleagues and management being tolerant at first, but quickly expecting the patient’s performance and stamina to be back to the levels they knew before the diagnosis and treatment. This puts great pressure on patients, because they feel forced to move on more quickly than they feel capable, while already struggling with their health and the job’s demands. The experience of a recruiter provides a telling example:

*20170510: “And all of these things make it more difficult for you to work and cope with your work, because people think because you haven't died that you're actually better. [...] When I went back to work [...] the quality*

*of my work was quite poor, I mean, when I've seen it since, I saw it afterwards, I couldn't believe I'd actually written these emails, because they're absolute rubbish and it was all tolerated. Nobody ever said anything to me, they all sort of like let me just get to the point where that stopped happening. [...] I had a lot of support at work, a lot of support from my staff, but very quickly, there comes a point where people think, well, you're better now. Therefore, you need to be your old self again. [...] Probably just about maybe two or three months, that's all, not long at all. Because you know, once your hair comes, [...] and your eyelashes grow back and you've got your make up on and things, you don't look any different. You actually look the same person, even though I was a lot thinner. I looked the same person, so therefore, because you don't look different I think they think "well, you must be all right"."*

For a marketing consultant, it was not only the pressure to go back to their old self, but also the feeling of betrayal from their manager:

20170619\_1: *"He [manager] was a very generous person, but it's kind of like, 'You're back now, you're full time, we've given you the time to get well.' [...] I guess after that appraisal where I felt like it was everything that I'd said to him and confided in before, was all being thrown back in my face a bit. I mean, there was no threat of losing the job, but there was a 'things have to change', and it wasn't, I didn't see as a sympathetic 'things have to change'. I saw it a 'this is all down to you, you've got to change it', rather than 'let's' you know, it was a 'go away and have a think about what you want to do'".*

A second and related set of expectations that troubles patients is the assumptions management and colleagues make about their priorities at work. Many interviewees said that during and after treatment they revisited their priorities with respect to work: not only their condition often required some changes in the way they work and the number of hours they do, but prompted the reflection about priorities in life more generally. Thus, many interviewees began to look for more work-life balance than before. However, people at work often did not see this change and instead expected from them the same commitment, involvement and drive as before the diagnosis. For example, an education consultant changed their view on out-of-hours work emails:

*20170615: "And you know, when I see that people are sending work emails at kind of, you know, 20:00 or on a Sunday, I think you know, 'Come on. Get a grip!' You know? There's more to life than work, you know, and I think it's not until you face the possibility that you might not be here – maybe lots of people just don't understand that. [...] It's not that it's not important anymore, because it is, but it's in perspective."*

Similarly, a marketing consultant felt no longer at ease with working long hours:

*20170619 1: "I felt like I'd had time off to recover from the operation and the chemo, while I was having it, but I felt pressured, clearly, to go back when I did in March. And although, even though it was phased in and the phasing in worked quite well, I just felt that there was expectation then, for me to be doing the hours that I did. And I wasn't prepared to do that, I couldn't do that. And I think with that as well, and obviously the business was getting busier, and the business was getting bigger, so there was a higher volume of work, as well. I had a good team, in marketing events,*

*but again, it was kind of like people are understanding and supportive to a point.”*

Finally, a few interviewees discussed how their colleagues began to see them differently for working while receiving treatment or simply for surviving cancer. They reported feeling more respected and treated as heroes or role models. These changes, however, appeared to make the interviewees uncomfortable. A recruiter tells her experience:

*20170510: “It was only when I went back to work, and then as you get better and people see you getting better and your hair gets longer and all that, you start becoming a bit of a role model? Which is a bit, I wasn't very happy with that, because I thought it was a little bit, I don't know, I found that a bit difficult. But recognised that women need to see that not everybody dies. But the way I handle that, because I didn't really want to be a role model, because I think that's a big thing, is that people need to see that you don't die, but they also need to understand what you have to go through to get to that point, which is awful.”*

These feelings are echoed by a learning mentor, who used to see cancer patients as heroes, but having had cancer realises that those were naïve views because surviving does not make you a role model:

*20171120\_2: “I don't think I am a role model. [...] before I had cancer, I worked with another woman who had cancer 10 years ago and I was like, ‘God, and she comes to work every day.’ But actually when you've had it, you realise it's just the same”.*

### **Coping with challenges**

Cancer patients discussed various ways in which they coped with the multiple challenges they faced during their journey post-diagnosis. Some of these strategies helped

respondents cope with these challenges emotionally (emotion-focused coping), while other strategies helped them overcome daily struggles (problem-focused coping). The first theme that emerged consistently from the interviews was the need to adapt to the new situation created by the disease and its treatment. Most interviewees discussed changes they made to their appearance, their lifestyle and the way they communicate with others. Adapting to the situation by changing appearances seemed an important way for patients to cope with the loss of confidence about their body image that in many cases resulted from treatment (e.g. hair and nail loss, scarring, etc.). For example, an administration officer struggled with her body image:

*20170505: “I did find and it sounds really silly, because it had an effect on me and I was having to wear a prosthesis, I was very conscious of that fact so I used to buy – I’m a size 10 – I used to buy size 14 clothes. When someone said, ‘Why are you buying those? You’re not a size 14’. No, I’m buying a very high neck to cover me up top and when I went back to work in the summer, all the girls were wearing low tops and I was thinking and I was looking at them. I was looking at them and thinking, ‘You’ve got a cleavage, that’s not fair. I haven’t got a cleavage.’ And sometimes, I’d burst into tears because I couldn’t wear low-cut tops, things like that. And I did find that difficult.”*

Similarly, a market research consultant was cautious with their looks in the office, even though they felt relatively comfortable in other settings:

*20170508: “So I chose not to wear a wig, and at home I was very happy. I went bald a lot of the time at home. I started off wearing hats all of the time at the start, but then I thought, ‘Ooh, you know what? I’m going to be brave, I’m going to go to the supermarket without putting a hat on and it’s*



*okay', but I never came in bald to the office. And I don't really know why. It just didn't feel right. You know how, I wouldn't go to the office wearing my jeans. I would dress up for the office, and in the same vein, I felt I always had to have a hat or a scarf on."*

For many interviewees, coping with cancer and the treatments also involved changing their lifestyle. Some of them started playing a sport or joined a gym to sustain their energy levels, and many of those who kept working throughout the treatment found ways to integrate it in their daily lives. For example, a market research consultant scheduled work around chemotherapy sessions:

*20170508: "I fitted it [work] into my normal life. So okay, fine, I've got chemo on Wednesday, so Wednesday and Thursday I'm not going to feel very good. Let's arrange to do that on the following Monday when I know that I will be fine. Yeah, so I suppose I fitted it into my life."*

A recruiter decided to compensate their low energy levels by joining a gym to build up strength and stamina:

*20170510: "I went back to work in the January, following my return to work, I was becoming more and more tired, totally absolutely and utterly exhausted and wiped out, that I ended up joining a gym."*

Finally, some patients found it useful to develop new ways to communicate with their colleagues, so that they would not have to explain themselves all the time. For example, a cabin crew member recall an episode where, by the way they expressed themselves, they were able to let their buddy know they needed help:

*20170407: "I did a flight just after Christmas – I was on a buddy flight then, they arranged it then – and on the way to the hotel, all of a sudden I was like 'Oh my God'. But because my friend was there and she knew,*

*people just thought I felt car sick. That is what you want people to think, not that ‘She’s going off into one [panic attack]. She can’t breathe’. I have medication that I take and I took that, but I didn’t have any water and so she got me some water. But they just thought I felt sick. Had I been by myself that probably wouldn’t have happened. They would have known that it was something more. But because she was there, she just dealt with it and it was fine.”*

Similarly, a real estate officer ended up establishing a terminology that their colleagues immediately understand, so the officer does not need to give any further detail every time:

*20170517: “No, I don’t think it’s changed, because if I have a problem, I have what I class as my wobbles every now and again. And for no reason that I can think of, I will wake up and I’m very weepy. I don’t know why, it just hits me and I just text ahead and say, ‘Look, having a bit of a wobble. Be in as soon as possible.’ And they [colleagues] know by that terminology – the wobble – I’m having an emotional day. It’s almost like me sending a text message pre-empts [...]”*

The second recurring theme that emerged from the interviews is the impact the support from others has on cancer patients. Specifically, three different types of support were mentioned across most interviews: emotional support, practical support, and professional support. Below, I present one example of each. First, an education consultant gives a telling story about a small gesture that gave them immense emotional support:

*20170615: “One of the people I work with now, she put together a kind of chemo survival kit for me [...] You know, some nice toiletries and some stuff to read, and... Yeah, actually the nicest thing this same person did*

*was put together a really good playlist of music for me. [...] I think I put something on – probably something on Facebook saying, ‘Let me know what your favourite songs are because I want to put a playlist together, to listen to while I’m having chemo...’ And this one person actually put together sort of like a playlist that lasted about four hours. [...] And I still listen to it now, and it always makes me smile. So whenever, you know, if I’m listening and it’s on shuffle, and one of those songs comes on, I know exactly, ‘Oh, that’s when I first...’ And that’s lovely. That’s really touching. Because it was so personal, and because of the time that that has taken to do – that was really lovely.”*

An administration officer recalls the great lengths their manager went to in order to provide practical support for them and their family during such a difficult time:

*20170505: “My line manager used to go and pick my daughter up because she... she could drive but she didn’t have a car. She used to go and pick her up and take her to the hospital to visit me. They were absolutely fantastic. And then, when I was at home, my line manager and my director both came to visit me every week without fail to keep me informed what was going on, make sure that I was okay, did I need anything, did I need help getting to the hospital for further treatment, all this kind of things.”*

Finally, a cabin crew recalls how their employer had counselling and professional support available to anyone who needed it:

*20170407: “They have a service, EAP, so you can call up for counselling or any health support that you might need. They gave me all that information and they also have an occupational health department, so I had quite a lot of help and support the whole way through.”*

The third recurring theme, which emerged in several interviews, is the suggestion that certain attitudes help cancer patients cope with their condition. First, having a positive attitude appears to have been helpful for many interviewees. For example, this was the case for both an administration officer and a cleaner:

*20170505: “My [health] consultant said that the fact that I had this positive attitude about coming out the other side is what got me through.*

*She said she wished more people reacted the way I did.”*

*20170821: “I just stayed positive. I stayed positive. I didn’t let it get me down. I just thought, you know what? Just get on with it and just keep positive and just keep doing what you’re doing.”*

Second, being matter-of-fact and having a practical attitude also helped several interviewees cope with the disease and the treatments. For example, a market research consultant opted for a pragmatic approach:

*20170508: “I would say to people, ‘Yeah, I’ll be able to do that next week after my chemo on Wednesday’, or something. So I would just slip it in and be very matter of fact about it, because that was pretty much how I did feel with it, matter of fact with it.”*

Similarly, a letting agent reported dealing with the diagnosis with resolve:

*20170619\_2: “I was in shock, yeah, but you know what? After it sunk in, I was just like, well, it is what it is. Just deal with it and get on with it.”*

The fourth and final recurring theme among the coping strategies discussed by the interviewees is the benefit of being open about the condition and communicative with colleagues. As many pointed out, they are or were the first, relatively close person with cancer that their colleagues knew at the time. This meant that their colleagues had questions and were curious about the condition. Thus, cancer created for some of the patients the

situation to improve their relationship with colleagues and cope better with the disease in the workplace. For example, a market research consultant was able to connect with colleagues they hardly knew before:

*20170508: “There was one guy who I really didn’t know very well, but he was just really interested, and he was asking me lots of questions about it and I was always very open, and very happy to talk to him. So I think in some ways, it improved my relationships because it gave me something to talk about with other people that I wouldn’t normally talk that much with.”*

A volunteer in a not-for-profit organisation shares similar accounts:

*20171009: “If people haven’t asked me, I haven’t told them, and that’s difficult, but if people have heard, and I’m happy to talk about anything, I talk straight, I don’t try and skirt the topic, so if they want to know something, I’m very happy to answer any questions and they know that, because I’ve always been regarded as a knowledge source, I suppose it’s an extension of the knowledge source. Educate them as to what it felt like being ill, but not looking ill because they just couldn’t understand how I’d got a few months to live when I didn’t look like I was ill.”*

However, this lack of familiarity with the disease also meant that patients could find themselves in uncomfortable situations. Addressing misunderstandings immediately helped them prevent similar events in the future. A real estate officer recalls an episode with one of the residents of the community estate they were managing at the time:

*20170517: “A resident who hadn’t really thought about what I’d said or hadn’t understood what I’d said, and I overheard her speaking to a group of others, ‘Oh, don’t need to bother her, because she’s riddled with cancer, you know.’ And that did upset me and I actually walked in... When*

*I first heard it, I took myself away to the loo, and just thought, pull yourself together. And then I went back into the room and I said to all of them, 'What she's just said is not true.' And then I explained what the situation was and I said to her, if she didn't understand it, she could come and speak to me at any time. I've never had a problem with it since."*

A sheltered housing officer shares a similar story:

20171120\_2: *"The only time I felt uncomfortable was not that long ago, a young person was out of sorts and they were giving me a bit of grief at the time. Then my boss had said to them, 'You're having a go at someone who's had cancer last year.' That was almost like a red flag to a bull to the young person, because they thought that I'd said to them, 'Oh, they shouldn't be having a go at me, I had cancer last year.' So I just said to them, 'That's not the case. I haven't brought it up: I have never used the cancer card.'" I said, "I chose to come back to work. You can have a go at me for anything you want, regardless of whether I've had cancer. That's just not your issue. [...] You don't have to worry about being nicer to me because I've had cancer.'"*

Another type of common, uncomfortable situation that many interviewees experienced is colleagues commenting on their appearance. Many coped with these incidents by reminding themselves that most people are not familiar with cancer and related issues and their comments are not malicious. For example, a market research consultant recalls:

20170508: *"But it was interesting how people would always comment on my appearance. Say, 'Ooh, you're looking well, you're looking... Gosh I can't believe you're having chemo, you look so well', all the time. But I think a lot of people with breast cancer do look quite well during their*

*treatment. So I think that's people not being very, not understanding things sometimes. [...] It was okay. Fundamentally, it was... I think it's people being nice. They're hardly going to say to you that you look like shit (laughs). So it's people being nice, they want to say something, they want to acknowledge something and yes, generally, I was looking well [...] it never really irritated me as if to say, I wasn't there thinking, 'Gosh, you don't realise how bad it is', kind of thing".*

A volunteer at a not-for-profit organisation shares similar experiences:

20171009: *"So I'm quite relaxed that people might not know what the right thing is to say but everybody wanted to be supportive and they wanted to be nice and therefore, I genuinely don't think anything they ever said did bother me, but if it had bothered me, I will have appreciated it was coming from a place of niceness or ignorance so something along those lines it would never really have upset me."*

Finally, several interviewees found it useful to keep their colleagues informed about what was going on with them. While in some cases they felt it was necessary because it might have impacted their colleagues' work, keeping others informed also prevented shock or uncomfortable situations. For example, a market research consultant took a cautious, but transparent approach to disclosing their diagnosis at work:

20170508: *"[When] I was told I had cancer, there was then a two week period where I was having various tests to establish whether it had spread so that they [the doctors] could then come up with my treatment plan. So during that two week period, I didn't tell anybody at work about it, because I wasn't quite sure what to say because at that point I didn't know whether I was at death's door, or whether I was going to be treated, so I*

*didn't say anything to anybody at that point. [...] Once I actually had the treatment plan and I knew what was happening, I then spoke to my... I told my boss what was happening. [...] So then I basically said to my boss, 'I'm going to be having chemotherapy, I've got no idea whether I'm going to be able to work or not work. I'd like to try, if I can.'*”

A recruiter instead decided to give a “heads up” to their colleagues about a sudden change of appearance:

20170510: *“But when I went back to work, I had no hair, of course, I'd had a wig, so my hair was sort of shoulder length, when it fell out. Some hair was then short and curly, but I had a really quite good wig, and I remember saying to my people, I was due a week's holiday, I said, 'When I come back from holiday, I won't have this on, I will have my own hair' because it was long enough then not to have a wig on.”*

### **Personal and professional outcomes**

Surviving cancer is a life-changing experience for most, and this emerged in the interviews as well. Both respondents who had just finished their treatment and those who ended it several years ago reported meaningful changes at the personal and professional level. It is perhaps not surprising then that the first recurring theme is that of transformation. Several patients discussed how the disease has changed them personally and the different ways in which these changes manifested. For many, receiving a cancer diagnosis meant realizing the transient nature of life, their own mortality. The excerpts below are powerful stories. For example, for the administration officer the diagnosis resulted in drastic changes to their life and acceptance of their finite nature:

20170505: *“I've sold my house that I bought when we moved up here [north of England] and bought a smaller flat which freed up some money.*



*Did the flat up, put in heating, did up the bathroom, this, that, the other. It's just the way I want it. It looks nice. Everybody comments on how nice it is. I don't have any money. I don't care. I've got a nice place to live and I'm happy. And that wouldn't have happened, 10 years ago and I would have worried myself stupid. So I don't worry about things anymore because what will be, will be. And when your time's up, your time's up."*

For the marketing consultant, the diagnosis provided a new perspective on life and its precariousness:

20170619\_1: *"But there's something about it that does change you as a person, because you're confronting that your life, well, you might not have your life for one, and even if you do, it becomes incredibly precious, because it touches you like that."*

At the same time, realizing that the time one has available is limited pushed many interviewees to revisit their priorities in life and to search for meaning. For some, this meant changing careers, while for others this meant spending more time with loved ones. For example, a cabin crew went back to studying and set up a business meaningful to them:

20170407: *"When I was diagnosed, it is a contraindication for a cancer patient to have any beauty therapy treatments for five years. You can't go and have a massage or get your chemo skin treated, you will be turned away. I didn't like that and I couldn't see why, so I went and I studied and I did a post graduate in oncology therapy. So that is why I can treat cancer patients. I kind of feel it was my purpose after everything."*

A peer support volunteer at a not-for-profit organisation revised their priorities, putting things in perspective:

20171016: *“It makes you realise that work isn’t the most important thing, that your health is and that relationships are, friendships. [Work] tended to dominate my life. You know, it was very busy and very demanding, so it gave me... it didn’t give me as much time as I would have liked or probably should have had for relationships and friendships. It was just such a demanding job and you came home exhausted. [...] So it gives me a different perspective and to see the things that are important, yes. It’s just a shame that it takes being ill like that to make you realise it”.*

Finally, several interviewees reported adopting a “carpe diem” attitude following the diagnosis. For example, a market research consultant decides to make the most of life now, being aware that cancer might return:

20170508: *“There are things, you’re thinking ‘Live for the moment, get on and do things while you can’. At the end of the day, a third of women, breast cancer will come back and I certainly know... Since I’ve had the diagnosis and I’ve got to know other young women with breast cancer and quite a few of them have had recurrences and stuff. So I’m very aware that there’s a reasonable chance of it coming back.”*

A teacher shares a similar attitude, and believes in owning one’s life journey:

20170518: *“It’s changed me hugely. I got the massive fuck it approach to life. It’s like really, really fuck it, you’ve just got to do what you want to do, you’ve got to enjoy life. You’ve got to value the relationships that you have. You’ve just got to... It’s there for all of us, nobody’s journey is our own, apart from our own, you’ve got to live your own journey, you’ve got to value your journey.”*

A second theme that emerged consistently from the interviews is that of the emotional

turmoil that all cancer patients experience. Interestingly, most interviewees experienced a mix of positive and negative emotions. Positive emotional outcomes include a feeling of gratitude, self-efficacy and confidence; negative emotional outcomes include shock, anger, frustration, guilt, low self-worth, and fear. This emotional turmoil affects patients profoundly and throughout their journey, and for some it is difficult to find balance. A teacher discusses the ups and downs in their journey, and the alternation of feelings of defeat and gratitude:

*20170518: "I've had counselling at different times in my journey, but I reached a point quite recently where I thought 'I'm sick of this journey now' you know? It's too much, it's too hard. Because of not having any energy, it's just too hard, so I did reach a point quite recently, where I thought if someone would give me that final tablet, I would take it. But then, you have a beautiful, sunny day like you have today, and I've got my painting sitting in the corner in the kitchen, and I've got a tennis match tonight, actually, so there's plenty to live for. But it has changed me a lot, yeah. It's made me more grateful for what I have. When life is short, I'm so grateful for what I have. I have two really beautiful children, I have a lovely house, I've got great friends, I have the capacity to live an amazing life, even now. So it has changed me a lot."*

A lettings agent is also torn between pride and fear:

*20170619\_2: "I think confidence, yes, definitely. I feel very much stronger than I used to. I feel like I am – because of the illness, because of what we've achieved – I'm able to achieve almost anything now. There are still times... So for example, this is my last chemo, and when you're going through chemo you've got a safety net of chemo; and then once it's over you think, 'Right, okay. What's going to happen now?' Because there isn't*

*that miracle drug to kick in, as the chemo finishes. And that's quite difficult to accept. So the next few months – although I've still got another fundraising event to do – I know that I'm going to be a little bit twitchy, a bit panicky, about the blood test and what's going on inside, because we just don't know what's happening.”*

All interviewees expressed their desire to have an impact, and that is the third recurring theme within patients' outcomes. For most of them, having an impact means raising awareness of the type of cancer that affected them and the available therapies, and support charities and medical research bodies with fundraising activities. A teacher and a lettings agent share their experience and desire to have a positive impact on others:

*20170518: “I became involved with them [charitable organisation], on a voluntary basis, and I fundraise for them, I've raised £36,000 since 2012. Every year I have a project, so it's not like paid work, but it's my equivalent of work? So, every year I have a project and I raise money for them. I also do talks for them, and media stuff for them and presentations for them. So, that is like my work. It's equivalent of my work, but it's all voluntary. So, that's a really important part of my life and I love doing it.”*

*20170619\_2: “We met [Charity Officer] at the research centre, the scientific research centre. And she came out there with us, and we had a guided tour with the scientists, which was amazing. [...] And that's when we presented the cheque, which was at the time £23,000. [...] And also when we went to see the scientists, and we presented the cheque to them, at the research centre, it was an amazing feeling to be able to do that.”*

Others instead feel that they have to leave a legacy, for example a real estate officer goes out of their way to make a contribution that will be their legacy:

*20170517: “I will always put my name forward. Just to get the word out there of what’s happening, what’s going on. I took part in a documentary not so long ago where a film crew came to my house 8:45 in the morning and [...] we finally finished at 6:30 at night. As I say, I was shattered. But it was a great experience that I wouldn’t have done otherwise and the documentary is due out next month. That’s to promote the fact that the drugs that people that are incurable are on are giving us more time and we’re having a better quality of that time.”*

A volunteer at a not-for-profit organisation, after being given a terminal diagnosis, poured all their energy into documenting the local history of their community and town:

*20171009: “So regarding the book, I was diagnosed in the October, so I thought I’ve got to leave a legacy, I can’t just die and not have something that everybody... there’s something that needs to be done [...] because I hadn’t expected to survive past Christmas and I was being asked where did I want to die, and all that sort of stuff, but I was still plodding on doing the [location] trips and crashing on with the book and everything.”*

The fourth and last common theme in terms of outcomes for cancer patients is the identification of a new social connection. Having acquired a new social identity – cancer patient, many interviewees have reached out to or come into contact with a group of individuals with whom they share similar experiences and challenges mostly unknown to them before the diagnosis. This shared experience creates an immediate, powerful bond. A cabin crew and an education consultant share their experience:

*20170407: “You can feel isolated. [...] I will break it into the [Government Agency] if it kills me because when people get diagnosed I would like them to meet someone like me so they can have all that*

*information and it is not such a big shock and they know what to do and where they can go.”*

*20170615: “I was talking to somebody else and I think she said something about having had cancer, and then you sometimes go, ‘Oh really?’ And, ‘So did I.’ And you know, it turns out that it’s not the same cancer, and our experiences were very different – but I think that you then have a bond with someone, because you know that they understand it.”*

Finally, most interviewees expressed the desire of helping others going through the same horrendous journey, sharing their experience and providing practical support. For example, a cabin crew does that through their business:

*20170407: “My website is a bit of a hub, so people can go on there and they can get links to places where they can get mastectomy bras or colostomy swimming costumes or support here there and everywhere – up north, down south, wherever – it’s all on there. And different things like chemo showers, so if people get diagnosed, they can get their families and friends together – like a bridal shower or baby shower – they can have one for chemo. It is just turning it into something a bit more positive and getting rid of that elephant in the room, plus including their close families.”*

A learning mentor helps others by actively engaging them online:

*20171120\_2: “We’ve got our own Facebook group, and I speak and monitor that daily on Facebook, and we all... We’ve got ‘UK Whipple Warriors’, and we support each other; we all talk about our daily ups and downs on there.”*

## Discussion

In this study, I explored the experience of individuals diagnosed with cancer, an emergent stigmatized social identity. Grounded in stress and coping theory, this investigation surfaced the challenges cancer patients face, both in their personal and work lives, the coping strategies they use, and the outcomes that they experience as a result. The interviews revealed that individuals diagnosed with cancer experience a varied set of challenges: compromised health and well-being, impaired ability to work, inadequate responses from management, and unrealistic expectations of bosses and colleagues. For all respondents, these challenges were highly relevant, both in their own right and because in some cases they triggered new stressful situations. For example, the expectations of full recovery immediately after the treatment cause colleagues and bosses to grow intolerant of sub-optimal performance quickly, which in turn puts patients under great pressure.

To manage these emerging challenges, respondents reported using a mix of problem-focused and emotion-focused coping strategies (Folkman & Lazarus, 1980). Problem-focused coping strategies include adapting one's lifestyle (planful problem-solving) and addressing misunderstandings immediately (confrontive coping). For example, many respondents reported low levels of energy and stamina, particularly while undergoing treatment. This led them to become strategic in the use of their resources and plan work or other activities, and time with family and friends carefully not to become exhausted. Emotion-focused coping strategies include devaluing the stakes at risk (20170510: "All the way through the tests, I still wasn't convinced that it was anything serious"), focusing on the positive aspect of the situation (20170619\_2: "I think confidence, yes, definitely. I feel very much stronger than I used to"), and engaging in positive comparisons (20171120\_1: "We are the lucky ones. Because only [...] 5% of people survive five years and only 1% survives 10 years [...] we

know we're some of the lucky ones"). Respondents also sought emotional support from others and tried to maintain a positive attitude throughout their journey.

It is crucial to notice that these coping strategies were not used all together and all at the same time. For example, adapting appearances to cope with changes in their body and associated low self-image was relevant for interviewees only when the effects of the treatment became apparent, but the strategy is not used before the treatment or after the effects of the treatment have disappeared. Similarly, changing the way they communicate with their colleagues was a relevant strategy only upon return to work. Further, strategies that depend on the contribution of others, specifically those relating to emotional, practical and professional support, are bound to become less prominent as the patient becomes a survivor. This is key and reflected in the accounts of the interviewees, who lamented less interest and support from their colleagues after the treatment compared to the earlier days of their journey.

Finally, individuals diagnosed with cancer discussed several outcomes in their personal and work lives resulting directly from the post-diagnosis journey. At the personal level, many develop an urge to have an impact, being it by raising awareness about cancer issues or leaving a legacy that might benefit others. They also find themselves in an emotional turmoil, struggling to balance positive emotions, such as gratitude, self-efficacy and confidence, with negative emotions, such as shock, anger, frustration, guilt, low self-worth, vulnerability and fear. During their journey, patients become more conscious about their own mortality and embrace a "carpe diem" attitude – do what you can and what you want, while you can and when you want to. This transformation is profound and can affect their work life too. Cancer patients also seem inclined to search for meaning in life and in their work. From the interviews and the excerpts above, it is clear how spending their time doing meaningful work becomes increasingly important, even when it means doing it on a



voluntary basis or changing careers completely. Finally, responses suggest that cancer patients develop a *new* social identity. This new identity is the foundation of a shared experience with others who have been through a post- cancer diagnosis journey. In turn, this shared experience often creates an immediate, powerful bond among cancer patients and triggers their desire to help and support others in their social group, their community.

An interesting finding emerging from the review of the interviews and the data presented in the previous section is that among the coping and identity management strategies, those that communicated openness about the condition seemed to have resulted in generally positive outcomes for the respondents, in the form of support (e.g. having “buddies” staffed with, who can help a cabin crew), smoother social interactions (e.g. avoid awkwardness of appearance change for a recruiter after removing the wig), improved understanding from others (e.g. after correcting misguided behaviours for a real estate officer), and proactive behaviour and sense of achievement (e.g. from supporting research or others diagnosed with cancer through voluntary work for a teacher and a lettings agent). However, disclosing the diagnosis also put the respondents in the spotlight, resulting in somewhat uncomfortable situations, such as being seen as “role models” or receiving comments on one’s appearance.

### **Theoretical implications**

This study confirms and enhances our theoretical understanding of coping with a stigmatized social identity in at least three ways. First, the findings lend support to the idea that studying stigma and prejudice from a stress and coping perspective is fruitful and helps capture the processes by which stigmatised individuals navigate their personal and professional lives (Miller & Kaiser, 2001). Indeed, the study highlights the interconnectedness of cancer stigma and stigma-specific stressors; the several ways individuals cope with these stressors, including problem-focused, emotion focused, and

identity management strategies (Berjot & Gillet, 2011); and the varied outcomes that they experience as a result of their coping strategies. Interestingly, these outcomes appeared to be generally positive when patients were open about their illness and its implications; however the disclosure of the illness also created (mildly) unpleasant situations. This resonates with the literature on the disclosure of socially devalued identities, which suggests that there are benefits to revealing a stigma, but also risks (Clair et al., 2005; Ragins et al., 2007; Ragins, 2008). The results of this study extend these findings by suggesting that not only disclosure is an important factor influencing individual outcomes, but also the way stigmatised individuals manage their identity, with open, or overt strategies as opposed to covert strategies, affects these outcomes.

Second, researching the experience of coping with an emergent stigmatized identity in the context of work clarifies the process of coping with a stigmatized social identity that, by sudden acquisition or disclosure, becomes known to others and relevant to the interactions and situations in the workplace. This process is qualitatively different from coping with stigmas linked to different individual characteristics, such as gender or ethnicity, which are “present at birth and are embodied for a lifetime” (Knapp et al., 2014, p. 5), because the impact of situation (nature of harm/threat, novelty, ambiguity) and person factors (personal beliefs and values, stigma consciousness) affecting the appraisals of situations and events changes over time, as the emergent identity becomes embedded in the self-identity of individuals. The implication of these changes is that the acquired social identity gives individuals new “lenses” to interpret situations and interactions, which in turn affect their appraisals and consequently modify the coping strategies and processes they use to address the challenges in the environment. In other words, the emergent stigmatized social identity is both an outcome of coping with stressful situations arising from the movement into stigmatized status and the catalyst of revised appraisals of situations and events, and in turn

diverse coping strategies. In addition, because the internalization of the new social identity is a gradual process, it is likely that the process of coping with an emergent stigmatized identity is cyclical rather than linear, possibly requiring several iterations before reaching stability. These findings suggest that a revision of stress and coping models to account for this interesting dynamic may be warranted if the goal is to better understand the process of stigma emergence, rather than coping with stigma-related stress arising from embedded devalued social identities.

Finally, investigating the outcomes for individuals with an emergent stigmatized social identity resulting from their coping strategies challenges the linearity of stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984). These models, as discussed earlier in the chapter, proceed step-wise from a situation, to individual appraisals, to engagement with a combination of problem- and emotion-focused coping strategies, to resulting outcomes. These are process oriented because they account for the dynamic relationship between the person and the environment; however, with an emergent stigmatized social identity, a dynamic relationship also exists between the individual's "current self" and "emergent self", because the emergent stigmatized social identity becomes both an outcome of coping with stressful situations and the catalyst of a complex set of challenges and coping strategies. This suggests that, at least while the new social identity is being embedded in the self-identity of individuals, there is a feedback loop from the outcomes to the appraisals of situations and events. As such, future models of stress and coping among individuals with an emergent stigmatized social identity would likely benefit from considering this complex interplay.

### **Limitations**

As with all research, this study has some limitations. In particular, the interview method, although appropriate for uncovering the unique challenges, coping strategies and

outcomes experienced among this group of individuals, does not allow for a test of causal links between variables. The depth of data collection can suggest cause-and-effect relationships (Bennet & McWhorter, 2016), but for a rigorous assessment of these relationships an experimental design is more appropriate.

Second, the interview method has inherent reliability issues due to the lack of standardisation (Robson, 2011). While there was an attempt to maintain consistency across all interviews, bias cannot be ruled out. Another limitation inherent to the interview method is that of respondent recall bias: because interviewees were asked about past events, feelings, and actions, it is possible that, to some extent the information they have provided is not accurate (Sedgwick, 2012).

Third, the sample consisted of only 14 individuals with a cancer diagnosis, all resident in the United Kingdom and recruited through local charities. The implication is that the sample size is small and perhaps not representative of all cancer patients. In addition, because all participants proactively reached out to me to take part in the study, there might be some self-selection bias in the sample. Furthermore, it is possible that in different cultural and legal settings, the experience of individuals diagnosed with cancer is different from that of the participants in this study. Finally, the sample consisted of a mix of survivors who had been cleared of cancer or on palliative care at the time of the study. The implication is that there may be significant differences between these participants, but these are not picked up in this study.

A final limitation of this study is the singularity of the experience of the research participants. For cancer patients, the movement into stigmatized status and the disclosure of the stigmatized identity to others happened almost simultaneously, usually for practical reasons (i.e., the need to take sick leave from work or negotiate flexible arrangements). Thus, the stigmatized social identity was emergent for everyone. However, the experience might be

different for individuals with different types of emergent stigmatized social identities—especially that require disclosure (e.g., former inmates, sexual minorities)—because movement into stigmatized status and disclosure to others happen at different times. This means that the stigmatized identity in this case might already be part of the self-identity of the individual, but is likely to be perceived as emergent by those it is disclosed to.

### **Conclusion**

This study sought to investigate how individuals with an emergent stigmatized social identity navigate this experience personally and professionally, in the workplace. The data from 14 interviews with cancer patients suggested a set of challenges resulting directly from the diagnosis, as well as a mix of strategies patients use to cope with these challenges. Additionally, the study explored the outcomes in the personal and professional lives of cancer patients; the data suggested that the stigmatized social identity is both an outcome of coping with stressful situations arising from the diagnosis and the catalyst of revised appraisals of situations and events, and diverse coping strategies.

### Chapter 5: Managing Emergent Stigmatised Identities (Study 2-1)

Research on prejudice and stigmatised identity management has increasingly drawn from the stress and coping literature, recognising stigma-related stress as a distinct form of stress that arises from the unique demands imposed by stigmatised status (Miller & Kaiser, 2011). The extant literature on responses to prejudice is largely based on Lazarus and Folkman's (1984) transactional model of stress and coping, and recent adaptations of this model have been developed to capture the process of coping with stigma-related stress more accurately (Berjot & Gillet, 2011). However, this literature remains limited in at least two important ways: on the one hand, it tends to treat stigma as a fixed attribute, although many stigmas are acquired over time or have a course (e.g. illness). On the other hand, research on the outcomes individuals experience as a result of their coping strategies is scarce, but decidedly needed in the context of workplace discrimination given the link between perceived discrimination, and compromised work outcomes and poor individual well-being (e.g. Ensher Grant-Vallone, & Donaldson, 2001; Foley, Hang-Yue, & Wong, 2005; Jones, Peddie, Gilrane, King, & Gray, 2016; Madera, King, & Helb, 2012; Sojo, Wood, & Genat, 2016; Triana, del Carmen, Garcia, & Colella, 2010).

In Chapter 4, I addressed these gaps in the literature by investigating the experience of individuals with an *emergent* stigma, defined as a stigmatized social identity that comes into being from movement into stigmatized status by acquisition and/or disclosure. The results suggest that coping with an emergent stigma is a qualitatively different process from coping with stigmas linked to more stable and embedded characteristics. First, this process appears to be cyclical, with coping and identity management strategies evolving and adapting over time before reaching stability. Second, and congruent with stress and coping theory, both person and context factors predict coping and identity management strategies and, in turn, these behaviours result in various individual outcomes. In addition, extending stress and

coping theory, these outcomes appear to feed back cues to the individual that influence their appraisals of future situations and events and, in turn, their coping and identity management strategies.

The next two chapters consider these findings in greater detail, testing several hypotheses derived both from theory and the results discussed in Chapter 4. The goal of this chapter is to test the relationships that are at the basis of the stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) and that surfaced in Chapter 4 with respect to coping with and managing an emergent stigma. Specifically, this chapter considers the questions of how personal characteristics and contextual factors influence individual's coping and identity management strategies and, in turn, how these behaviours affect individual and interpersonal work outcomes. I report the findings of a longitudinal, repeated cross-sectional survey, based on the responses of 140 university students currently enrolled in UK based institutions and associated with their university's LGBT+ society. The chapter is structured as follows: first, it summarises and extends the discussion on emergent stigma, and introduces the literature on organisational socialization as a complementary theoretical framework to stress and coping. Then, it provides evidence of the emergent nature of sexual orientation stigma and supports the case for choosing gay, lesbian and bisexual students starting a new job as appropriate sample for this study. It proceeds to outline methods, analysis, and results. A discussion follows, referring the results to the study hypotheses and highlighting the theoretical contribution of the study. Finally, the limitations of the study are discussed before concluding.

### **Theoretical background**

A stigma is emergent when it comes into being from movement into stigmatized status by acquisition and/or disclosure. In Chapter 4, for cancer patients the acquisition of the stigmatised social identity and the disclosure of the diagnosis to their colleagues happened

almost simultaneously, due to their need to take time off work or negotiate flexible work arrangements. This experience of stigma emergence is singular, because the stigmatised social identity is new for everyone: the individuals themselves as well as the people around them, both in and outside the organisation. In addition, cancer stigma has a course, and may be visible and invisible at different times (Fujisawa & Hagiwara, 2015), adding complexity and distinctiveness to the characterisation of this stigma.

However, in many cases a stigma is either visible (e.g., ethnicity, scarring) or invisible (e.g. mental illness, sexual orientation; Crocker et al, 1998), and while disclosure happens concurrently with the acquisition of a visible stigma (e.g. loss of a limb), disclosure of an invisible stigma can occur any time and selectively. The implication is that the stigmatized identity resulting from the acquisition of an invisible stigma might already be part of the self-identity of the individual at the time of disclosure; however, it will be perceived as emergent by those it is disclosed to because, from their point of view, the individual moves into stigmatised status at the time of the disclosure. This means that the concepts of invisible stigma and emergent stigma are closely interconnected: every time an invisible stigma is disclosed it becomes emergent in the context in which the disclosure takes place.

At work, individuals with invisible stigmas can use discretion in their disclosure decisions (Goffman, 1963; Jones & King, 2014). Making the choice to disclose the stigma is a complex process that involves weighing the positive and negative consequences associated with the disclosure (Clair et al., 2005; Ragins et al., 2007; Ragins, 2008). Several factors influence this process. At the individual level, the desire to be authentic to one's true self and the extent to which the stigmatised identity is important to the individual's self-concept propel the decision to disclose (Hogg & Terry, 2000; Ragins, 2008; Swann 1987); however, impression management concerns, which are salient in the work context, can hinder this process (Roberts, 2005). At the organisation level, the extent to which the individual believes



that their identity will be accepted by others (Jones & King, 2014), combined with the presence of supportive relationships, similar others, and institutional support, create an environment that encourages individuals to disclose their stigma (Ragins, 2008). Taken together, this evidence suggests that individual and context factors determine individuals' disclosure decisions and, by extension, create the condition for the process of stigma emergence.

Every time they join a new organisation, individuals with an invisible stigma have to assess the environment and determine whether the potential benefits of disclosure outweigh the risks of negative consequences such as prejudice and discriminatory treatment. It is reasonable to assume that this assessment begins early in the employment relationship, when stigmatised newcomers to the organisation learn about and make sense of their new work environment. For example, during induction they might learn about the institutional support available for families, or the well-being initiatives in place for employees struggling with health issues; and they might meet new colleagues who share their stigma and have successfully disclosed it at work.

The literature on organisational socialisation sheds light on the process by which newcomers learn about their organisation, and align themselves and their new environment. While this literature has been described as fragmented, there is general agreement in the definition of organisational socialisation as the process by which new employees make the transition from being outsiders to the organisation to being insiders (Bauer, Bodner, Erdogan, Truxillo, & Tucker, 2007). The dominant perspective is interactionist, positing that both newcomer characteristics and behaviours, and organisational tactics and procedures, influence the adjustment process (Jones, 1983; Van Maanen & Schein, 1979). Thus, interactionist models of organisational socialisation do not assume that newcomers are passive agents subject to the forces of their environment; instead, these models recognise

newcomers as active protagonists in the process of adjustment (Saks & Ashforth, 1997). This perspective resonates with stress and coping theory, because both theoretical frameworks are relational and process oriented: they recognise that a relationship exists between individuals and the environment, and this relationship is constantly changing with the person and the environment each influencing the other. It is also congruent with the position of this thesis that stigmatised individuals are not passive recipients of discriminatory and prejudiced behaviours, but active agents who can resist and perhaps even challenge this treatment.

As for all newcomers, starting a new job puts a stigmatised individual in an unfamiliar situation. Newcomers' prime concern is to reduce this uncertainty by clarifying their situational identity and securing the approval of others (Jones, 1983, p. 465). For individuals with an invisible stigma, the approval of and support from others includes also the extent to which their stigmatised identity is accepted in the new environment (Jones & King, 2014).

Building on the discussion of Chapter 4, I hypothesise that as they make sense of the new organisational culture and values, and build relationships with new colleagues, stigmatised individuals will engage in various and changing coping and identity management strategies. In turn, these will influence individual outcomes, such as job satisfaction and turnover intention, and interpersonal outcomes, such as organisational citizenship behaviours. The primary objective of this chapter is to investigate how personal characteristics and contextual factors influence individuals' coping and identity management strategies and, in turn, how these behaviours affect individual and interpersonal work outcomes.

Figure 1 [Appendix A] summarises the hypothesised conceptual model based on stress and coping frameworks (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) combined with the findings reported in Chapter 4.

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Insert Figure 1 about here  
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I focus on sexual orientation as a particular form of stigmatized social identity, and young gay, lesbian and bisexual individuals starting a new job as a subgroup of this population. Research on invisible stigma disclosure suggests that decisions about how to manage one's stigmatised social identity are among the most difficult career challenges faced by gay and lesbian employees (Button, 2001, 2004; Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Ragins, 2004; Ragins, Singh, & Cornwell, 2007). Additionally, organisational socialisation research posits that school-to-work transition is a delicate, shocking, and chaotic change in a young person's life, and social acceptance is especially important for school-to-work newcomers (Bauer, Bodner, Erdogan, Truzillo, & Sommers, 2007; Kowtha, 2011). Therefore, a sample of young gay, lesbian and bisexual employees with little experience of working in organisations seemed appropriate for the purpose of this study.

### **Model and hypotheses**

The conceptual model illustrated in Figure 1 clearly maps onto stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984), showing individual and environmental factors on the left-hand side, coping and identity management strategies in the middle, and individual and organisational outcomes on the right-hand side. Figure 1 is purposefully abstract, for clarity of presentation; below, I explain the meaning of "coping and identity management strategies", and specify the components of each of the predictor and outcome blocks.

In this thesis, "coping and identity management strategies" refers to the ways stigmatised individuals cope with their emergent stigma and manage their identity at work. The relevant themes identified in Chapter 4 included adaptability, openness, help from others, and positive and matter-of-fact attitudes. While they are inevitably associated with specific aspects of cancer stigma, at an abstract level it is possible to see how they may be

generalizable to other stigmas. For example, openness is evocative of disclosure, and adapting one's appearance may reflect the desire to conform to the majority. These aspects can be found in models of invisible stigma identity management, such as those developed for sexual orientation stigma.

Research on the work experience of gay and lesbian individuals has long moved away from dichotomous models, whereby they were thought to either pass as heterosexual or openly identify as gay or lesbian (Chrobot-Mason, Button, & DiClementi, 2001). Instead, several typologies of invisible stigma identity management have been developed to provide a more nuanced description of this process. For example, Woods (1994) identifies three such strategies used by gay, lesbian, and bisexual employees: "counterfeiting", which consists of passing off as heterosexual; "avoidance", which entails self-editing, censoring, and telling half-truth to evade the issue altogether; and "integration", which refers to openly disclosing one's stigmatised identity. Griffin (1992)'s typology largely captures these same strategies, with "pass", "cover" and "explicitly out" corresponding to Woods' (1994) "counterfeiting", "avoidance", and "integration" respectively. In addition, Griffin (1992) recognises that many gay and lesbian employees might be honest about their private lives and identities without however labeling themselves as gay or lesbian, a strategy that she called being "implicitly out". A key feature of Griffin's (1992) model is that it acknowledges that individuals engage in various identity management strategies, but suggests that their behaviours will cluster around one point along this continuum (Anderson, Croteau, Chung, & DiStefano, 2001).

The central box of the model presented in Figure 1 captures the various identity management strategies gay, lesbian and bisexual employees use in the workplace. For data collection purposes, I refer to Griffin's (1992) typology, thus considering four clusters along the disclosure continuum. For the analyses in this study, however, I narrow my focus on a subset of these: "explicitly out" (hereafter: open strategies) and cover strategies, as these best

match the coping and identity strategy themes identified in Chapter 4 “openness” and “adaptability”, respectively.

The two boxes on the left-hand side of Figure 1 represent the individual and context factors that influence individual’s coping and identity management choices. As intended in Chapter 4, these factors were derived from the results of the study of the journey post-diagnosis of cancer patients. However, several of these factors could be extended to stigmas other than cancer or illness, and were relevant to the work context. Thus, I retained these predictors for study 2.

In Chapter 4, I identified psychological and physical well-being challenges as individual-level factors affecting cancer patients’ coping and identity management strategies. These factors are closely associated with cancer both as a condition and as an emergent stigma, but are not directly applicable to other stigmas, such as sexual orientation stigma: on the one hand, non-heterosexual sexual orientation is not physically or cognitively impairing; on the other hand, sexual orientation is not necessarily a novelty for individuals, who might have already internalised this particular aspect of their identity at the time of the disclosure. Nevertheless, these factors highlight the importance of individual-level factors, particularly the psychological dimension of stigma. Thus, I consider two generalizable, individual predictors that capture stigma-related psychological aspects that influence coping and identity management at work: identity centrality and stigma consciousness. Identity centrality refers to the extent to which a particular aspect of one’s identity is personally important and defining of the self (King, Mohr, Peddie, Jones, & Kendra, 2014), and stigma consciousness is defined as the extent to which individuals expect to be stereotyped or discriminated on the basis of their stigmatised identity (Pinel, 1999, p. 115). Both predictors allow for the stigma to be novel or not, and because the expectation to be discriminated against strains individuals’ psychological health (Foley et al., 2015; Lim, Cortina, & Magley, 2008; Sojo et

al., 2016), a logical continuum exists between the themes in Chapter 4 and the variables considered here. Additionally, the choice of including identity centrality and stigma consciousness is congruent with stress and coping theory, the overarching theoretical perspective underpinning the study, in that also Berjot and Gillet (2011) have theorised that these individual-level variables are likely to be important predictors of stigmatised individuals coping strategies.

The contextual predictors that I identified in Chapter 4 included work demands, responses of management, and expectations of others at work. Physical and intellectual work demands applied to cancer patients as they reflected their impaired physical and cognitive health resulting from the condition and its treatment. While these specific aspects of work might be less relevant for other stigmas, such as sexual orientation stigma, they point to the importance of work as a context that may influence individuals' coping and identity management strategies. Thus, I chose to include as context predictor a generalizable, stigma-relevant factor that may characterise work and the work environment: diversity climate. Diversity climate refers to "employees' perceptions about the extent to which their organisation values diversity as evident in the organisational formal structure, informal values, and social integration of underrepresented employees" (Dwertmann, Nishii, & Van Knippenberg, 2016, p. 1137). Encompassing all possible ways in which organisations may make work more accessible to stigmatised individuals, it seemed a suitable extension of the themes of work demand, and an appropriate predictor to include in the study. Once again, the translation of work context in to diversity climate in this study is supported by stress and coping theory: Berjot and Gillet (2011) predicted that the social context is an important predictor of individual stress and coping strategies, particularly the extent to which the stigmatised perceive their identity to be accepted rather than threatened.

Responses of management and expectations of others at work are readily generalisable to stigmas other than cancer, such as sexual orientation stigma. In fact, these themes point to the importance of interpersonal interactions and relationships at work, both with management and one's colleagues. In this study, I chose to operationalise these dimensions with perceived support from one's manager and one's closest colleague, both broad enough in scope to include various expressions of social support (work-specific, personal, and thus potentially stigma-related). Social support is another key variable in the process of coping with and managing stress arising from carrying a stigmatised identity (Berjot & Gillet, 2011), and thus it is congruent with the theoretical foundations of this study.

Finally, in Chapter 4 I identified several outcome themes. Most of these themes were highly cancer-specific (e.g. mortality awareness), but, if thought in abstract terms, also partly relatable the outcomes examined in this study, which include basic, highly-relevant work attitudes such as job satisfaction and turnover intentions. For example, the theme of developing a connection with others hints to the importance of embracing, high-quality relationships with others. Here, I operationalised this dimension with the work- and stigma-related outcome of perceived inclusion, which reflects the extent to which one feels part of the social organisation. In this case, it addresses the novelty of the work environment, while the themes of Chapter 4 pointed to the novelty of the social group to which cancer patients found themselves part of. Similarly, the theme related to the desire to help others going through the same post-diagnosis journey suggests the willingness to support others that are perceived as somehow close. Here, I operationalised this aspect with the work-related outcome of organisational citizenship behaviours (OCB), which reflect behaviours that are entirely voluntary and benefit others at work and the organisation. In sum, while it is not possible, or necessarily useful, to test for all the outcomes experienced by cancer patients, the outcomes identified in Study 1 can and do inform the outcomes investigated here in study 2.

Figure 1 also depicts the hypothesised relationships among the various components of the conceptual model. Specifically, individual and context factors influence coping and identity management strategies; in turn, these strategies impact on both individual and interpersonal work outcomes. This conceptual model maps onto the established stress and coping models discussed in the previous chapter (Berjot & Gillet, 2011; Folkman & Lazarus, 1980). These models assume a temporal dimension, or chronological order, whereby individual and context factor exist at the start of the process and influence subsequent coping strategies, which eventually lead to a set of outcomes. In other words, in these models the coping strategies explain how an individual obtains certain outcomes given the individual attributes and situational characteristics that determined their primary appraisal of an event or situation, triggering a coping response. Therefore, a mediational approach seems appropriate to test the conceptual model in Figure 1.

Stigma theory predicts that individuals with an invisible stigma will experience negative outcomes if they chose to conceal their stigmatised identity, and positive outcomes if they decide to disclose it instead (Crocker et al., 1998; Goffman, 1963; Jones & King, 2014). In the context of the workplace, this prediction is supported by the evidence in the literature. For example, higher levels of disclosure have been found to be associated with increased positive attitudes, such as job satisfaction and career commitment, and decreased job stress and turnover intentions (Griffith & Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Wrzesniewski, Dutton, & Debebe. 2003). Similarly, concealment has been linked to worsened job attitudes and higher psychological strain (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Jones & King, 2014; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012). Thus, on the basis of theory and empirical evidence, it is reasonable to expect that open strategies will be associated with positive work outcomes,



and covert strategies to negative work outcomes. Building on this premise, I hypothesize that the choice of coping and identity management strategies of young gay, lesbian and bisexual organisational newcomers explains their reported job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours. Below I elaborate on how I hypothesise the process to unfold, from how individual and context factors influence identity management strategy decisions, to how these decisions ultimately impact individual and interpersonal work outcomes. Overall, the set of hypotheses tested in this study is underpinned by stress and coping theory, as framework to explain the underlying mechanisms, and stigma theory, as perspective informing the general expectations of outcomes, at the higher level; however, at the lower level, for each hypothesis I delve deeper into how that particular relationship might unfold, thus complementing stress and coping theory with other theories that more directly support the hypothesised paths.

### **Individual predictors, coping and identity management strategies, and individual and interpersonal work outcomes**

**Identity centrality.** Identity centrality refers to the extent to which a particular aspect of one's identity is personally important (King, Mohr, Peddie, Jones, & Kendra, 2014). An individual's identity is a complex combination of personal and social identities of varying significance to the person (Turner & Onorato, 1999), and an identity becomes central for the person when they value it, used it often, and incorporate it into the self-concept (Ragins, 2008, p. 199; Hogg & Terry, 2000). The results of study 1 highlight the importance of the psychological dimension of stigma and the concept of identity centrality captures this well, making it possible to generalise the themes of study 1 to stigma other than cancer or illness.

Stigmatised individuals vary in the extent to which they consider their stigmatised identity as critical to their self-definition (Quinn & Chaudoir, 2009). Self-verification theory asserts that individuals want to be seen by others the same way they see themselves (Swann,

1987). Thus, when stigmatised individuals do consider their stigma a defining aspect of the self, then their self-verification motives are likely to propel them to engage in open identity management strategies (Swann, 1987). However, if the stigmatised identity is peripheral rather than central, individuals might not be driven by self-verification motives (Ragins, 2008); by contrast, they may be more inclined to avoid addressing the issue altogether.

Thus, I hypothesise that the extent to which the stigmatised identity is central to an individual's self-concept will influence their identity management strategies; in turn, these choices will affect their job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours.

*H1a: Open and covert identity management strategies mediate the relationship between identity centrality and job satisfaction.*

*H1b: Open and covert identity management strategies mediate the relationship between identity centrality and job engagement.*

*H1c: Open and covert identity management strategies mediate the relationship between identity centrality and turnover intentions.*

*H1d: Open and covert identity management strategies mediate the relationship between identity centrality and perceived inclusion.*

*H1e: Open and covert identity management strategies mediate the relationship between identity centrality and organisational citizenship behaviours.*

**Stigma consciousness.** Stigma consciousness is defined as the extent to which individuals expect to be stereotyped or discriminated on the basis of their stigmatised identity (Pinel, 1999, p. 115). It is a trait that reflects dispositional or situationally induced individual differences in how readily stigmatized people focus on their stigmatized status and believe it pervades their experiences (Pinel, 1999). Stigma consciousness captures a different aspect of

the psychological dimension of stigma, and relates it to psychological health, building a logical continuum with the themes in Chapter 4.

In their adaptation of Lazarus & Folkman's (1984) model of stress and coping, Berjot and Gillet (2011) identify stigma consciousness as a potentially important predictor of an individual's coping behaviours. This resonates with the literature on perception of and responses to discrimination (Pinel, 2002; Stangor, Swim, Sechrist, DeCoster, Van Allen, & Ottenbreit, 2003). Specifically, because individuals who are highly stigma conscious focus on the possibility of negative outcomes ensuing from their stigmatised identity, such as prejudice and discrimination, they will strive to conceal their stigmatised status in order to avoid such outcomes. This mechanism is consistent with Higgins's (1997) regulatory focus theory, which asserts that people are motivated to achieve pleasure and to avoid pain, and that they strive to obtain their desired end goals with either promotion- or prevention-focused approaches. A promotion-focus is based on attainments and accomplishments, while a prevention-focus is based on safety and preservation (Higgins, 1997). In this case, individuals who are highly stigma conscious will be driven by prevention-focused motives to fulfil their needs for safety, because they want to protect themselves from the possibility of negative outcomes.

Thus, I hypothesise that the extent to which individuals focus on their stigmatised status will influence their identity management strategies; in turn, these choices will affect their job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours.

*H2a: Open and covert identity management strategies mediate the relationship between stigma consciousness and job satisfaction.*

*H2b: Open and covert identity management strategies mediate the relationship between stigma consciousness and job engagement.*

*H2c: Open and covert identity management strategies mediate the relationship between stigma consciousness and turnover intentions.*

*H2d: Open and covert identity management strategies mediate the relationship between stigma consciousness and perceived inclusion.*

*H2e: Open and covert identity management strategies mediate the relationship between stigma consciousness and organisational citizenship behaviours.*

### **Contextual predictors, coping and identity management strategies, and individual and interpersonal work outcomes**

**Diversity climate.** Diversity climate refers to “employees’ perceptions about the extent to which their organisation values diversity as evident in the organisational formal structure, informal values, and social integration of underrepresented employees” (Dwertmann, Nishii, & Van Knippenberg, 2016, p. 1137). Organisations that foster a climate of inclusivity create environments where minority and stigmatised individuals feel safe, and “able to show and employ oneself without fear of negative consequences to self-image, status, or career” (Khan, 1990, p. 708). Safety is a necessary precondition to personal engagement, which is best described as the employment and expression of a person’s “preferred self” (Khan, 1990, p. 700). Thus, a supportive and respectful work environment is likely to play an important role in influencing individuals’ coping and identity management strategies. Encompassing all possible ways in which organisations may make work more accessible to stigmatised individuals, diversity climate extends the themes of work demands identified in study 1.

The extant literature provides evidence of a positive relationship between gay and lesbian employees’ perception of support from their organisation, and disclosure of their sexual orientation at work (e.g. Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Huffman, Watrous-Rodriguez, & King, 2008; King et al., 2017; Ragins, Singh,

& Cornwell, 2007), and a negative relationship between diversity climate and passing and avoidance strategies (Button, 2001). By extension, I hypothesise that the extent to which individuals perceive their employing organisation to be supportive of diversity will influence their identity management strategies; in turn, these choices will affect their job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours.

*H3a: Open and covert identity management strategies mediate the relationship between diversity climate and job satisfaction.*

*H3b: Open and covert identity management strategies mediate the relationship between diversity climate and job engagement.*

*H3c: Open and covert identity management strategies mediate the relationship between diversity climate and turnover intentions.*

*H3d: Open and covert identity management strategies mediate the relationship between diversity climate and perceived inclusion.*

*H3e: Open and covert identity management strategies mediate the relationship between diversity climate and organisational citizenship behaviours.*

**Perceived support from direct supervisor (manager).** Social support at work is rooted in interpersonal interactions that provide individuals with emotional (e.g. personal connections), instrumental (e.g. mentoring), and structural (e.g. work arrangements) assistance (Huffman, Watrous-Rodriguez, & King, 2008). Building on the themes of study 1 that emphasised the importance of interpersonal interactions and relationships at work, broad measures of social support capture important situational factors that likely influence individuals' identity management strategies.

A supportive supervisor is invaluable for a stigmatised employee, because with the support of a person in a formal position of power they gain additional coping resources that they can rely on at work. Individuals choose coping strategies on the basis of their assessment

of the resources they have available (i.e. secondary appraisals; Lazarus and Folkman, 1984), and supervisor support is likely to be decisive in determining how gay, lesbian and bisexual employees manage their stigmatised identity in the workplace. The extant literature supports this logic (e.g. Huffman, Watrous-Rodriguez, & King, 2008; Jones & King, 2014; Ragins, Singh, & Cornwell, 2007). Thus, I hypothesise that the extent to which individuals believe that they can count on their manager's support will influence their identity management strategies; in turn, these choices will affect their job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours.

*H4a: Open and covert identity management strategies mediate the relationship between perceived manager support and job satisfaction.*

*H4b: Open and covert identity management strategies mediate the relationship between perceived manager support and job engagement.*

*H4c: Open and covert identity management strategies mediate the relationship between perceived manager support and turnover intentions.*

*H4d: Open and covert identity management strategies mediate the relationship between perceived manager support and perceived inclusion.*

*H4e: Open and covert identity management strategies mediate the relationship between perceived manager support and organisational citizenship behaviours.*

**Perceived support from closest, non-supervisory colleague (peer).** Colleagues are also an important source of social support, and the extant literature suggests that co-worker support is associated with higher levels of disclosure of invisible stigmatised identities (e.g. Huffman, Watrous-Rodriguez, & King, 2008; Jones & King, 2014; Ragins, Singh, & Cornwell, 2007). By extension, I hypothesise that the extent to which individuals believe that they can count on their closest co-worker's support will influence their identity management

strategies; in turn, these choices will affect their job satisfaction, job engagement, turnover intentions, perceived inclusion, and citizenship behaviours.

*H5a: Open and covert identity management strategies mediate the relationship between perceived co-worker support and job satisfaction.*

*H5b: Open and covert identity management strategies mediate the relationship between perceived co-worker support and job engagement.*

*H5c: Open and covert identity management strategies mediate the relationship between perceived co-worker support and turnover intentions.*

*H5d: Open and covert identity management strategies mediate the relationship between perceived co-worker support and perceived inclusion.*

*H5e: Open and covert identity management strategies mediate the relationship between perceived co-worker support and organisational citizenship behaviours.*

### **Method**

The data were collected with online surveys between November and December 2018 from the LGBT+ student organisations of four UK based higher education institutions. The data is organised according to four time points. At time 1 (T1) I collected basic information on the respondent (gender, sexual orientation, sexual orientation disclosure, and hours worked per week), and qualifying information (tenure in current job or upcoming start date if not employed at the time of completing this survey). T1 also captured the respondents' consciousness of sexual orientation stigma (stigma consciousness) and the extent to which they perceived their sexual orientation as a fundamental attribute of their identity (identity centrality). Then, I carried out a repeated cross-sectional survey at three time points separated by one week (T2, T3, and T4). This survey captured the perceived contextual factors, the identity management strategies used, and the individual and interpersonal outcomes experienced by the respondents the previous week.

For the mediational analyses in this study, I used the individual factors scores from T1, the context factors scores from T2, the open and cover strategies scores from T3, and the outcomes scores from T4.

### **Sample**

The sample consisted of 140 university students currently enrolled in UK based institutions and associated with their university's LGBT+ society. The majority of respondents were male (74.4%) and gay (75.8%); women accounted for 23.8% of the sample, with 60.5% identifying themselves as lesbians. Out of the 16 respondents who identified themselves as bisexual, only 1 was male. On average, the students worked between 11 and 15 hours per week, and had been in their role for less than a month.

### **Measures**

**Identity centrality.** Identity centrality was measured using the Importance of Identity subscale from Luhtanen and Crocker's (1992) Collective Self-Esteem Scale. As in previous research (e.g. King et al. 2017), these four items were adapted for lesbian, gay and bisexual respondents, e.g. "My sexual orientation is an important reflection of who I am" and "In general, being homosexual/bisexual is an important part of my self-image". Items were measured on a 7-point scale, from 1 = *strongly agree* to 7 = *strongly disagree*. Reliability analysis of the items of this subscale yielded a low Cronbach  $\alpha_{T1} = .34$ . A review of the item-total statistics revealed the possibility of improving the reliability of the scale by removing the two reverse-scored items. I therefore eliminated these items and re-run the reliability test, obtaining a better, but still not optimal Cronbach  $\alpha_{T1} = .48$ . Small Cronbach  $\alpha$  values are not unusual for scales with fewer than 10 items (Pallant 2016), such as this one; however, it is also possible that the instrument taps different dimensions of gay, lesbian and bisexual identity centrality. Given the poor results of the reliability analysis for this scale, I decided to



retain only the item with the highest factor loading in the original scale (“In general, being homosexual/bisexual is an important part of my self-image”).

**Stigma consciousness.** Stigma consciousness was measured using Pinel’s (1999) stigma consciousness 10- item scale, adapted for the sample of this study. Sample items included “Stereotypes about homosexuals/bisexuals have not affected me personally”. Items were measured on a 5-point scale, from 1 = *describes me very well* to 5 = *does not describe me*. Reliability analysis of the items of this subscale yielded a low Cronbach  $\alpha_{T1} = .65$ . Once again, reviewing the item-total statistics suggested that the reliability of the scale could be improved by removing the three reverse-scored items. The revised scale fared better on the reliability test, yielding Cronbach  $\alpha_{T1} = .87$ .

**Diversity climate.** Diversity climate was measured using Kaplan, Wiley, and Maertz’s (2011) 5-item Diversity Climate scale. Sample items included “Diversity is very much a part of my organisation’s culture”. Items were measured on a 5-point scale, from 1 = *definitely true* to 5 = *definitely false*. Reliability analysis of the items of this scale yielded an acceptable Cronbach  $\alpha$  ( $\alpha_{T2} = .72$ ).

**Perceived support of direct supervisor.** This variable was measured using Abbey, Abrains, and Caplan’s (1985) 6-item Social Support scale, adapted to reflect the perceived support received from one’s direct supervisor at work. Sample items included “In the past week, has your direct supervisor treated you with respect?” and “In the past week, has your direct supervisor listened when you wanted to confide about things that were important to you?”. Items were measured on a 5-point scale, from 1 = *a great deal* to 5 = *Not at all*. Reliability analysis of the items of this scale yielded an acceptable Cronbach  $\alpha$  ( $\alpha_{T2} = .83$ ).

**Perceived support of close colleague (peer).** This variable was measured using Abbey, Abrains, and Caplan’s (1985) 6-item Social Support scale, this time adapted to

reflect the perceived support received from one's closest, non-supervisory colleague at work. Reliability analysis of the items of this scale yielded an acceptable Cronbach  $\alpha$  ( $\alpha_{T2} = .86$ ).

**Coping and identity management strategies.** The various ways in which gay, lesbian and bisexual respondent managed their identity at work was measured using the Workplace Sexual Identity Management Measure (WSIMM) developed by Anderson and colleagues (2001). This instrument is based on Griffin's (1992) model and comprises four subscales capturing the four different groups of behaviours: explicitly out, implicitly out, covering, and passing. The original instrument comprises 31 items; however, given the repeated cross-sectional design of this study and the length of the survey, a shorter version of the WSIMM was used. This adapted version consisted of the 16 items of the WSIMM with the strongest factor loadings, four for each of the subscales. Items were measured on a 5-point scale, from 1 = *describes my behaviour very well* to 5 = *does not describe my behaviour*. An additional "not applicable" option was added, because items about one's partner might not have applied to all respondents. A "not applicable" response was coded as 0 in the data and treated as missing in the analysis. In the study presented in this chapter I consider open (i.e. explicitly out) and covert (i.e. cover) strategies only, measured at T3.

Reliability analysis of the items of the *explicitly out* subscale yielded a low Cronbach alpha value,  $\alpha_{T3} = .28$ . After reviewing the item-total statistics, I revised the scale, eliminating the suggested items. The Cronbach alpha value improved,  $\alpha_{T3} = .54$ , but not to acceptable levels. Thus, I decided to retain only the item with the highest factor loading in the original scale ("Correct others when they make comments that imply that I am heterosexual by explaining that I am gay/lesbian/bisexual").

Reliability analysis of the items of the *covering* subscale yielded a low Cronbach alpha value,  $\alpha_{T2} = .24$ . After reviewing the item-total statistics, I revised the scale, eliminating the suggested items. The Cronbach alpha values improved,  $\alpha_{T2} = .35$ , but not to acceptable

levels. Thus, I decided to retain only the item with the highest factor loading in the original scale (“Avoid socialising with co-workers in order to conceal my sexual orientation”). Once again, the small Cronbach  $\alpha$  values may be explained by the low number of items in each subscale (only four); another plausible explanation is that the items measured different dimensions of gay, lesbian and bisexual identity management.

**Job satisfaction.** Job satisfaction was measured using the 3-item scale by Nadler, Jenkins, Cammann, and Lawler (1975). Sample items included “All in all, I am satisfied with my job”. Items were measured on a 5-point scale, from 1 = *strongly agree* to 5 = *strongly disagree*. The Cronbach  $\alpha$  for this scale was strong,  $\alpha_{T4} = .83$

**Job engagement.** Job engagement was measured using the short, 9-item questionnaire developed by Shaufer, Bakker and Salanova (2006). Sample items included “At work, I feel bursting with energy” and “My job inspires me”. Respondents were instructed to think about the previous week and indicate how often they experienced the content of the item. Items were measured on a 5-point scale, from 1 = *always* to 5 = *never*. The Cronbach  $\alpha$  for this scale was very strong  $\alpha_{T4} = .92$ .

**Turnover intention.** Turnover intention was measured using the single item measure by Bozeman and Perrewé (2001). Participants were asked to think about the previous week and indicate to what extent they agree with the statement “I will probably look a new job in the future”. The item was measured on a 5-point scale, from 1 = *strongly agree* to 5 = *strongly disagree*. Test re-test reliability was adequate over both a one- and two-week period,  $r = .487$ ,  $p$ -value = .000, and  $r = .616$ ,  $p$ -value = .000, respectively.

**Perceived inclusion.** Perceived was measured using Pearce and Randel’s (2004) 3-item Workplace Social Inclusion (WSI) scale. Sample items included “I feel like an accepted part of the team”. Items were measured on a 5-point scale, from 1 = *strongly agree* to 5 = *strongly disagree*. Reliability analysis of the items of the WSI yielded suboptimal Cronbach

alpha values,  $\alpha_{T4} = .52$ . After reviewing the item-total statistics, I revised the scales, eliminating the suggested item. The new Cronbach  $\alpha$  for this scale was acceptable,  $\alpha_{T4} = .77$ .

**Organisational citizenship behaviours (OCB).** This variable was measured using the 9-item adaptation of Smith et al's (1983) OCB scale by Kelloway and colleagues (2011). Sample items included "helping others when their work load increases" and "volunteering to do things not formally required by the job". Items were measured on a 5-point scale, from 1 = *describes my behaviour extremely well*, to 5 = *does not describe my behaviour*. The Cronbach  $\alpha$  for this scale was very strong  $\alpha_{T4} = .95$ .

### Analysis

To test the hypotheses of the study, I conducted mediational analysis using the PROCESS macro developed by Hayes (2018). The PROCESS macro is an add-on for OLS statistical software such as SPSS, which essentially combines several computational tools into a single integrated command (Hayes, 2018). PROCESS facilitates the estimation of complex models by providing a user-friendly tool to run rigorous calculations of various effects, including mediation and moderation. It also automates a number of otherwise manual computations, such as the calculation of interaction and mean-centred variables.

This analytical approach leverages the dataset of temporally independent observations of the independent variables, mediators, and dependent variables, which satisfies the assumption of temporal antecedence needed for causal inference (Cook & Campbell, 1979), by increasing confidence in the conclusions that the hypothesised causes (individual and context characteristics) come before both the mediators (identity management strategies) and the effects (individual and interpersonal outcomes), as well as that the mediators (identity management strategies) come before the effects (individual and interpersonal outcomes).

## Results

Table 5 [Appendix] provides the descriptive statistics and correlations for the variables in this study. Tables 6-10 [Appendix] present the results from the preliminary multiple regression analyses. Tables 11-35 [Appendix] present the results from the mediational tests. Finally, Figures 2-26 [Appendix A] provide a visual overview of the results of the study.

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Insert Table 5 about here  
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To test the hypothesised mediation effects (H1-H5), I first ran multiple linear regressions to see if the individual and context predictors, and the coping and identity management strategies, predicted the individual and interpersonal outcomes of interest in this study. These results are shown in Tables 6-10 [Appendix].

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Insert Table 6 about here  
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Table 6 shows the results of a multiple linear regression testing the influence of the individual and context predictors, coping and identity management strategies, gender, sexual orientation, and hours worked per week on job satisfaction. The model was significant,  $F(10,42) = 4.539$ ,  $p\text{-value} = .000$ . Gender was statistically significant ( $\beta = .624$ ,  $p\text{-value} = .036$ ), suggesting that male respondents' scores on job satisfaction are on average .624 points higher than female respondents' scores. Diversity climate was also statistically significant ( $\beta = .394$ ,  $p\text{-value} = .039$ ), suggesting that an organisational climate supportive of diversity is positively related to job satisfaction. Finally, perceiving one's manager as supportive was

also associated with higher job satisfaction, however this relationships was only marginally significant ( $\beta = .517$ ,  $p$ -value = .054).

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Insert Table 7 about here  
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Table 7 shows the results of a multiple linear regression testing the influence of the individual and context predictors, coping and identity management strategies, gender, sexual orientation, and hours worked per week on job engagement. The model was significant,  $F(10,42) = 30.853$ ,  $p$ -value = .000. Several predictors were found to be associated with job engagement. First, identity centrality was statistically significant ( $\beta = -.183$ ,  $p$ -value = .014), suggesting that higher scores in identity centrality were associated with a decrease in job engagement. Second, stigma consciousness had a significant, negative relationship to job engagement ( $\beta = -.227$ ,  $p$ -value = .015), suggesting that the more one expects to be stigmatised at work the less they will feel engaged with their job. Third, perceiving one's close colleague as supportive was associated with higher levels of job engagement, and this relationship was statistically significant ( $\beta = .604$ ,  $p$ -value = .000). Fourth, covert identity management strategies had a significant, negative relationship with job engagement ( $\beta = -.238$ ,  $p$ -value = .001), suggesting that these strategies are associated with lower levels of job engagement. Finally, gay men reported on average higher levels of job engagement compared to lesbian respondents, however this relationship was only marginally significant ( $\beta = .289$ ,  $p$ -value = .051).

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Insert Table 8 about here  
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Table 8 shows the results of a multiple linear regression testing the influence of the individual and context predictors, coping and identity management strategies, gender, sexual orientation, and hours worked per week on turnover intentions. The model was significant,  $F(10,42) = 10.302$ ,  $p\text{-value} = .000$ . Once again, several predictors were found to be associated with intentions to leave the organisation. First, stigma consciousness had a significant, positive relationship to turnover intentions ( $\beta = .419$ ,  $p\text{-value} = .004$ ), suggesting that the more one expects to be stigmatised at work the more inclined they will be to quit. Second, diversity climate was statistically significant ( $\beta = -.329$ ,  $p\text{-value} = .027$ ), suggesting that an organisational climate supportive of diversity is negatively related to turnover intentions. Third, covert identity management strategies had a significant, positive relationship with turnover intentions ( $\beta = .324$ ,  $p\text{-value} = .003$ ), suggesting that these strategies are associated with stronger intentions to leave the organisation. Finally, both gender and sexual orientation were statistically significant ( $\beta = .817$ ,  $p\text{-value} = .001$ , and  $\beta = -.852$ ,  $p\text{-value} = .000$ , respectively), suggesting that gay men are more likely to report a desire to leave their job compared to lesbian respondents.

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Insert Table 9 about here  
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Table 9 shows the results of a multiple linear regression testing the influence of the individual and context predictors, coping and identity management strategies, gender, sexual orientation, and hours worked per week on perceived inclusion. The model was significant,  $F(10,42) = 3.271$ ,  $p\text{-value} = .003$ . However, none of the predictors seemed to have a statistically significant relationship with the outcome variable, perceived inclusion. This conflicting results suggest that the independent variables are significant predictors of

perceived inclusion jointly; however, none of them alone is an individual predictor for the outcome variable.

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Insert Table 10 about here  
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Finally, Table 10 shows the results of a multiple linear regression testing the influence of the individual and context predictors, coping and identity management strategies, gender, sexual orientation, and hours worked per week on OCB. The model was significant,  $F(10,42) = 51.351$ ,  $p\text{-value} = .000$ . Several predictors were found to be associated with intentions to leave the organisation. First, stigma consciousness had a significant, negative relationship to OCB ( $\beta = -.237$ ,  $p\text{-value} = .002$ ), suggesting that the more one expects to be stigmatised at work the less they will engage in citizenship behaviours. Second, perceiving one's close colleague as supportive was associated with high scores in OCB, and this relationship was statistically significant ( $\beta = .536$ ,  $p\text{-value} = .000$ ). Third, covert identity management strategies had a significant, negative relationship with OCB ( $\beta = -.220$ ,  $p\text{-value} = .000$ ), suggesting that these strategies are associated with fewer citizenship behaviours. Finally, the number of hours worked each week was a statistically significant predictor of OCB ( $\beta = -.332$ ,  $p\text{-value} = .000$ ), suggesting that spending more time at work is associated with more citizenship behaviours.

The analysis thus far provides some evidence of the association between individual and context predictors, identity management strategies, and individual and interpersonal work outcomes. In sum, identity centrality was positively associated with job engagement; stigma consciousness was positively associated with turnover intentions, and negatively associated with job engagement and OCB; diversity climate was positively associated with job satisfaction, and negatively associated with turnover intentions; perceived support from



management had a positive, marginally significant relationship with job satisfaction; perceived support from one's closest colleague was positively associated with job engagement and OCB; finally, covert identity management strategies were positively associated with turnover intentions, and negatively associated with job engagement and OCB. While evidence of simple associations between independent and dependent variables is no longer a precondition for carrying out mediation analysis (Hayes, 2018), these preliminary results were encouraging. Thus, I ran PROCESS to test the simple mediation models hypothesised in H1-H5.

The first set of hypotheses (H1-H2) predicted that the influence of individual attributes on individual and impersonal work outcomes would be mediated by the coping and identity management strategies employed by stigmatised individuals. H1a-e take identity centrality as antecedent, and job satisfaction, job engagement, turnover intentions, perceived inclusion and OCB as dependent variables respectively.

H1a predicted that open and covert strategies mediate between identity centrality and job satisfaction. Figure 2 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 2 about here  
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The question been asked here was whether the effects of the importance an individual places on his or her stigmatised social identity on job satisfaction is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was IDC (identity centrality score at T1);
- Y variable was JSAT (job satisfaction score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);

- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 2 represents the total effect of identity centrality on job satisfaction, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path  $c$ ), which for the hypothesis at hand means testing the relative total effect of identity centrality on job satisfaction. Consistent with the findings from the multiple regressions above, this model was not statistically significant,  $R^2 = .047$ ,  $F(1,51) = 2.536$ ,  $p\text{-value} = .118$ .

In the second step of the process, the mediator is regressed on the independent variable (path  $a$ ). Here, two mediators are considered, open and covert identity management strategies (OPEN and COVERT, respectively). In the first mediation model, the mediator open strategies (OPEN) is regressed onto identity centrality (IDC), yielding path  $a_1$ . This model was statistically significant,  $R^2 = .089$ ,  $F(1,51) = 4.969$ ,  $p\text{-value} = .030$ . In the second mediation model, the mediator covert strategies (COVERT) is regressed onto identity centrality (IDC), yielding path  $a_2$ . This model was statistically significant,  $R^2 = .312$ ,  $F(1,51) = 23.087$ ,  $p\text{-value} = .000$ .

Finally, job satisfaction is regressed onto identity centrality and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .153$ ,  $F(3,49) = 2.941$ ,  $p\text{-value} = .042$ . The results of this analysis are detailed in Table 11a.

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 Insert Table 11a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between identity centrality and job satisfaction, I used PROCESS

to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (IDC) on Y (JSAT). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 11b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (JSAT), for both mediators. These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.029, .156;  $M_2$ : -.016, .303). In other words, the analysis does not support H1a.

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Insert Table 11b about here  
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H1b predicted that open and covert strategies mediate between identity centrality and job engagement. Figure 3 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 3 about here  
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The question been asked here was whether the effects of the importance an individual places on his or her stigmatised social identity on job engagement is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was IDC (identity centrality score at T1);
- Y variable was JENG (job engagement score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 3 represents the total effect of identity centrality on job engagement, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of identity centrality on job engagement.

Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .137$ ,  $F(1,51) = 8.0636$ ,  $p\text{-value} = .007$ .

Second, I regressed the mediators OPEN and COVERT on identity centrality (IDC). These models are significant, as described above for H1a.

Finally, I regressed job engagement onto identity centrality and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .460$ ,  $F(3,49) = 13.898$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 12a.

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Insert Table 12a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between identity centrality and job engagement, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (IDC) on Y (JENG). Table 12b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (JENG). These show that zero does not fall inside the bootstrap confidence interval ( $M_1: .013, .254$ ;  $M_2: -.519, -.117$ ). In other words, the analysis supports H1b.

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Insert Table 12b about here  
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H1c predicted that open and covert strategies mediate between identity centrality and turnover intentions. Figure.4 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 4 about here  
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The question been asked here was whether the effects of the importance an individual places on his or her stigmatised social identity on turnover intentions is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was IDC (identity centrality score at T1);
- Y variable was TIN (turnover intentions score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 4 represents the total effect of identity centrality on turnover intentions, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of identity centrality on turnover intentions. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .134$ ,  $F(1,51) = 7.871$ ,  $p\text{-value} = .007$ .

Second, I regressed the mediators OPEN and COVERT on identity centrality (IDC). These models are significant, as described above for H1a.

Finally, I regressed turnover intentions onto identity centrality and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .387$ ,  $F(3,49) = 10.324$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 13a.

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Insert Table 13a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between identity centrality and turnover intentions, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (IDC) on Y (TIN). Table 13b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (TIN). These show that zero does not fall inside the bootstrap confidence interval ( $M_1$ : -.236, -.006;  $M_2$ : .176, .570). In other words, the analysis supports H1c.

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Insert Table 13b about here  
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H1d predicted that open and covert strategies mediate between identity centrality and perceived inclusion. Figure 5 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 5 about here  
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The question been asked here was whether the effects of the importance an individual places on his or her stigmatised social identity on perceived inclusion is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was IDC (identity centrality score at T1);
- Y variable was PIN (perceived inclusion score at T4);

- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 5 represents the total effect of identity centrality on perceived inclusion, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path  $c$ ), which for the hypothesis at hand means testing the relative total effect of identity centrality on perceived inclusion. Consistently with the findings from the multiple regressions above, this model was not statistically significant,  $R^2 = .061$ ,  $F(1,51) = 3.304$ ,  $p\text{-value} = .075$ .

Second, I regressed the mediators OPEN and COVERT on identity centrality (IDC). These models are significant, as described above for H1a.

Finally, I regressed perceived inclusion onto identity centrality and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .245$ ,  $F(3,49) = 5.300$ ,  $p\text{-value} = .003$ . The results of this analysis are detailed in Table 14a.

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Insert Table 14a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between identity centrality and perceived inclusion, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (IDC) on Y (PIN). Table 14b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (PIN). These show that zero does not fall inside the bootstrap confidence interval ( $M_1$ : .006, .182;  $M_2$ : -.286, -.020). In other words, the analysis supports H1d.

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Insert Table 14b about here  
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Finally, H1e predicted that open and covert strategies mediate between identity centrality and organisational citizenship behaviours. Figure 6 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 6 about here  
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The question been asked here was whether the effects of the importance an individual places on his or her stigmatised social identity on organisational citizenship behaviours is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was IDC (identity centrality score at T1);
- Y variable was OCB (organisational citizenship behaviours score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 6 represents the total effect of identity centrality on organisational citizenship behaviours, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of identity centrality on organisational citizenship behaviours. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .139$ ,  $F(1,50) = 8.098$ ,  $p\text{-value} = .006$ .



Second, I regressed the mediators OPEN and COVERT on identity centrality (IDC). These models are significant, as described above for H1a.

Finally, I regressed organisational citizenship behaviours onto identity centrality and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .427$ ,  $F(3,48) = 11.944$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 15a.

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Insert Table 15a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between identity centrality and organisational citizenship behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (IDC) on Y (OCB). Table 15b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (OCB). These show that zero does not fall inside the bootstrap confidence interval ( $M_1: .015, .285$ ;  $M_2: -.486, -.091$ ). In other words, the analysis supports H1e.

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Insert Table 15b about here  
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H2a-e take stigma consciousness as antecedent, and job satisfaction, job engagement, turnover intentions, perceived inclusion and OCB as dependent variables respectively. H2a predicted that open and covert strategies mediate between stigma consciousness and job satisfaction. Figure 7 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 7 about here  
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The question been asked here was whether the effects of an individual's expectation to be stigmatised on job satisfaction is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was SCO (stigma consciousness score at T1);
- Y variable was JSAT (job satisfaction score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 7 represents the total effect of stigma consciousness on job satisfaction, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of stigma consciousness on job satisfaction. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .198$ ,  $F(1,51) = 12.625$ ,  $p\text{-value} = .001$ .

In the second step of the process, the mediator is regressed on the independent variable (path *a*). Here, two mediators are considered, open and covert identity management strategies (OPEN and COVERT, respectively). In the first mediation model, the mediator open strategies (OPEN) is regressed onto stigma consciousness (SCO), yielding path *a*<sub>1</sub>. This model was statistically significant,  $R^2 = .203$ ,  $F(1,51) = 13.002$ ,  $p\text{-value} = .001$ . In the second mediation model, the mediator covert strategies (COVERT) is regressed onto stigma

consciousness (SCO), yielding path  $a_2$ . This model was statistically significant,  $R^2 = .367$ ,  $F(1,51) = 29.586$ ,  $p\text{-value} = .000$ .

Finally, job satisfaction is regressed onto stigma consciousness and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .207$ ,  $F(3,49) = 4.273$ ,  $p\text{-value} = .009$ . The results of this analysis are detailed in Table 16a.

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Insert Table 156a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between stigma consciousness and job satisfaction, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (SCO) on Y (JSAT). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 16b shows the results of the confidence intervals for the relative indirect effects of X (SCO) on Y (JSAT), for both mediators. These show that zero falls inside the bootstrap confidence interval ( $M_1$ :  $-.148$ ,  $.105$ ;  $M_2$ :  $-.281$ ,  $.149$ ). In other words, the analysis does not support H2a.

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Insert Table 16b about here  
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H2b predicted that open and covert strategies mediate between stigma consciousness and job engagement. Figure 8 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 8 about here  
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The question been asked here was whether the effects of an individual's expectation to be stigmatised on job engagement is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was SCO (stigma consciousness score at T1);
- Y variable was JENG (job engagement score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 8 represents the total effect of stigma consciousness on job engagement, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of stigma consciousness on job engagement. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .621$ ,  $F(1,51) = 83.474$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on stigma consciousness (SCO). These models are significant, as described above for H2a.

Finally, I regressed job engagement onto stigma consciousness and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .639$ ,  $F(3,49) = 28.859$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 17a.

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Insert Table 17a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between stigma consciousness and job engagement, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (SCO) on Y (JENG). Table 17b shows the results of the confidence intervals for the relative indirect effects of X (IDC) on Y (JENG). These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.168, .067;  $M_2$ : -.278, .050). In other words, the analysis does not support H2b.

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Insert Table 17b about here  
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H2c predicted that open and covert strategies mediate between stigma consciousness and turnover intentions. Figure 9 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 9 about here  
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The question been asked here was whether the effects an individual's expectation to be stigmatised on turnover intentions is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was SCO (stigma consciousness score at T1);
- Y variable was TIN (turnover intentions score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 9 represents the total effect of stigma consciousness on turnover intentions, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of stigma consciousness on turnover intentions. Consistently with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .348$ ,  $F(1,51) = 27.165$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on stigma consciousness (SCO). These models are significant, as described above for H2a.

Finally, I regressed turnover intentions onto stigma consciousness and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .427$ ,  $F(3,49) = 12.147$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 18a.

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Insert Table 18a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between stigma consciousness and turnover intentions, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (SCO) on Y (TIN). Table 18b shows the results of the confidence intervals for the relative indirect effects of X (SCO) on Y (TIN). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2: .075; .474$ ), but they do for OPEN ( $M_1: -.051, .206$ ). In other words, the analysis provides partial support for H2c.

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Insert Table 18b about here  
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H2d predicted that open and covert strategies mediate between stigma consciousness and perceived inclusion. Figure 10 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 10 about here  
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The question been asked here was whether the effects of an individual's expectation to be stigmatised on perceived inclusion is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was SCO (stigma consciousness score at T1);
- Y variable was PIN (perceived inclusion score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 10 represents the total effect of stigma consciousness on perceived inclusion, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of stigma consciousness on perceived inclusion. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .261$ ,  $F(1,51) = 17.967$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on stigma consciousness (SCO). These models are significant, as described above for H2a.

Finally, I regressed perceived inclusion on stigma consciousness and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .294$ ,  $F(3,49) = 6.805$ ,  $p\text{-value} = .001$ . The results of this analysis are detailed in Table 19a.

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Insert Table 19a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between stigma consciousness and perceived inclusion, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (SCO) on Y (PIN). Table 19b shows the results of the confidence intervals for the relative indirect effects of X (SCO) on Y (PIN). These show that zero falls inside the bootstrap confidence interval ( $M_1: -.159, .017$ ;  $M_2: -.208, .082$ ). In other words, the analysis does not support H2d.

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Insert Table 19b about here  
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Finally, H2e predicted that open and covert strategies mediate between stigma consciousness and organisational citizenship behaviours. Figure 11 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 11 about here  
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The question been asked here was whether the effects of an individual's expectation to be stigmatised on organisational citizenship behaviours is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was SCO (stigma consciousness score at T1);
- Y variable was OCB (organisational citizenship behaviours score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 11 represents the total effect of stigma consciousness on organisational citizenship behaviours, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of stigma consciousness on organisational citizenship behaviours. Consistently with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .599$ ,  $F(1,50) = 15.385$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on stigma consciousness (SCO). These models are significant, as described above for H2a.

Finally, I regressed organisational citizenship behaviours onto stigma consciousness and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .612$ ,  $F(3,48) = 25.221$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 20a.

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Insert Table 20a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between stigma consciousness and organisational citizenship behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (SCO) on Y (OCB). Table 20b shows the results of the confidence intervals for the relative indirect effects of X (SCO) on Y (OCB). These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.169, .053;  $M_2$ : -.207, .078). In other words, the analysis does not support H2e.

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Insert Table 20b about here  
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The second set of hypotheses (H3-H5) predicted that the influence of context factors on individual and impersonal work outcomes would be mediated by the coping and identity management strategies employed by stigmatised individuals.

H3a-e take diversity climate as antecedent, and job satisfaction, job engagement, turnover intentions, perceived inclusion and OCB as dependent variables respectively. H3a predicted that open and covert strategies mediate between diversity climate and job satisfaction. Figure 12 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 12 about here  
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The question been asked here was whether the effects of an organisational environment supportive of employee diversity on job satisfaction is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was DCLI (diversity climate score at T2);

- Y variable was JSAT (job satisfaction score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 12 represents the total effect of diversity climate on job satisfaction, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of diversity climate on job satisfaction. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .280$ ,  $F(1,51) = 19.812$ ,  $p\text{-value} = .000$ .

In the second step of the process, the mediator is regressed on the independent variable (path *a*). Here, two mediators are considered, open and covert identity management strategies (OPEN and COVERT, respectively). In the first mediation model, the mediator open strategies (OPEN) is regressed onto diversity climate (DCLI), yielding path *a*<sub>1</sub>. This model was statistically significant,  $R^2 = .091$ ,  $F(1,51) = 5.083$ ,  $p\text{-value} = .029$ . In the second mediation model, the mediator covert strategies (COVERT) is regressed onto diversity climate (DCLI), yielding path *a*<sub>2</sub>. This model was statistically significant,  $R^2 = .231$ ,  $F(1,51) = 15.319$ ,  $p\text{-value} = .000$ .

Finally, job satisfaction is regressed onto diversity climate and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .296$ ,  $F(3,49) = 6.882$ ,  $p\text{-value} = .001$ . The results of this analysis are detailed in Table 21a.

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 Insert Table 21a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between diversity climate and job satisfaction, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (DCLI) on Y (JSAT). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 21b shows the results of the confidence intervals for the relative indirect effects of X (DCLI) on Y (JSAT), for both mediators. These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.062, .264;  $M_2$ : -.136, .258). In other words, the analysis does not support H3a.

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Insert Table 21b about here  
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H3b predicted that open and covert strategies mediate between diversity climate and job engagement. Figure 13 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 13 about here  
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The question been asked here was whether the effects of an organisational environment supportive of employee diversity on job engagement is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was DCLI (diversity climate score at T2);
- Y variable was JENG (job engagement score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 13 represents the total effect of diversity climate on job engagement, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of diversity climate on job engagement. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .428$ ,  $F(1,51) = 38.112$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on diversity climate (DCLI). These models are significant, as described above for H3a.

Finally, I regressed job engagement onto diversity climate and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .569$ ,  $F(3,49) = 21.522$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 22a.

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Insert Table 22a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between diversity climate and job engagement, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (DCLI) on Y (JENG). Table 22b shows the results of the confidence intervals for the relative indirect effects of X (DCLI) on Y (JENG). These show that zero does not fall inside the bootstrap confidence interval ( $M_1: .007, .323$ ;  $M_2: -.442, -.055$ ). In other words, the analysis supports H3b.

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Insert Table 22b about here  
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H3c predicted that open and covert strategies mediate between diversity climate and turnover intentions. Figure 14 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 14 about here  
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The question been asked here was whether the effects of an organisational environment supportive of employee diversity on turnover intentions is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was DCLI (diversity climate score at T2);
- Y variable was TIN (turnover intentions score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 14 represents the total effect of diversity climate on turnover intentions, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of diversity climate on turnover intentions. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .288$ ,  $F(1,51) = 20.631$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on diversity climate (DCLI). These models are significant, as described above for H3a.

Finally, I regressed turnover intentions onto diversity climate and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model

was also statistically significant,  $R^2 = .439$ ,  $F(3,49) = 12.789$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 23a.

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Insert Table 23a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between diversity climate and turnover intentions, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (DCLI) on Y (TIN). Table 23b shows the results of the confidence intervals for the relative indirect effects of X (DCLI) on Y (TIN). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2: .113; .585$ ), but they do for OPEN ( $M_1: -.267, .016$ ). In other words, the analysis provides partial support for H3c.

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Insert Table 23b about here  
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H3d predicted that open and covert strategies mediate between diversity climate and perceived inclusion. Figure 15 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 15 about here  
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The question been asked here was whether the effects of an organisational environment supportive of employee diversity on perceived inclusion is, at least in part,

explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was DCLI (diversity climate score at T2);
- Y variable was PIN (perceived inclusion score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 15 represents the total effect of diversity climate on perceived inclusion, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of diversity climate on perceived inclusion. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .204$ ,  $F(1,51) = 13.057$ ,  $p\text{-value} = .004$ .

Second, I regressed the mediators OPEN and COVERT on diversity climate (DCLI). These models are significant, as described above for H3a.

Finally, I regressed perceived inclusion on diversity climate and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .294$ ,  $F(3,49) = 6.787$ ,  $p\text{-value} = .001$ . The results of this analysis are detailed in Table 24a.

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 Insert Table 24a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between diversity climate and perceived inclusion, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap



samples) of the indirect effects of X (DCLI) on Y (PIN). Table 24b shows the results of the confidence intervals for the relative indirect effects of X (DCLI) on Y (PIN). These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.005, .208;  $M_2$ : -.042, .254). In other words, the analysis does not support H3d.

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Insert Table 24b about here  
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Finally, H3e predicted that open and covert strategies mediate between diversity climate and organisational citizenship behaviours. Figure 16 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 16 about here  
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The question been asked here was whether the effects of an organisational environment supportive of employee diversity on organisational citizenship behaviours is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was DCLI (diversity climate score at T2);
- Y variable was OCB (organisational citizenship behaviours score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 16 represents the total effect of diversity climate on organisational citizenship behaviours, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of diversity climate on organisational citizenship behaviours. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .371$ ,  $F(1,50) = 29.474$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on diversity climate (DCLI). These models are significant, as described above for H3a.

Finally, I regressed organisational citizenship behaviours onto diversity climate and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .519$ ,  $F(3,48) = 17.290$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 25a.

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Insert Table 25a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between diversity climate and organisational citizenship behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (DCLI) on Y (OCB). Table 25b shows the results of the confidence intervals for the relative indirect effects of X (DCLI) on Y (OCB). These show that zero does not fall inside the bootstrap confidence interval ( $M_1: .003, .307$ ;  $M_2: -.450, -.056$ ). In other words, the analysis supports H3e.

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Insert Table 25b about here  
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H4a-e take one's manager's perceived support as antecedent, and job satisfaction, job engagement, turnover intentions, perceived inclusion and OCB as dependent variables

respectively. H4a predicted that open and covert strategies mediate between one's manager's perceived support and job satisfaction. Figure 17 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 17 about here  
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The question been asked here was whether the effects of perceived managerial support on job satisfaction is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSM (perceived support from one's manager score at T2);
- Y variable was JSAT (job satisfaction score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 17 represents the total effect of perceived support from one's manager on job satisfaction, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's manager on job satisfaction. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .345$ ,  $F(1,51) = 26.916$ ,  $p\text{-value} = .000$ .

In the second step of the process, the mediator is regressed on the independent variable (path *a*). Here, two mediators are considered, open and covert identity management strategies (OPEN and COVERT, respectively). In the first mediation model, the mediator

open strategies (OPEN) is regressed onto perceived support from one's manager (PSM), yielding path  $a_1$ . This model was statistically significant,  $R^2 = .182$ ,  $F(1,51) = 11.379$ ,  $p$ -value = .001. In the second mediation model, the mediator covert strategies (COVERT) is regressed onto perceived support from one's manager (PSM), yielding path  $a_2$ . This model was statistically significant,  $R^2 = .266$ ,  $F(1,51) = 18.487$ ,  $p$ -value = .000.

Finally, job satisfaction is regressed onto perceived support from one's manager and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .346$ ,  $F(3,49) = 8.640$ ,  $p$ -value = .000. The results of this analysis are detailed in Table 26a.

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Insert Table 26a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's manager and job satisfaction, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSM) on Y (JSAT). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 26b shows the results of the confidence intervals for the relative indirect effects of X (PSM) on Y (JSAT), for both mediators. These show that zero falls inside the bootstrap confidence interval ( $M_1$ : -.062, .264;  $M_2$ : -.136, .258). In other words, the analysis does not support H4a.

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Insert Table 26b about here  
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H4b predicted that open and covert strategies mediate between one's manager's perceived support and job engagement. Figure 18 [Appendix A] shows the statistical model for this hypothesis.

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 Insert Figure 18 about here  
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The question been asked here was whether the effects of perceived managerial support on job engagement is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSM (perceived support from one's manager score at T2);
- Y variable was JENG (job engagement score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 18 represents the total effect of perceived support from one's manager on job engagement, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's manager on job engagement. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .617$ ,  $F(1,51) = 82.092$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's manager (PSM). These models are significant, as described above for H4a.

Finally, I regressed job engagement onto perceived support from one's manager and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>.

This model was also statistically significant,  $R^2 = .661$ ,  $F(3,49) = 31.857$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 27a.

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Insert Table 27a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's manager and job engagement, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSM) on Y (JENG). Table 27b shows the results of the confidence intervals for the relative indirect effects of X (PSM) on Y (JENG). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2: -.336; -.023$ ), but they do for OPEN ( $M_1: -.034, .230$ ). In other words, the analysis provides partial support to H4b.

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Insert Table 27b about here  
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H4c predicted that open and covert strategies mediate between one's manager's perceived support and turnover intentions. Figure 19 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 19 about here  
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The question been asked here was whether the effects of perceived managerial support on turnover intentions is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSM (perceived support from one's manager score at T2);
- Y variable was TIN (turnover intentions score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 19 represents the total effect of perceived support from one's manager on turnover intentions, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's manager on turnover intentions. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .262$ ,  $F(1,51) = 18.114$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's manager (PSM). These models are significant, as described above for H4a.

Finally, I regressed turnover intentions onto perceived support from one's manager and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .409$ ,  $F(3,49) = 11.290$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 28a.

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Insert Table 28a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's manager and turnover intentions, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSM) on Y (TIN). Table 28b shows the results of the confidence intervals for the relative indirect effects of X (PSM) on Y (TIN). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2$ : .117; .623), but they do for OPEN ( $M_1$ : -.289, .045). In other words, the analysis provides partial support for H4c.

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Insert Table 28b about here  
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H4d predicted that open and covert strategies mediate between one's manager's perceived support and perceived inclusion. Figure 20 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 20 about here  
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The question been asked here was whether the effects perceived managerial support on perceived inclusion is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSM (perceived support from one's manager score at T2);
- Y variable was PIN (perceived inclusion score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).



Figure 20 represents the total effect of perceived support from one's manager on perceived inclusion, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's manager on perceived inclusion. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .271$ ,  $F(1,51) = 18.953$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's manager (PSM). These models are significant, as described above for H4a.

Finally, I regressed perceived inclusion on perceived support from one's manager and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .313$ ,  $F(3,49) = 7.438$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 29a.

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Insert Table 29a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's manager and perceived inclusion, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSM) on Y (PIN). Table 29b shows the results of the confidence intervals for the relative indirect effects of X (PSM) on Y (PIN). These show that zero falls inside the bootstrap confidence interval ( $M_1: -.019, .204$ ;  $M_2: -.052, .229$ ). In other words, the analysis does not support H4d.

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Insert Table 29b about here  
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Finally, H4e predicted that open and covert strategies mediate between one's manager's perceived support and organisational citizenship behaviours. Figure 21 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 21 about here  
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The question been asked here was whether the effects of perceived managerial support on organisational citizenship behaviours is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSM (perceived support from one's manager score at T2);
- Y variable was OCB (organisational citizenship behaviours score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 21 represents the total effect of perceived support from one's manager on organisational citizenship behaviours, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's manager on organisational citizenship behaviours. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .603$ ,  $F(1,50) = 75.776$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's manager (PSM). These models are significant, as described above for H4a.

Finally, I regressed organisational citizenship behaviours onto perceived support from one's manager and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .638$ ,  $F(3,48) = 28.232$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 30a.

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Insert Table 30a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's manager and organisational citizenship behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSM) on Y (OCB). Table 30b shows the results of the confidence intervals for the relative indirect effects of X (PSM) on Y (OCB). These show that zero falls inside the bootstrap confidence interval ( $M_1: -.015, .214$ ;  $M_2: -.010, .298$ ). In other words, the analysis does not support H4e.

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Insert Table 30b about here  
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Finally, H5a-e take perceived support from one's closest co-worker as antecedent, and job satisfaction, job engagement, turnover intentions, perceived inclusion and OCB as dependent variables respectively. H5a predicted that open and covert strategies mediate between one's closest co-worker's perceived support and job satisfaction. Figure 22 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 22 about here  
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The question been asked here was whether the effects of perceived co-worker support on job satisfaction is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSP (perceived support from one's co-worker score at T2);
- Y variable was JSAT (job satisfaction score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 22 represents the total effect of perceived support from one's co-worker on job satisfaction, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's co-worker on job satisfaction. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .224$ ,  $F(1,51) = 16.421$ ,  $p$ -value = .000.

In the second step of the process, the mediator is regressed on the independent variable (path *a*). Here, two mediators are considered, open and covert identity management strategies (OPEN and COVERT, respectively). In the first mediation model, the mediator open strategies (OPEN) is regressed onto perceived support from one's co-worker (PSP), yielding path *a*<sub>1</sub>. This model was statistically significant,  $R^2 = .268$ ,  $F(1,51) = 18.701$ ,  $p$ -value = .000. In the second mediation model, the mediator covert strategies (COVERT) is regressed onto perceived support from one's co-worker (PSP), yielding path *a*<sub>2</sub>. This model was statistically significant,  $R^2 = .138$ ,  $F(1,51) = 8.136$ ,  $p$ -value = .006.

Finally, job satisfaction is regressed onto perceived support from one's co-worker and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>.

This model was also statistically significant,  $R^2 = .259$ ,  $F(3,49) = 5.694$ ,  $p\text{-value} = .002$ . The results of this analysis are detailed in Table 5.26.a.

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Insert Table 31aa about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's co-worker and job satisfaction, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSP) on Y (JSAT). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 31b shows the results of the confidence intervals for the relative indirect effects of X (PSP) on Y (JSAT), for both mediators. These show that zero falls inside the bootstrap confidence interval ( $M_1: -.129, .189$ ;  $M_2: -.045, .152$ ). In other words, the analysis does not support H5a.

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Insert Table 31b about here  
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H5b predicted that open and covert strategies mediate between one's closest co-worker's perceived support and job engagement. Figure 23 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 23 about here  
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The question been asked here was whether the effects of perceived co-worker support on job engagement is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSP (perceived support from one's co-worker score at T2);
- Y variable was JENG (job engagement score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 23 represents the total effect of perceived support from one's co-worker on job engagement, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's co-worker on job engagement. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .572$ ,  $F(1,51) = 68.282$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's co-worker (PSP). These models are significant, as described above for H5a.

Finally, I regressed job engagement onto perceived support from one's co-worker and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .661$ ,  $F(3,49) = 31.859$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 32a.

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Insert Table 32a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's co-worker and job engagement, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSP) on Y (JENG). Table 32b shows the results of the confidence intervals for the relative indirect effects of X (PSP) on Y (JENG). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2$ : -.346; -.031), but they do for OPEN ( $M_1$ : -.047, .176). In other words, the analysis provides partial support to H5b.

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Insert Table 32b about here  
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H5c predicted that open and covert strategies mediate between one's co-worker's perceived support and turnover intentions. Figure 24 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 24 about here  
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The question been asked here was whether the effects of perceived co-worker support on turnover intentions is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSP (perceived support from one's co-worker score at T2);
- Y variable was TIN (turnover intentions score at T4);
- $M_1$  variable used was OPEN (open identity management score at T3);
- $M_2$  variable used was COVERT (covert identity management score at T3).

Figure 24 represents the total effect of perceived support from one's co-worker on turnover intentions, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's co-worker on turnover intentions. Contrary to the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .168$ ,  $F(1,51) = 10.316$ ,  $p\text{-value} = .002$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's co-worker (PSP). These models are significant, as described above for H5a.

Finally, I regressed turnover intentions onto perceived support from one's co-worker and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .394$ ,  $F(3,49) = 10.601$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 33a.

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Insert Table 33a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's co-worker and turnover intentions, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSP) on Y (TIN). Table 33b shows the results of the confidence intervals for the relative indirect effects of X (PSP) on Y (TIN). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2: .073; .436$ ), but they do for OPEN ( $M_1: -.325, .043$ ). In other words, the analysis provides partial support for H5c.



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Insert Table 33b about here  
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H5d predicted that open and covert strategies mediate between one's co-worker's perceived support and perceived inclusion. Figure 25 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 25 about here  
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The question been asked here was whether the effects perceived co-worker support on perceived inclusion is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSP (perceived support from one's co-worker score at T2);
- Y variable was PIN (perceived inclusion score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 25 represents the total effect of perceived support from one's co-worker on perceived inclusion, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's co-worker on perceived inclusion. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .212$ ,  $F(1,51) = 4.397$ ,  $p\text{-value} = .001$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's co-worker (PSP). These models are significant, as described above for H5a.

Finally, I regressed perceived inclusion on perceived support from one's co-worker and both identity management strategy variables (OPEN and COVERT), yielding paths  $b_1$  and  $b_2$ . This model was also statistically significant,  $R^2 = .281$ ,  $F(3,49) = 6.383$ ,  $p\text{-value} = .001$ . The results of this analysis are detailed in Table 34a.

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Insert Table 34a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's co-worker and perceived inclusion, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSP) on Y (PIN). Table 34b shows the results of the confidence intervals for the relative indirect effects of X (PSP) on Y (PIN). These show that zero falls inside the bootstrap confidence interval ( $M_1: -.040, .214$ ;  $M_2: -.017, .170$ ). In other words, the analysis does not support H5d.

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Insert Table 34b about here  
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Finally, H5e predicted that open and covert strategies mediate between one's co-worker's perceived support and organisational citizenship behaviours. Figure 26 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 26 about here  
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The question been asked here was whether the effects of perceived co-worker support on organisational citizenship behaviours is, at least in part, explained by the effects of engaging in open or covert identity management strategies. The model tested with PROCESS is detailed below:

- X variable used was PSP (perceived support from one's co-worker score at T2);
- Y variable was OCB (organisational citizenship behaviours score at T4);
- M<sub>1</sub> variable used was OPEN (open identity management score at T3);
- M<sub>2</sub> variable used was COVERT (covert identity management score at T3).

Figure 26 represents the total effect of perceived support from one's co-worker on organisational citizenship behaviours, detailing both direct and indirect pathways.

First, I assessed the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of perceived support from one's co-worker on organisational citizenship behaviours. Consistent with the findings from the multiple regressions above, this model was statistically significant,  $R^2 = .596$ ,  $F(1,50) = 73.597$ ,  $p\text{-value} = .000$ .

Second, I regressed the mediators OPEN and COVERT on perceived support from one's co-worker (PSP). These models are significant, as described above for H5a.

Finally, I regressed organisational citizenship behaviours onto perceived support from one's co-worker and both identity management strategy variables (OPEN and COVERT), yielding paths *b*<sub>1</sub> and *b*<sub>2</sub>. This model was also statistically significant,  $R^2 = .658$ ,  $F(3,48) = 30.782$ ,  $p\text{-value} = .000$ . The results of this analysis are detailed in Table 35a.

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 Insert Table 35a about here  
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To determine whether each identity management strategy mediates, or partially mediates, the relationship between perceived support from one's co-worker and organisational citizenship behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (PSP) on Y (OCB). Table 35b shows the results of the confidence intervals for the relative indirect effects of X (PSP) on Y (OCB). These show that zero does not fall inside the bootstrap confidence interval for COVERT ( $M_2$ : -.225; -.013), but they do for OPEN ( $M_1$ : -.060, .181). In other words, the analysis provides partial support for H5e.

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Insert Table 35b about here  
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### **Discussion**

In this study, I investigated the experience of young gay, lesbian and bisexual employees starting a new job. Non-heterosexual sexual orientation is an invisible stigma that may become emergent when individuals enter new social contexts, such as an organisation. Combining stress and coping theory with the interactionist perspective on organisational socialisation, and building on the findings of the study presented in Chapter 4, I examined how individual characteristics and contextual factors influence individual's coping and identity management strategies at the beginning of the employment relationship, when their stigmatised identity is likely to emerge; further, I explored how these behaviours in turn affect individual and interpersonal work outcomes.

The analyses yielded mixed results; however, most hypothesised mediational paths were supported. Specifically, open identity management strategies partially mediated the relationships between identity centrality and job engagement, turnover intentions, perceived inclusion, and organisational citizenship behaviours; and between diversity climate and job

engagement and organisational citizenship behaviours. Additionally, covert identity management strategies partially mediated the relationships between identity centrality and job engagement, turnover intentions, perceived inclusion, and organisational citizenship behaviours; between stigma consciousness and turnover intentions; between diversity climate and job engagement, turnover intentions, and organisational citizenship behaviours; between perceived manager support and job engagement and turnover intentions; and between perceived co-worker support and job engagement, turnover intentions, and organisational citizenship behaviours.

These results suggest coping and identity management strategies do explain, at least in part, the individual and interpersonal outcomes that stigmatised newcomers experience at the beginning of the stigma emergence process. In other words, these results generally support the cause and effect relationships predicted by stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) and corroborate the findings of study 1 in Chapter 4. A couple of interesting patterns are observable in the results. First, while the study provides evidence for the role of both open and covert identity management strategies as mediators, covert identity management strategies seem to explain a greater number of relationships compared to open identity management strategies. A possible explanation for these results is that at the beginning of their employment stigmatised newcomers might engage more in covert identity management strategies than open identity management strategies, thus the explanatory role of covert strategies may be more evident in the data collected over the first weeks of employment compared to the effects of open strategies. This reasoning makes sense, particularly for the sample of this study. As the respondents are young gay, lesbian and bisexual employees starting a new job, possibly for the first time, they might exhibit greater propensity toward covert rather than open strategies because these constitute a cautious approach to navigate an unfamiliar environment and novel situations. It is possible that the

explanatory power of open identity management strategies manifests more clearly when a longer period of time has passed since induction, because the stigmatised newcomers would have then learned more about their colleagues and organisation. Thus, if they come to believe that organisational environment is supportive and it is safe for them to engage in open identity management strategies, they might do so more, and the mediational effects of these strategies might become more apparent.

Second, neither open nor covert identity management strategies appeared to explain the relationship between individual and context predictors, and job satisfaction. Two explanations are plausible here: on the one hand, it might have to do with the time during which the data was collected. Specifically, the first weeks on a new job might be experienced as a “honeymoon phase” by the newcomer, thus the novelty and excitement of the role might have the strongest influence on their level of satisfaction with the job. However, the extant evidence lends support to the idea that different levels of disclosure of a stigma do impact job satisfaction (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012; Wrzesniewski, Dutton, & Debebe. 2003). Therefore, on the other hand, it is possible that either the impact of identity management strategies on job satisfaction necessitates a longer time period to show in the data, or that a more complex relationship than hypothesised exists between individual and context predictors, open and covert identity management strategies, and job satisfaction.

### **Theoretical implications**

Overall, this study validates existing theory in stress and coping (Berjot & Gillet, 2011; Lazarus & Folkman, 1984), and supports the view that studying stigma as a form of stress is viable strategy to better understand the experience of individuals with a devalued social identity (Miller & Kaiser, 2011). Moreover, it extends and validates the findings of

study 1 in Chapter 4 by testing a set of generalisable predictor variables derived from the themes identified with respect to cancer stigma. Specifically, this study found that both person and context factors determine how stigmatised individuals cope with the challenges associated with their social identity, and that in turn these identity management decisions influence individual and interpersonal work outcomes. The longitudinal structure of the data utilised for the analyses satisfies the assumption of temporal antecedence needed for causal inference, further strengthening the results of this study.

This study contributes to our theoretical understanding of the process of stigma emergence and management in at least three ways. First and foremost, it emphasizes the crucial role of stigma identity management processes in the organisational context. The results of this study lend support to the idea that both individual characteristics and contextual factors influence stigmatised individuals' identity management choices, and that these, in turn, impact important work outcomes such as job engagement, turnover intentions, perceived inclusion and organisational citizenship behaviours. In other words, coping and identity management strategies explain how an individual obtains certain outcomes given the individual attributes and situational characteristics that determined their primary appraisal of an event or situation, triggering a coping response. These findings also draw the attention to the role of organisations in supporting healthy, equitable, and effective employment relationships. This evidence corroborates the findings of study 1 that organisational factors, such as a supportive environment, and organisational agents, such as managers and other employees, play a crucial role in predisposing stigmatised individuals to engage in open or covert identity management strategies. Given that these strategies yield different outcomes and that organisations have an interest in nurturing some of these outcomes, such as job engagement and citizenship behaviours, this study provides evidence for the scope of intervention for organisations.

Second, this study links the process of stigma emergence to the process of organisational socialisation, highlighting their interdependence for employees with a stigmatised social identity. Every time individuals with an invisible stigma join an organisation, they embark on a learning process that equips them with job-specific knowledge, as well as an understanding of the informal, contextual, and unofficial structures and dynamics that inform their identity management strategies. Compared to the experience of cancer patients, for whom the newly acquired social identity gradually provides a new perspective on situations and interactions at work, for stigmatised newcomers with an invisible stigma, such as gay, lesbian and bisexual employees, the new “lenses” to interpret and understand their environment come from their experience of the organisational socialisation process. Thus, this study also complements the findings discussed in Chapter 4 by investigating the experience of stigmatised individuals whose social identity is emergent for others, but not for them. Cancer patients find themselves living a singular experience, where the acquisition of the stigma and its disclosure happen almost simultaneously; however, gay, lesbian and bisexual employees are likely to have experienced this identity for some time, so the novelty associated with the process of stigma emergence is more closely tied to the context than the identity itself.

Finally, as discussed in the previous section, there are some surprising results in the study that may be attributable to the effects of time. Specifically, some effects may not have been detected because of the respondents’ very short tenure in the organisation. It is possible that some of the effects of engaging in specific coping behaviours might manifest only after individuals have consistently managed their identity at work in that way, or have gathered sufficient confidence in navigating their new organisational environment. Thus, future investigations of the process of stigma emergence would likely benefit from incorporating the effects on time in their designs and analyses.



### **Limitations**

This study is exposed to a number of limitations. First, the study is based on self-report data, which are affected by several individual factors, such as respondents' "memory, knowledge, experience, motivation and personality" (Robson, 2011, p. 240). In this study, respondents were instructed to answer the survey questions thinking about the previous week, therefore retrospective bias cannot be ruled out. In addition, because of this time lag, transient mood states caused by more recent events than the week of focus might have influenced how respondents view themselves and understand the world and events around them (Podsakoff, MacKenzie, Lee, and Podsakoff, 2003, p.882), potentially affecting their responses. Another issue with self-report data is that it is not possible to detect potential misunderstandings of the survey questions (Robson, 2011), which may result in distorted responses. This risk, however, is partly mitigated by the use of established measurement instruments combined with the small pilot study I conducted before distributing the survey. Finally, the effects of respondent motivation are particularly relevant in the present study for at least two reasons: on the one hand, participation in the study involved responding to four surveys over a period of four weeks. This is a rather long period of time, demanding a high level of commitment from the respondents. As a result, it is possible that the motivation of the study participants suffered fluctuations during the study, and that these changes in motivation affected the participants' responses and, consequently, the final data set. On the other hand, the £20 Amazon voucher incentive might have also affected the quality of the data by attracting individuals placing high value on financial rewards and by focusing the respondents' attention on the final compensation instead of the survey questions. Unfortunately, the risk of respondents not taking the survey exercise seriously is real, but also difficult to detect (Robson, 2011).

Second, the sampling strategy and the LGB population characteristics make it impossible to ascertain that the sample of gay, lesbian and bisexual respondents in this study is truly representative of these populations. As explained in the methods section of this chapter, I recruited study participants through the LGBT+ societies of four higher education institutions in the UK. As a result, the sample is homogeneous in terms of educational level and therefore unlikely to be representative of the wider gay, lesbian and bisexual population. Additionally, reaching potential participants through LGBT+ organisations generates a sample of individuals who associate with these groups and are more likely to have disclosed their sexual orientation (Ragins, Singh, and Cornwell, 2007). This strategy for recruiting participants systematically excludes gay, lesbian and bisexual individuals who do not associate with LGBT+ organisations, reducing the generalisability of the findings of the study. Finally, participants answered to the first survey voluntarily, therefore self-selection bias cannot be ruled out. However, despite its limitations, this sampling strategy remains the most efficient way of accessing members of these populations.

Third, Internet surveys as instruments for data collection have inherent limitations that must be accounted for. One of this limitations is that it is impossible to know the characteristics of non-respondents; thus, differences between respondents and non-respondents cannot be tested, and as a result the representativeness of the sample cannot be ascertained (Robson, 2011). The discussion of the sampling strategy above suggests an inevitably biased sample; however, even among all members of the LGBT+ organisations surveyed in this study some opted in the study and some did not, and there might be important differences between them that cannot be detected. Another limitation of Internet surveys is that it is not possible to know that all respondents are members of the target population. While recruiting study participants through LGBT+ organisations reduces this

risk, one cannot exclude the possibility that individuals who do not identify as lesbian, gay, or bisexual took part in the study.

Fourth, a limitation that became apparent upon completion of the data collection process is that my sample was composed predominantly of gay men. However, gender and sexual orientation were controlled for in the analyses, therefore the homogeneity of the sample should not be cause of concern.

Finally, another unexpected limitation detected during the preliminary analyses was the low reliability the identity centrality, and open and covert identity management strategies. Although the inter-item correlations were in the optimal range (Briggs & Cheek, 1986), the poor results on the reliability tests for these measures were hard to ignore. Thus, I chose to run the analysis using the item with the highest factor loading in the original scales for these construct.

### **Conclusions**

This study sought to investigate how personal characteristics and contextual factors influence stigmatised individual's coping and identity management strategies and how these, in turn, impact individual and interpersonal work outcomes. The data from a longitudinal, cross-sectional survey of 140 gay, lesbian and bisexual newcomers in organisations suggests that both person and context factors predict newcomers' coping behaviour, and that both open and covert identity management strategies influence individual and interpersonal work outcomes. In other words, the results of this study provide support for the mediating role of coping and identity management strategies between the individual attributes and situational characteristics that determined their primary appraisal of an event or situation, and the outcomes they experience as a result of their coping decisions.

### **Chapter 6: Evolving Patterns in Identity Management (Study 2-2)**

Chapter 4 investigated the process of stigma emergence for cancer patients. A key finding of this study is that individuals with an emergent stigma employ various coping and identity management strategies, which they change and adapt as they gradually make sense of their new social identity.

Chapter 5 complemented these findings by examining how personal characteristics and contextual factors influence individuals' coping and identity management strategies and, in turn, how these behaviours affect individual and interpersonal work outcomes. The results generally support the cause and effect relationships predicted by stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984), and corroborate the findings of study 1 in Chapter 4. However, a possible caveat is that time plays an important role in determining the explanatory power of identity management strategies, which for open strategies might manifest more clearly when a longer period of time has passed since induction, when newcomers would have become better acquainted with their colleagues and organisation.

The goal of this chapter is to bring together these insights and explore how individuals' engagement in the four coping and identity management strategies changes over time. Specifically, it explores the role of person and context factors in predicting the evolution of coping behaviours. Using the repeated, cross-sectional survey data from the dataset described in Chapter 5, I report the findings of a panel analysis that sheds light on individuals' trajectories in engagement in each of the four coping and identity management strategies. The chapter begins with a short introduction to the research questions; then, it presents the methods, analysis, and results. A discussion follows, referring the results to the research questions and highlighting the theoretical contribution of the study. Finally, it discusses the limitations of the study before concluding.

### **Theoretical background**

Organisational socialisation is a dynamic learning process that unfolds over time, and involves the transfer of formal as well as informal, contextual, or unofficial knowledge to the newcomer, both via structured interventions and interpersonal interactions with others in the organisation (Allen, Chao, Eby, & Bauer, 2017). This process is critical because it enables newcomers to “transition from being organisational outsiders to being insiders” (Bauer et al., 2007, p. 707). As newcomers gradually adjust to their new role and organisational environment, they experience important attitudinal and behavioural changes. For example, the organisational socialisation process has been described as critical for the formation of the psychological contract (De Vos, Buyens, & Schalk, 2003; De Vos & Freese, 2011; Delobbe, Cooper-Thomas, & De Hoe, 2016), the development of work attitudes such as job satisfaction, organisational commitment and propensity to leave, and the engagement in specific behaviours such as information-seeking behaviours and actual turnover (Cooper-Thomas & Anderson, 2002; Bauer et al., 2007). Moreover, at the beginning of their employment, newcomers assess the organisation vis-à-vis their expectations, for example in terms of ethics and espoused values (Coldwell, Williamson, & Talbot, 2019).

The organisational socialisation process marks a volatile period of time, during which the newcomer experiences uncertainty and seeks to resolve it by clarifying his or her situational identity and securing the approval of others (Jones, 1983). For gay, lesbian and bisexual newcomers this includes managing their stigmatised identity while they assess the extent to which it is accepted in the new environment. The results discussed in Chapter 5 suggest that stigmatised newcomers cope with the uncertainty associated with joining an organisation in various ways, and that their identity management strategies are influenced by both individual and contextual factors. Furthermore, these strategies explain how individuals obtain certain outcomes given the individual attributes and situational characteristics that

determined their primary appraisal of an event or situation, triggering a coping response. Interestingly, these findings are not only congruent with stress and coping theory, the overarching theoretical framework underpinning this thesis, but also suggest that time plays an important role in these cause-and-effect relationships, which is consistent with the process of stigma emergence. Specifically, the results discussed in Chapter 5 make room for the possibility that the effects of open strategies may become more prominent in the longer term. This is important because, potentially, the influence of individual and context factors can change over time because as individuals learn about their organisation they may revise their appraisals of events and situations by including new information; in turn, these changes are likely to be reflected in evolving patterns of coping and identity management strategies. This scenario would be consistent with the findings discussed in Chapter 4 that stigmatised individuals change and adapt their identity management strategies over time.

To my knowledge, no previous investigation has examined the evolution patterns of stigmatised individuals' coping and identity management strategies during the process of stigma emergence in a new workplace. Thus, in this study I explore how stigmatised individuals' engagement in explicitly open, implicitly open, cover, and pass identity management strategies changes over time, with a particular focus on the role of person and context factors in predicting the evolution of coping behaviours. Given the exploratory goal of this analyses, the purpose of this investigation is best expressed by the following research questions:

*RQ2: How do person factors influence individuals' trajectory of engagement in explicitly open, implicitly open, cover, and pass identity management strategies over time?*

*RQ3: How do context factors influence individuals' trajectory of engagement in explicitly open, implicitly open, cover, and pass identity management strategies over time?*

### **Method**

The sample and dataset deployed for this chapter are the same as those used in Chapter 5. The data was collected at four time points (T1-T4): the information collected at T1 consists of basic participant information (gender, sexual orientation, sexual orientation disclosure, and hours worked per week), measures of participant characteristics (stigma consciousness, identity centrality), and qualifying information (tenure in current job or upcoming start date if not employed at the time of completing this survey); the data collected at T2, T3, and T4 by means of a repeated cross-sectional survey captured the perceived contextual factors, the identity management strategies used, and the work and contextual outcomes experienced by the respondents the previous week.

### **Sample**

The sample consisted of 140 university students currently enrolled in UK based institutions and associated with their university's LGBT+ society, with the majority of respondents being male (74.4%) and gay (75.8%). On average, the students worked between 11 and 15 hours per week, and had been in their role for a month or less. To ensure that the study participants matched the requirements of newcomer status, during the recruitment phase they were asked to indicate whether they had recently started a new job and the start date.

The research design allowed for the repeated measurement of all constructs at three time points, resulting in short data series for all the variables collected at T2, T3, and T4.

## Measures

The research questions investigated in this chapter focus on the change in identity management strategy engagement over time, and the factors that predict these trajectories. Therefore, I excluded from the analysis the outcome variables. The measures of the variables used in this study are the same as those described in Chapter 5; however, given the structure of the data, the reliability of the measures of context predictors and identity management strategies need to be assessed for all three time points. Additionally, I included among the individual predictors a measure of overall disclosure. The rationale for including this measure in the analysis is that while individuals engage in various identity management strategies, their behaviours will tend to cluster around one point along this continuum (Anderson, Croteau, Chung, & DiStefano, 2001; Griffin, 1992). Thus, it made sense to include this aspect in the examination of the trajectory of identity management strategy engagement.

**Disclosure.** This measure consisted of a single question (“To how many of your family members/friends/ acquaintances have you disclosed your sexual orientation?”). The answer to this question was measured on a 5-point scale, from 1 = *Everyone* to 5 = *Nobody*. I used the average of the scores of disclosure to family, friends and acquaintances as measure of overall disclosure.

**Identity centrality.** Identity centrality was measured using the Importance of Identity subscale from Luhtanen and Crocker’s (1992) Collective Self-Esteem Scale, adapted for gay, lesbian and bisexual respondents as described in Chapter 5. The reliability analysis for the four items of this scale yielded unsatisfactory results ( $\alpha_{T1} = .34$  for the original scale,  $\alpha_{T1} = .48$  for the revised scale), thus I retained only the item with the highest factor loading in the original scale (“In general, being homosexual/bisexual is an important part of my self-image”). As explained in Chapter 5, small Cronbach  $\alpha$  values may occur for scales with less



than ten items, such as this one, or for scales that capture different dimensions of the construct being measured.

**Stigma consciousness.** Stigma consciousness was measured using Pinel's (1999) stigma consciousness 10-item scale, adapted for the sample of this study. Reliability analysis of the items of this subscale yielded a low Cronbach  $\alpha_{T1} = .65$ . However, revising the scale by eliminating the three reverse-scored items yielded satisfactory results, with Cronbach  $\alpha_{T1} = .87$ .

**Diversity climate.** Diversity climate was measured using Kaplan, Wiley, and Maertz's (2011) 5-item Diversity Climate scale. Reliability analysis of the items of this scale yielded acceptable Cronbach  $\alpha$  values at all time points ( $\alpha_{T2} = .72$ ;  $\alpha_{T3} = .71$ ;  $\alpha_{T4} = .87$ ).

**Perceived support of direct supervisor.** This variable was measured using Abbey, Abrains, and Caplan's (1985) 6-item Social Support scale, adapted to reflect the perceived support received from one's direct supervisor at work. Reliability analysis of the items of this scale yielded acceptable Cronbach  $\alpha$  values at all-time points ( $\alpha_{T2} = .83$ ;  $\alpha_{T3} = .84$ ;  $\alpha_{T4} = .92$ ).

**Perceived support of close colleague (peer).** This variable was measured using Abbey, Abrains, and Caplan's (1985) 6-item Social Support scale, this time adapted to reflect the perceived support received from one's closest, non-supervisory colleague at work. Reliability analysis of the items of this scale yielded acceptable Cronbach  $\alpha$  values at all-time points ( $\alpha_{T2} = .86$ ;  $\alpha_{T3} = .84$ ;  $\alpha_{T4} = .93$ ).

**Coping and identity management strategies.** As described in Chapter 5, I measured the coping and identity management strategies using a shortened version of the Workplace Sexual Identity Management Measure (WSIMM) developed by Anderson and colleagues (2001). For the analyses of this Chapter, I considered all four identity management strategies.

Reliability analysis of the items of the *explicitly out* subscale yielded low Cronbach alpha values at all time points ( $\alpha_{T2} = .28$ ;  $\alpha_{T3} = .24$ ;  $\alpha_{T4} = .57$ ). After reviewing the item-total

statistics, I revised the scale and obtained improved reliability, but still not to satisfactory levels ( $\alpha_{T2} = .53$ ;  $\alpha_{T3} = .39$ ;  $\alpha_{T4} = .69$ ); thus, I retained only the item with the highest factor loading in the original scale (“Correct others when they make comments that imply that I am heterosexual by explaining that I am gay/lesbian/bisexual”).

Reliability analysis of the items of the *implicitly out* subscale yielded low Cronbach alpha values at all time points ( $\alpha_{T2} = .40$ ;  $\alpha_{T3} = .30$ ;  $\alpha_{T4} = .60$ ). After reviewing the item-total statistics, I revised the scale and obtained improved reliability, but still not to satisfactory levels ( $\alpha_{T2} = .46$ ;  $\alpha_{T3} = .31$ ;  $\alpha_{T4} = .64$ ); thus, I retained only the item with the highest factor loading in the original scale (“Raise objections to gay jokes or homophobic/biphobic slurs by pointing out that I consider such comments to be offensive; if others are savvy, they can figure out that I am gay/lesbian/bisexual”).

Reliability analysis of the items of the *covering* subscale yielded low Cronbach alpha values at all time points ( $\alpha_{T2} = .24$ ;  $\alpha_{T3} = .20$ ;  $\alpha_{T4} = .48$ ). After reviewing the item-total statistics, I revised the scale and obtained improved reliability, but still not to satisfactory levels ( $\alpha_{T2} = .35$ ;  $\alpha_{T3} = .27$ ;  $\alpha_{T4} = .58$ ); thus, I retained only the item with the highest factor loading in the original scale (“Avoid socialising with co-workers in order to conceal my sexual orientation”).

Finally, reliability analysis of the items of the *passing* subscale yielded low Cronbach alpha values at all time points ( $\alpha_{T2} = .62$ ;  $\alpha_{T3} = .37$ ;  $\alpha_{T4} = .47$ ). After reviewing the item-total statistics, I revised the scale and obtained improved reliability, but still not to satisfactory levels ( $\alpha_{T2} = .65$ ;  $\alpha_{T3} = .50$ ;  $\alpha_{T4} = .53$ ); thus, I retained only the item with the highest factor loading in the original scale (“Dress or behave in ways that are gender traditional so that others will think that I am heterosexual”). Once again, the Cronbach  $\alpha$  values for these subscales were low, across time points. As explained in Chapter 5, small Cronbach  $\alpha$  values

may occur for scales with less than ten items, such as these, or for scales that capture different dimensions of the construct being measured.

### **Analysis**

I used mixed-effect models to investigate the change in individuals' engagement in the four coping and identity management strategies over the first weeks of employment in their job, and to estimate the influence of individual and contextual factors on the trajectories of engagement in these strategies. Mixed-effect models allow the study of variables trajectories over time, accounting for individual heterogeneity as well as for the effects of time-varying predictors. Here, using this analytical approach means that I can progressively study how each participant's engagement in the strategies changes over time, and how time, fixed predictors (i.e. individual characteristics), and time-varying predictors (i.e. context factors) influence these trajectories. Fixed predictors were measured at T1 only and time-varying predictors at T2, T3, and T4. To use all three observations for these variables, I restructured the dataset from wide form to long form to obtain short data series, or "strings" of consecutive observations, for the context predictors and the identity management strategies. I conducted all the analyses using the MIXED function in SPSS.

To explore the research questions, for each identity management strategy, I built three mixed-effects models of increasing complexity. Model 1 is the null model, or unconditional random effect model, which estimates the effects of individual factors on the engagement in the coping and identity management strategy of focus (dependent variable). In this model I included only the dependent variable and the random effects (i.e. individuals) to capture the effect of time. Model 2 is the baseline model, which extends Model 1 by introducing the covariates gender, sexual orientation, hours worked per week, and the variables overall disclosure, identity centrality, and stigma consciousness. Model 2 gives an initial indication of the influence of person factors on the identity management strategies trajectories. Finally,

in Model 3 I investigate the influence of contextual predictors by introducing diversity climate, perceived support from one's direct supervisor, and perceived support from one's closest, non-supervisory colleague as main effects. Model 3 estimates the joint influence of person and context predictors on the identity management strategies trajectories. For all the models, I estimated a First-Order Autoregressive covariance structure using the Maximum Likelihood method. To evaluate the models, I report three model fit selection criteria: -2Log-Likelihood, Akaike Information Criterion (AIC; Akaike, 1973), and Bayesian Information Criterion (BIC; Schwarz, 1978). These are estimators of the quality of the model, with lower values indicating better fit with the data.

### **Result**

Table 36 [Appendix] displays the results of the unconditional random effect models for each of the four coping and identity management strategies. Separate tables show the results of the baseline and main effects models for dependent variables explicitly open behaviours (Table 37), implicitly open behaviours (Table 38), covering behaviours (Table 39), and passing behaviours (Table 40) [Appendix].

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Insert Table 36 about here  
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RQ2 and RQ3 ask how individual characteristics and context factors influence stigmatised newcomers' coping and identity management behaviours at work. A quick look at Tables 37-40 reveals that both person and context factors have significant effects for all four coping and identity management strategies, with some unexpected findings.

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Insert Table 37 about here  
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Table 37 [Appendix] reports the results of the analysis of the influence of individual and context variables on individual's engagement in explicitly open strategies at work. Compared to Model 1 and Model 2, Model 3 has the lowest individual-level variance. This means that the progressive introduction of covariates and main effects has decreased the unexplained variance of the individual level, improving model fit as evidenced by the lower information criteria values in Model 3 compared to Model 2.

The results of Model 3 indicate a significant, positive relationship between perceived co-worker support and engagement in explicitly open management strategies (.493, p-value = .000). None of the other predictors was significant in Model 3, although disclosure (.203, p-value = .020) and stigma consciousness (-.280, p-value = .017) were significant in Model 2.

Overall, these results suggest that gay, lesbian and bisexual newcomers who perceive support from their closest, non-supervisory colleague are more likely to engage in explicitly open identity management strategies over time.

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Insert Table 38 about here  
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Table 38 [Appendix] displays the results of the analysis of the influence of individual and context variables on individual's engagement in implicitly open strategies at work. Model 2 has the lowest individual-level variance compared to Model 1 and Model 3, suggesting a better model fit, also validated by the lower information criteria values in Model 2 compared to Model 3.

The results of Model 2 indicate a significant, positive relationship between disclosure and engagement in implicitly open management strategies (.283, p-value = .003). Again, none of the other individual predictors was significant in Model 2. The results of Model 3

confirm disclosure as a significant predictor (.258,  $p$ -value = .010), but also indicate that none of the context factors considered is a significant predictor of implicitly open strategies.

Overall, these results suggest that gay, lesbian and bisexual newcomers who tend to disclose their stigmatised identity are more likely to engage in implicitly open identity management strategies during the first weeks of employment in a new organisation.

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Insert Table 39 about here  
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Table 39 [Appendix] reports the results of the analysis of the influence individual and context variables on individual's engagement in cover strategies at work. Model 3 has the lowest individual-level variance compared to Model 1 and Model 2, and best model fit, as suggested by the lower -2Log Likelihood and Akaike's Information Criterion (AIC) values in Model 3 compared to Model 2. Schwarz's Information Criteria (BIC) contradicts these results, but the higher value is easily explained by the fact that BIC penalises model complexity more than AIC (Dziak, Coffman, Lanza, & Li, 2012).

The results of Model 3 indicate a significant negative relationship between disclosure and engagement in cover management strategies (-.326,  $p$ -value = .001) and a marginally significant negative relationship between identity centrality and engagement in cover management strategies (-.165,  $p$ -value = .052). Additionally, stigma consciousness was positively related to cover behaviours, and this result was significant (.326,  $p$ -value = .012). Finally, Model 3 indicates a significant, negative relationship between perceived co-worker support and engagement in cover management strategies (-.305,  $p$ -value = .002).

Overall, these results suggest that gay, lesbian and bisexual newcomers who expect to be stigmatised are more likely to engage in cover identity management strategies. However, the centrality of the gay, lesbian and bisexual identity to individuals' self-concept, the general

disclosure of this particular aspect of their identity to others, and the perception of a close co-worker's support decrease the chances that newcomers will continue to engage in cover behaviours over time.

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Insert Table 40 about here  
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Finally, Table 40 [Appendix] shows the results of the analysis of the influence of individual and context variables on individual's engagement in pass strategies at work. Model 2 has the lowest individual-level variance compared to Model 1 and Model 3, suggesting a better model fit, also validated by the lower information criteria values in Model 2 compared to Model 3.

The results of Model 2 indicate a significant negative relationship between disclosure and engagement in pass management strategies ( $-.303$ ,  $p$ -value =  $.000$ ) and between identity centrality and pass management strategies ( $-.206$ ,  $p$ -value =  $.010$ ). Additionally, stigma consciousness was positively related to pass behaviours, and this result was significant ( $.284$ ,  $p$ -value =  $.007$ ). The results of Model 3 confirm individual factors as significant predictors, but also indicate that none of the context factors considered is a significant predictor of pass strategies.

Overall, these results suggest that gay, lesbian and bisexual newcomers who expect to be stigmatised are more likely to engage in pass identity management strategies over time. However, the centrality of the gay, lesbian and bisexual identity to individuals' self-concept and the general disclosure of this particular aspect of their identity to others decrease the chances that newcomers will continue to engage in pass behaviours as time passes.

## Discussion

Building on the findings reported in Chapter 4, I explored how gay, lesbian and bisexual newcomers' engagement in the four coping and identity management strategies changes over the first weeks of employment in a new organisation, when their stigmatised social identity is likely to emerge. Specifically, I focused on the role of individual and context predictors in influencing the trajectories of these different coping behaviours.

RQ2 asked how person factors influence individuals' trajectories of engagement in explicitly open, implicitly open, cover, and pass identity management strategies over time. Consistent with theoretical predictions (Griffin, 1992; Woods, 1994), the analyses suggest that over the course of the first few weeks of employment gay, lesbian and bisexual newcomers who are generally open about their sexual orientation are more likely to engage in implicitly open identity management strategies, and less likely to engage in cover and pass strategies.

Stigma consciousness was another important predictor of identity management strategies over time. Specifically, the results suggest that the expectation of being stigmatised increases the chances that individuals will engage in cover and pass strategies, which is again consistent with theory and evidence (Pinel, 1999, 2002; Stangor, Swim, Sechrist, DeCoster, Van Allen, & Ottenbreit, 2003).

Finally, the results suggest that identity centrality influences cover and pass identity management strategies' trajectories over time. Specifically, individuals that consider their sexual minority status as central to their self-concept are less likely to engage in covering and passing behaviours in the long term. These findings are consistent with self-verification theory, which predicts that individuals want to be seen by others the same way they see themselves (Swann, 1987). Thus, gay, lesbian and bisexual newcomers for whom this aspect



of their identity is central to the self-concept will be driven away from identity management strategies that hide or deny their identity.

RQ3 asked how context factors influence individuals' trajectories of engagement in explicitly open, implicitly open, cover, and pass identity management strategies over time. During the first weeks of employment, the most influential predictor of identity management strategies is individuals' perceived support from their closest, non-supervisory colleague. Specifically, stigmatised newcomers who feel supported by their peer are more likely to engage in explicitly open identity management strategies over time, a result consistent with the extant literature suggesting that co-worker support is associated with higher levels of disclosure of invisible stigmatised identities (e.g. Huffman, Watrous-Rodriguez, & King, 2008; Jones & King, 2014; Ragins, Singh, & Cornwell, 2007). Additionally, perceived co-worker support also reduces the chances that gay, lesbian and bisexual newcomers will engage in cover identity management strategies in the long term. A plausible explanation for this long-term effect of perceived peer support on cover behaviours is that an individual engaging in this strategy gradually comes to know and trust his or her colleague, and as they do, they reduce their cover behaviours.

Finally, it is interesting to note that neither diversity climate nor perceived support from one's manager were significant predictors of newcomers' identity management strategies during the first weeks of employment. The extant evidence indicates that perception of an organisation as committed to and supportive of diversity encourages the disclosure of an invisible stigmatised social identity (Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Huffman, Watrous-Rodriguez, & King, 2008; King et al., 2017; Ragins, Singh, & Cornwell, 2007). However, the non-significant results of the analyses reported here suggest that the effects observed in the literature may materialise after the end of the socialisation process, when the newcomer has become an organisational insider and

has gained confidence in his or her organisation's commitment to diversity. Similarly, it is plausible that the effects of perceived supervisor support on identity management strategies become apparent only when considering a longer time horizon. Given the significant effects of perceived co-worker support on newcomer's identity management, it is possible that newcomers socialise informally with their peers first, therefore relying on their responses as clues to adjust their identity management strategies at the very beginning of their employment. However, it may be that as they grow confident and trusting of their manager's support, this factor comes to influence their identity management strategies.

### **Theoretical implications**

This study lends support to the idea that stigmatised individuals manage their identity at work in different ways, and further corroborates theory and previous findings that their decisions in this respect are influenced by individual characteristics as well as environmental factors (Berjot & Gillet, 2011; Jones & King, 2014). Additionally, it makes at least three novel contributions to the literature. First, by tracking the experience of gay, lesbian and bisexual organisational newcomers during the initial weeks of employment, it provides a complementary perspective to the process of organisational socialisation. Extending the findings discussed in Chapter 5, these exploratory analyses highlight how this process and the process of stigma emergence are closely intertwined for individuals with an invisible stigma. This interconnectedness is evidenced by the impact of environmental factors, particularly peer support, on individuals' identity management decisions over time. Thus, these findings complement the proposition that I advanced in the previous chapter: the knowledge stigmatised organisational newcomers acquire during the process of organisational socialisation shapes their cognitive appraisals and, in turn, informs their coping and identity management strategies over time.

Second, the study design allowed for the analysis of individuals' strategy engagement trends over time, for each of the four coping and identity management strategies. The results of this analytical procedure shed light on the evolving patterns of individual coping behaviour among young gay, lesbian and bisexual employees starting a new job. This approach recognises both that the experience of socialisation is different for each person, and that each individual employs a unique combination of coping strategies, and this mix is malleable to external stimuli. These findings are consistent with the results discussed in Chapter 4 that individuals change and adapt their coping and identity management strategies as they assimilate new cues and information.

Third, this study advances our understanding of coping with stigma-related stress by complementing the test of hypothesised paths between person and context predictors and coping variables, with an exploration of the influence of these factors on the expected evolution of the mix of coping strategies. For gay, lesbian and bisexual employees joining an organisation, individual characteristics governed in large part the individual trajectories of strategy engagement at the start of their employment. The influence of perceived support from their closest, non-supervisory colleague is also noticeable, being a significant predictor of explicitly open, and cover identity management strategies during the first weeks of employment.

Finally, it is worth discussing two aspects of the study that can potentially stimulate further research in this area. On the one hand, it is impressive that changes in coping and identity management strategies can be observed on such a short period of time – only three weeks. It is almost inevitable to wonder how these patterns have continued to evolve since the end of the data collection process. Longer data series represent an important opportunity both from a theoretical and an analytical point of view. For theory, being able to analyse changes in coping and identity management strategies on a longer period of time can help

answer questions such as: how long before stigmatised individuals reach stability in their identity management strategy? And, are there any discernible common paths among groups of individuals? For analysis, longer data series allow for more sophisticated analytical procedures, such as functional principal component analysis. This approach allows for the estimation of non-linear relationships, using functions (i.e. trajectories) instead of discrete scores (Yao, Müller, & Wang, 2005; Solinger, Hofmans, Bal, & Jansen, 2016). This type of analysis can further clarify the relationships between person and context factors, and identity management, providing a more nuanced understanding of the factors that govern individuals' identity management strategies in the workplace.

### **Limitations**

This study shares a number of limitations with the study presented in Chapter 5, given that it is based on the same sample and data set. These common limitations include the use of self-report data, a sampling strategy that cannot exclude self-selection bias, a sample that is predominantly male, gay and associated with LGBT+ student organisation, and the limitations inherent to the Internet survey method of data collection, as explained in the previous chapter. Additionally, the scales for identity centrality, and coping and identity management strategies retained low Cronbach  $\alpha$  values

An additional limitation of this study is that the data set only covers three weeks of employment in a new organisation. It is possible that the individual trends observed during this short period of time change in the longer term. For example, it is plausible that when someone starts a new job, they familiarise first with their peers rather than their managers, so the effects of perceived support from one's direct supervisor influence identity management strategies engagement only later in time, but this is not captured by this dataset. Similarly, it is possible that in the first weeks of employment one is not fully aware of the diversity climate in their new organisation because they have not yet had the opportunity to make

sense of their work environment in its entirety. Therefore, caution should be exercised when interpreting the findings of these analyses, and future studies should aim to cover a longer period of time than the initial three weeks of employment.

### **Conclusions**

This study sought to explore how individuals' engagement in the four coping and identity management strategies changes over time. The data from a longitudinal, cross-sectional survey of 140 gay, lesbian and bisexual newcomers in organisations suggests that individual's strategy engagement trends over time are unique. Specifically, the results indicate that, during the first weeks of employment, the individual trajectories of identity management strategy engagement are governed mostly by individual predictors. However, also noticeable is the impact of the extent to which individuals feel supported by their closest, non-supervisory colleague, which was significant for most identity management strategies.

**Chapter 7: Impact of Identity Management on Interpersonal Work Outcomes (Study 3)**

The exploration of the process of stigma emergence in Chapter 4 revealed that cancer patients employ several different strategies to cope with the disease and to manage their newly acquired stigmatised social identity. As a result, they experience various individual and interpersonal outcomes, including the urge to have an impact and search for meaning in life; a state of emotional turmoil; greater consciousness of their own mortality and, concurrently, a “carpe diem” attitude; and, most importantly, a new social identity.

Extending these findings to the context of work, the results presented in Chapter 5 generally supported the theoretical predictions that open identity management strategies tend to be associated with better individual and interpersonal outcomes compared to cover identity management strategies (Crocker et al., 1998; Goffman, 1963; Jones & King, 2014).

The goal of this chapter is to investigate these relationships further. Specifically, it explores the mechanisms that might explain how engaging in different identity management strategies impacts individual and interpersonal outcomes. I report the findings of a laboratory experiment assessing the differences in interpersonal helping behaviours between individuals engaging in open and cover identity management strategies. Additionally, this chapter explores two potential explanations for these differences, testing individuals’ mental fatigue and the quality of the relationship they develop with a peer (i.e. someone of equal status) as mediators of these relationships. The structure of this chapter is similar to that of the previous empirical chapters: first, it begins with a brief theoretical discussion, setting the context for the study. Then, it introduces the hypotheses and presents two simple mediation models explaining the relationship between coping and identity management strategies and helping behaviour. It proceeds to outline methods, analysis, and results. A discussion follows, referring the results to the study hypotheses. Finally, the limitations of the study are discussed before concluding.

### **Theoretical background**

Stigma theory posits that individuals with an invisible stigma experience different personal and interpersonal outcomes if they choose to conceal or disclose their stigmatised identity to others. Specifically, the theory predicts that stigmatised individuals will experience negative outcomes if they conceal their identity, and positive outcomes if they disclose it instead (Crocker et al., 1998; Goffman, 1963; Jones & King, 2014). The extant research investigating how disclosing or concealing an invisible stigma in the workplace affects individual outcomes generally supports these predictions. For example, concealing a stigmatised identity has been linked to decreased job satisfaction, reduced workplace participation, poor relationship quality with colleagues, psychological strain, and the desire to leave one's organisation (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Jones & King, 2014; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012). By contrast, this literature suggests that disclosing an invisible stigma at work increased job satisfaction, career commitment, affective commitment, and perceived support from management; it also alleviated job stress and reduced turnover intentions (Griffith & Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Wrzesniewski, Dutton, & Debebe, 2003).

As discussed earlier in this thesis, the disclosure of an invisible stigma and identity management are inextricably connected: every time an individual discloses his or her stigmatised identity to others, the stigma becomes emergent in that social context, and he or she will cope with the process using various identity management strategies.

Examining the experience of gay, lesbian and bisexual organisational newcomers, Chapter 5 provided evidence of a similar pattern of relationships when considering open and cover identity management strategies, rather than disclosure alone, and individual and



interpersonal outcomes. Specifically, these findings lend support to the idea that, generally, open identity management strategies are associated with better individual and interpersonal outcomes compared to cover identity management strategies (Crocker et al., 1998; Goffman, 1963; Jones & King, 2014). However, not all hypothesised paths to the outcomes considered were supported. For example, job satisfaction was not associated with any open or cover identity management strategies, and perceived inclusion and organisational citizenship behaviours were not consistently associated with open and cover strategies. Two potential explanations are possible. On the one hand, the timing and length of the study captured a very short period of time, very early in the employment relationships. Therefore, some of the relationships might have not transpired because it was simply too soon for them to emerge. On the other hand, the mechanisms linking coping and identity management strategies with these outcomes may be more complex than initially hypothesised. Therefore, in the sections that follow I explore whether different explanations might shed light on these results.

### **Model and hypotheses**

Starting from the premise that individuals engaging in open and covert identity management strategies experience different individual and interpersonal outcomes, I investigate how employing these strategies affects some work-related outcomes. In other words, I zoom in on the right-hand side of the stress and coping theoretical framework (Folkman & Lazarus, 1980), looking at how coping strategies influence the range of outcomes experienced by individuals.

First, I explore how stigmatised individuals' choice of identity management strategies influences their organisational citizenship behaviours (OCB). These interpersonal outcomes are interesting to investigate because they bridge individual behaviours to organisational performance (Brenner, Lyons, & Fassinger, 2010). Specifically, I focus on a particular form of OCB: helping behaviour, which is characterised as “voluntary efforts intended to help

others or prevent the occurrence of problems in the workplace” (Brenner, Lyons, & Fassinger, 2010, p. 324).

The extant literature investigating the relationship between disclosure of a stigma and OCB suggests that concealment is associated with less workplace participation, while openness about one’s identity is positively associated with citizenship behaviours (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Jones & King, 2014; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012).

These findings are hardly surprising, because covert identity management strategies often involve minimising social interactions to reduce the risks of exposing one’s invisible stigma (Goffman, 1963). The idea is that the greater the number of social interactions, the greater the perceived possibility of the stigma being detected. This is in line with the overarching theory of this thesis, which is stress and coping (Folkman & Lazarus, 1980). Specifically, individuals who employ covert strategies are also likely to appraise social interactions as potentially threatening, because such situations may create the conditions for their identity to be unveiled. Thus, in the workplace they may very well be motivated to avoid non-essential interactions with colleagues, including voluntary helping behaviour.

The findings in Chapter 5 are in part aligned with these theoretical predictions and empirical results in the literature. Therefore, I hypothesise that there will be a difference in the extent individuals engage in helping behaviours, depending on whether they employ open or covert identity management strategies.

*H6: Individuals employing open identity management strategies will engage in more helping behaviours than individuals employing covert identity management strategies.*

Second, I test the relationships between open and cover identity management strategies, and mental fatigue.

The extant literature suggests that identity concealment and associated covert strategies are more cognitively demanding for individuals than disclosure and associated open strategies (Jones & King, 2014; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007). In other words, covert strategies deplete a person's intellectual resources more than open strategies, resulting in greater psychological strain. Stress and coping theory posits that individuals facing a stressful situation make an evaluation of the resources they have available to cope with what they are facing (Folkman & Lazarus, 1980), highlighting the importance of individual cognitive, relational and material resources under stress. Conservation of resources (COR) theory provides a useful perspective in understanding the role of resources in the process of coping with stressful situations (Hobfoll, 1989). Specifically, COR rests on two key principles: the primacy of resource loss and the need for resource investment (Halbesleben, Neveu, Paustian-Underdahl, & Westman, 2014). Primacy of resource loss essentially means that individuals suffer more from losing resources than experience pleasure with the acquisition of the same resources (Halbesleben et al., 2014; Hobfoll, 1989). The principle of resource investment recognises that individuals need to use up their resources in order to gain additional resources, protect themselves from resource loss, and recover any loss already incurred (Halbesleben et al., 2014; Hobfoll, 2001).

As individuals spend their cognitive resources in engaging in either open or covert strategies, they invest them with different objectives: those who adopt open strategies invest their resources to gain well-being by being congruent with their identity; by contrast, those who adopt covert strategies invest their resources to protect themselves from the loss of resources, here the invisibility of their stigma and the fall out consequences that may result if this identity is revealed. Covert strategies deplete more cognitive resources because they demand constant vigilance in social situation; instead, open strategies repay the initial investment of resources for disclosure with less preoccupation with vigilance after that.

Therefore, I hypothesise that there will be a difference in the extent to which individuals become mentally fatigued, depending on whether they employ open or covert identity management strategies.

*H7: Individuals employing open identity management strategies will experience less mental fatigue than individuals employing covert identity management strategies.*

The literature also lends support to the idea that identity concealment and associated covert strategies hinder the development of high-quality, supportive interpersonal relationships, while disclosure and associated open strategies foster such relationships (Jones & King, 2014; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007). This position is consistent with intimacy theory (Reis & Shaver, 1988), which posits that self-disclosure is essential for the development of high-quality relationships. High-quality, intimate relationships are the result of “a transactional, interpersonal process [...] whereby an individual discloses personal information, thoughts, and feelings to a partner; receives a response from the partner; and interprets that response as understanding, validating, and caring” (Laurenceau, Barrett, & Pietromonaco, 1998, p. 1238). Over time, when reciprocated such interactions support the development of deep, strong and meaningful relationships (Reis & Shaver, 1988).

While it is clear that an individual’s response to a disclosure can vary considerably and may in fact be negative or perceived as such by the party making the disclosure, it is also evident that without disclosure the relationship-building process is not even set in motion. It is also important to notice that some disclosures are factual, while other reveal someone’s private feelings, emotions, opinions and judgements; it is the latter type that generates the highest level of intimacy, because it makes room for the listener to validate the discloser’s view of themselves (Laurenceau, Barrett, & Pietromonaco, 1998).

With the disclosure of a stigma, there is always uncertainty surrounding the listener's response, and therefore there is no guarantee that disclosure will lead to a high-quality relationship. Nevertheless, disclosing one's stigma and being open about one's identity is the *conditio sine qua non* for the development of high-quality relationships, because they give the discloser the means to show their authentic self and listeners the opportunity to understand and support the person making the disclosure.

Therefore, I hypothesise that there will be a difference in the extent to which individuals develop a high-quality relationship with their peer, depending on whether they employ open or covert identity management strategies.

*H8: Individuals employing open identity management strategies will develop better interpersonal relationships than individuals employing covert identity management strategies.*

Finally, I investigate two potential mediation paths that might explain the difference in the extent to which individuals perform helping behaviours. Figures 27 and 28 [Appendix A] depict the hypothesised simple mediation models.

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Insert Figure 27 about here  
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Helping behaviours are voluntary, extra-role behaviours that individuals freely choose to engage in. Still, they require individuals to exert some form of effort, physical or intellectual, and these efforts contribute to the depletion of one's resources. Individuals, however, are motivated to contain resource loss, and when their resources are stretched they might withdraw defensively to recover (Hobfoll, 1989; Hobfoll, Halbesleben, Neveu, & Westman, 2018). Thus, if individuals employ cover identity management strategies, and these strategies deplete their resources, they might enter a "defensive mode to preserve the self"

(Hobfoll et al., 2018, p. 106). As a result, they might be less predisposed to help others at work. Therefore, I hypothesise that cover identity management strategies cause mental fatigue to individuals, and in turn this psychological strain reduces the incidence of helping behaviours performed by these individuals.

*H9: Mental fatigue mediates the relationship between cover identity management strategies and helping behaviours.*

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Insert Figure 28 about here  
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Helping behaviours demonstrate thoughtfulness toward others and ease the everyday pains that people experience at work, such as lack of information or resources, large workloads, or time pressure. Showing consideration and attention to the needs of others fosters the formation of high-quality relationships, and is essential for the maintenance of these relationships (Reis & Shaver, 1988). Individuals are motivated to sustain high-quality, strong relationships because they provide self-validation, feelings of connectedness, and comfort deriving from being cared for, and ultimately become an important psychological and emotional resource (Reis & Shaver, 1988). Reis & Shaver (1988) posit that the basic premise of high quality relationships is self-disclosure. Thus, if individuals employ open identity management strategies, and these strategies support the development of high-quality relationships, they might try to sustain and foster these relationships by performing more helping behaviours. Therefore, I hypothesise that open identity management strategies facilitate the development of high-quality interpersonal relationships, and in turn individuals' desire to sustain these relationships increases the incidence of helping behaviours they perform.

*H10: Relationship quality mediates the relationship between open identity management strategies and helping behaviours.*

### **Method**

The objective of this study was to examine how engaging in different coping and identity management strategies impacts interpersonal work outcomes. Specifically, I wanted to investigate whether the level of openness about one's stigma affected individuals' helping behaviour toward a peer. Additionally, I explored the role of mental fatigue and relationship quality with the peer as potential mediating mechanisms between identity management strategy engagement and the helping behaviour.

I used the experimental method for this part of the research. A fixed design, the experimental method is appropriate for the current study because of its narrow focus on very few variables and their causal relationships (Robson, 2011). Moreover, laboratory experiments allow the researcher strict control over extraneous variables that in natural settings might create "noise" and confound the relationships being studied (Robson, 2011).

Participants in this study were randomly allocated to one of two treatment groups, which differed in the type of identity management strategy they were instructed to use (Open or Covert). Everything else in the experiment was identical for both groups. The dependent variable of interest was helping behaviour. In addition, I measured participants' mental fatigue and perceived quality of the interaction with a peer during the experiment.

### **Sample**

The study was advertised through the LSE Behavioural Lab platform, thus the majority of the participants were students and staff of the School. Participants were told that they were taking part in a study about logical reasoning and writing skills, and were paid £10 to complete the study. The logical reasoning tasks included solving five anagrams and a math problem set; the writing task was to write a short essay about working on the anagrams.

Additionally, the experiment was described as involving a real-time, online interaction between pairs of study participants (allocated either to group Red or group Yellow), who would read each other's essays and provide feedback on their writing.

The experiment included various elements of deception. First, the framing of the experiment as a study on logical reasoning and writing skills was necessary to ensure that the participants could not guess the true purpose of the study. Second, two out of the five anagrams could not be solved, i.e. they were real words with additional, unnecessary letters. This deception, in conjunction with false experiment group statistics, was necessary to create a situation in which participants felt they performed worse compared to the group, falling into the "low performers" bracket. Knowing that they would have to write about their experience working on this task, and that someone else in the room would read their essay and evaluate it, this deception served to create a realistic risk of being "outed" for the study participant, and concern about what others would think of them - thus recreating a temporary stigma. Finally, the interactions with the peer from team Yellow, as well as the essay participants had to evaluate, and the feedback they received on their own essay were entirely machine-based and no human peer was involved, i.e. they were experiment materials, identical for all study participants. This element of deception was necessary to create a credible situation for measuring helping behaviour and relationship quality.

The experiment was built entirely on Qualtrics and carried out in the LSE Behavioural Lab. A total of 180 individuals participated in the experiment, however not all responses were useable. In fact, a careful screening of the data revealed that a few participants suspected the deception, either in the anagrams or the essay feedback. This intuition became apparent when reading the essays, as some participants explicitly expressed doubts on the veracity of the feedback received or the true possibility of completing all the anagrams. Many other participants had to be excluded because they did not follow the instruction given in the



process, which was especially clear when their essay did not match their indicated strategy, Open or Covert. Finally, some participants were excluded because they did not complete all required sections. After cleaning the dataset, the final sample consisted of 123 participants, mostly female (59.3%) and younger than 30 years old (88.6%).

**Manipulation: identity management strategy condition**

The manipulation in the study was the degree of openness about potentially stigmatising information. As discussed, the stigma was created in the laboratory, by asking participants to solve a set of five anagrams, two of which could not be solved, in a timed condition. Participants were asked to indicate how difficult they found the anagram task, and then they were shown the performance statistics for the experiment group. These statistics were fake, showing that many, but not all participants had completed four or five anagrams.

Participants were then instructed to write a short essay about their experience working on the anagrams, where they had to describe how they approached the task, and how they felt during the task and after receiving the feedback on the experiment group performance. The set of the instruction was the same for both conditions, except for the way in which they were instructed to convey the content of their essay. In the Open condition, participants were encouraged to be honest and write a truthful account of their experience; in the Covert condition, participants were encouraged to portray themselves in a positive light, even if this was incongruent with their experience working on the anagrams.

Prior to running the experiment in the LSE Behavioural Lab, I did a small pilot to ascertain the effectiveness of the manipulations and testing the timing of the study. For this pilot, I recruited approximately 6 people from work colleagues and friends, and asked them to do the “experiment”. I found the manipulations to work for this small group, and I included feedback on the wording and graphics in the final version of the experiment, which was presented to the sample recruited through the LSE Behavioural Lab platform.

## Measures

**Helping behaviour.** The dependent variable of the study was measured twice. The first measure of helping behaviour (Help1) was operationalised as the completeness of the feedback given on the peer's essay. Four levels of feedback were possible: no feedback at all (skip feedback session), basic feedback (response to multiple choice items), some additional feedback (response to multiple choice items and very brief statement or comment, such as "well done!"), and a great deal of feedback (response to multiple choice items, and written qualitative feedback and several comments). These four levels were coded 1, 2, 3 and 4 respectively, with 4 representing the greatest amount of help possible.

The second measurement of helping behaviour (Help2) was taken at the end of the experiment, and operationalised as the number of raffle tickets the study participants wanted to allocate to their peer in group Yellow. It was stated explicitly that two raffle draws would take place, one for group Red and one for group Yellow, so that the study participants (always allocated to group Red by design) would not have to trade their own chance of winning the £50 with their peer in group Yellow. Participants could allocate to their peer any number between 0 and 10 of raffle tickets; high numbers of allocated tickets indicate more helping behaviour.

**Mental fatigue.** Mental fatigue was measured halfway through the experiment, after participants had submitted their essay. This measure was operationalised as the number of correct answers given to the questions in a math problem set, with maximum possible score being 48/48 questions. High numbers of correct answers indicate low mental fatigue.

**Relationship quality.** Relationship quality was measured as the participants' rating of their perception of the quality of their interaction with the peer in group Yellow. This measurement was taken after the study participants had given their feedback on their peer's essay, and read the feedback they had received on their own essay. Participants were

instructed to rate the quality of the interaction with their peer on a five point scale, with 5 representing the best possible interaction. The higher the rating of the quality of the interaction, the better the perceived relationship quality.

### **Analysis**

I used independent sample t-tests to investigate the differences in helping behaviour, mental fatigue and relationship quality resulting from individuals' engagement in open and covert coping and identity management strategies (H6-H8). To test the hypothesised mediation effects (H9 and H10), I used the PROCESS macro developed by Hayes (2018). The PROCESS macro is an add-on for OLS statistical software such as SPSS, which essentially combines several computational tools into a single integrated command (Hayes, 2018). PROCESS facilitates the estimation of complex models by providing a user-friendly tool to run rigorous calculations of various effects, including mediation and moderation. It also automates a number of otherwise manual computations, such as the calculation of interaction and mean-centred variables.

### **Results**

Table 41 [Appendix] provides the descriptive statistics and correlations for the variables in this study. Tables 42-44 [Appendix] present the results from the t-tests. Tables 45 and 46 report the results of the preliminary multiple regression analyses. Finally, Tables 47-48 [Appendix] present the results from the mediational tests.

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Insert Table 41 about here  
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H6-H8 predicted that engaging in an open or covert coping and identity management strategy results in different outcomes. Specifically, H6 predicted that engaging in open

behaviours, as opposed to covert behaviours, results in more helping behaviours. This hypothesis was tested for both measures of helping behaviour, (a) completeness of feedback and (b) number of allocated raffle tickets. In both cases the hypothesis was not supported. In other words, there was no significant difference in scores for individuals in the Open condition ( $\mu = 2.70$ ,  $\sigma = .80$ ) and individuals in the Covert condition ( $\mu = 2.63$ ,  $\sigma = .77$ ;  $t(121) = .405$ ,  $p = ns$ ) when helping behaviour was operationalised as the completeness of the feedback given on the peer's essay (H6a). The standardised mean difference, or the magnitude of the difference between the two groups, was very small,  $d = .078$  (Cohen, 1988; Ellis, 2010). There was also no significant difference in scores for individuals in the Open condition ( $\mu = 7.5$ ,  $\sigma = 3.26$ ) and individuals in the Covert condition ( $\mu = 7.1$ ,  $\sigma = 3.02$ ;  $t(121) = .661$ ,  $p = ns$ ) when helping behaviour was operationalised as the number of allocated raffle tickets (H6b). Here,  $d = .126$ , thus the magnitude of the difference between the two groups was still small, though slightly larger than with the first measure of help. Table 42 [Appendix] summarises these results.

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Insert Table 42 about here  
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H7 predicted that that engaging in open behaviours, as opposed to covert behaviours, results in lower levels of mental fatigue. There was no significant difference in levels of mental fatigue for individuals in the Open condition ( $\mu = 31.01$ ,  $\sigma = 10.28$ ) and individuals in the Covert condition ( $\mu = 31.32$ ,  $\sigma = 9.20$ ;  $t(121) = -.160$ ,  $p = ns$ ). Thus, H7 was not supported. Additionally, the standardised mean difference indicates very small difference between the two groups ( $d = -.031$ ) (Cohen, 1988). Table 43 [Appendix] summaries these results.

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Insert Table 43 about here

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Finally, H8 predicted that that engaging in open behaviours, as opposed to covert behaviours, results in better relationship quality scores. This hypothesis was not supported, as there was no significant difference in ratings of interaction quality for individuals in the Open condition ( $\mu = 3.73$ ,  $\sigma = .96$ ) and individuals in the Covert condition ( $\mu = 3.44$ ,  $\sigma = .16$ ;  $t(121) = 1.562$ ,  $p = ns$ ). However, the magnitude of the difference between the two groups was small/medium,  $d = .300$  (Cohen, 1988). Table 44 [Appendix] summaries these results.

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Insert Table 44 about here

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To test the hypothesised mediation effects (H9 and H10), I first ran multiple linear regressions to see if the coping and identity management strategy condition, mental fatigue, and relationship quality predicted helping behaviours. These results are shown in Tables 45 and 46 [Appendix].

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Insert Table 45 about here

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Table 45 shows the results of a multiple linear regression testing the influence of the coping and identity management strategy condition, mental fatigue, gender, and age on the first measure of helping behaviour (Help1: feedback completeness). The model was not significant,  $F(4,118) = 1.350$ , ns. However, age was statistically significant ( $\beta = .206$ ,  $p < .05$ ), suggesting that each increase in age range was associated with an increase of feedback completeness (Help1) of .206 points.

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Insert Table 46 about here  
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Table 46 displays the results of a multiple linear regression testing the influence of the coping and identity management strategy condition, mental fatigue, relationship quality, gender, and age on the second measure of helping behaviour (Help2: raffle tickets allocated). Overall, the model was significant,  $F(5, 117) = 13.753, p < .001$ . Age was statistically significant ( $\beta = .226, p < .01$ ), suggesting that each increase in age range was associated with an increase of allocated raffle tickets (Help2) of .226 points. Mental fatigue was also statistically significant ( $\beta = .203, p < .05$ ), suggesting that with each additional correct answer to the questions in the math problem set, the number of allocated raffle tickets (Help2) grew by of .203 points. In other words, the lower the mental fatigue experienced, the more the helping behaviour. Finally, relationship quality was statistically significant ( $\beta = .580, p < .001$ ), suggesting that each increase in interaction quality score was associated with an increase of allocated raffle tickets (Help2) of .580 points.

The analysis thus far does not provide evidence of simple associations between open and covert identity management strategies, and helping behaviours. However, evidence of simple associations between independent and dependent variables is no longer a precondition for carrying out mediation analysis (Hayes, 2018). Thus, I ran PROCESS to test the simple mediation models hypothesised in H9 and H10 (Figures 27 and 28, respectively; Appendix A).

H9 predicted that the influence of covert strategies on helping behaviour would be mediated by mental fatigue. Figure 29 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 29 about here  
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The question been asked here was whether the effects of engaging in covert identity management strategies on individuals' helping behaviours is, at least in part, explained by the effect these strategies have on mental fatigue. The model tested with PROCESS is detailed below:

- X variable used was COVCON (dummy variable where 1 = Covert condition, 0 = Open condition);
- Y variable was Help1 (measure of feedback completeness; values from 1 to 4, where high scores indicate more elaborate and constructive feedback, thus more help);
- M variable used was MF (measure of mental fatigue; values from 0 to 48, where high scores indicate low levels of mental fatigue).

Figure 29 represents the total effect of engaging in covert identity management strategies on helping behaviours, detailing both direct and indirect pathways.

The first step in assessing mediation is to test the relative total effect of X on Y (path *c*), which for the hypothesis at hand means testing the relative total effect of engaging in covert identity management behaviours on helping behaviours. Consistent with the findings from the multiple regressions above, this model was not statistically significant,  $R^2 = .0014$ ,  $F(1,121) = .1642$ , ns.

In the second step of the process, the mediator is regressed on the independent variable (path *a*). Here, the mediator mental fatigue (MF) is regressed onto the experimental

condition of Covert identity management (COVCON). Once again, the model was not statistically significant,  $R^2 = .0002$ ,  $F(1,121) = .0257$ , ns.

Finally, helping behaviour is regressed onto both the experimental condition of covert identity management (COVCON) and the mediator mental fatigue (MF), yielding path *b*.

Unsurprisingly, this model was not statistically significant,  $R^2 = .0014$ ,  $F(2,121) = .0857$ , ns.

The results of this analysis are detailed in Table 47a.

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Insert Table 47a about here  
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To determine whether mental fatigue mediates, or partially mediates, the relationship between covert identity management and helping behaviours, I used PROCESS to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (CONCON) on Y (Help1). If the interval does not contain zero, then the analysis supports the mediation hypothesis. Table 47b shows the results of the confidence intervals for the relative indirect effects of X (CONCON) on Y (Help1). These show that zero falls inside the bootstrap confidence interval. In other words, the analysis does not support H9.

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Insert Table 47b about here  
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Finally, H10 predicted that the influence of open strategies on helping behaviour would be mediated by relationship quality. Figure 30 [Appendix A] shows the statistical model for this hypothesis.

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Insert Figure 30 about here  
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The question been asked here was whether the effects of engaging in open identity management strategies on individuals' helping behaviours is, at least in part, explained by the effect these strategies have on the quality of the relationships individuals develop with others. The same process described above was carried out with relationship quality as mediator. The model tested with PROCESS is detailed below:

- X variable used was OPECON (dummy variable where 1 = Open condition, 0 = Covert condition);
- Y variable was Help2 (measure of allocated raffle tickets; values from 0 to 10, where high scores indicate more tickets allocated to the peer, thus more help);
- M variable used was RQ (measure of interaction quality; values from 1 to 5, where high scores indicate better quality of interaction with the peer).

Figure 30 represents the total effect of engaging in Open identity management strategies on helping behaviours, detailing both direct and indirect pathways.

The model for the relative total effect of X (OPECON) on Y (Help2) was not significant,  $R^2 = .0022$ ,  $F(1,121) = .2726$ , ns. This result is consistent with those of the earlier analyses and indicates that the data does not support a statistically significant relative total effect of engaging in open behaviours on helping behaviours (path *c*).

Regressing relationship quality (RQ) onto open identity management strategies yielded a model that was not significant (path *a*),  $R^2 = .0170$ ,  $F(1,121) = 2.087$ , ns.

Finally, I regressed helping behaviour onto both the experimental Open condition (OPECON) and the mediator relationship quality (RQ; path *b*). This model was not significant,  $R^2 = .3136$ ,  $F(2,120) = 24.407$ , ns. However, the statistically significant relationship between relationship quality (RQ) and helping behaviour (Help2) was confirmed ( $b = 1.812$ ,  $p < .001$ ). Table 48a [Appendix] summaries the results of these analysis.

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Insert Table 48a about here  
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To determine whether relationship quality mediates, or partially mediates, the relationship between open identity management and helping behaviours, I used PROCESS once again to estimate the 95% bootstrap confidence interval (based on 5000 bootstrap samples) of the indirect effects of X (OPECON) on Y (Help2). Table 48b [Appendix] shows the results of the confidence intervals for the relative indirect effects of X on Y. These show that zero falls inside the bootstrap confidence interval. Thus, H10 is not supported.

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Insert Table 48b about here  
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### **Discussion**

In this study, I investigated how engaging in different coping and identity management strategies impacts individual and interpersonal work outcomes. Specifically, I tested whether the level of openness about one's stigma affected individuals' helping behaviour, mental fatigue, and quality of interpersonal relationships. Additionally, I examined two mediation paths that could explain differences in helping behaviour given the degree of openness about one's stigmatised identity: on the one hand, I explored the role of mental fatigue as mediator between covert identity management strategy and helping behaviour. On the other hand, I tested perceived relationship quality as a mediator between open identity management strategy and helping behaviour.

The identity strategy manipulations appeared to have no impact on individuals' helping behaviour, mental fatigue, and perceived quality of interpersonal relationships. As

hypothesised, participants in the Open condition helped slightly more their peers and rated their quality of interaction with them slightly better than participants in the Covert condition, but these differences were not statistically significant. Additionally, participants in the Open condition experienced less mental fatigue than their counterparts in the Covert conditions, but again this difference was not statistically significant.

The test of the hypothesised mediation paths also had null results. Specifically, this study found no evidence for the mediating role of mental fatigue between covert identity management strategy and helping behaviours, nor for the mediating role of high quality interpersonal relationship between open identity management strategy and helping behaviours.

### **Theoretical implications**

On the evidence produced by this study, it would be very difficult to write a compelling story about the impact of diverse identity management strategies on individual and interpersonal outcomes. While the hypothesised relationships between open and covert identity management strategies and helping behaviour, mental fatigue, and perceived relationship quality were reflected in the mean values of the two experimental groups, these differences were not statistically significant, and the magnitude of these differences was small. However, statistical significance and substantive significance are not the same (Ellis, 2010), and concluding that individuals' decisions on how to manage their invisible stigmatised social identity are inconsequential for them and their work relationships would be unwarranted.

Given the theoretical predictions of the effects of different identity management strategies on individual and interpersonal outcomes, and the findings of extant research on the influence of stigma disclosure on these outcomes (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Crocker et al., 1998; Goffman, 1963; Griffith

& Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012; Wrzesniewski, Dutton, & Debebe. 2003), there are two plausible explanations for the lack of statistical support for the hypotheses tested here: on the one hand, these results might suggest that recreating stigma in the laboratory in a credible, realistic fashion is extremely difficult if not impossible, due to the complex, social nature of the phenomenon. On the other hand, these findings might suggest that identity management strategies cannot be manipulated – which, in turn, raises the question of whether they can be influenced at all. The findings in Chapters 5 and 6 suggest that contextual factors do have an effect on individuals' identity management strategies, thus it is possible that the inability to manipulate identity management strategies is limited to the artificial context of the laboratory.

### **Limitations**

As with all research, this study has limitations that should be noted. These stem mainly from the inherent limitations of experimental designs and the challenging nature of the research questions.

Laboratory experiments lack realism and their artificiality raises external validity concerns (Leik, 1997; Robson, 2011). Aronson and colleagues (Aronson, Brewer, & Carlsmith, 1985; Aronson, Wilson, & Akert, 2007) distinguish between experimental realism and mundane realism. Experimental realism refers to whether the situation recreated in the laboratory is realistic, involving for the participants, and having an impact on them (Aronson, Brewer, & Carlsmith, 1985; Robson, 2011). Mundane realism, by contrast, refers to the extent to which the artificial situations of the laboratory can be encountered in real life (Aronson, Wilson, & Akert, 2007). In this study, experimental realism was mostly successful, despite a few participants suspecting the veracity of some experimental components, specifically the group performance statistics and the essay feedback. The majority of subjects,

however, appeared convinced by the experiment materials, involved in the tasks, and affected by them. By contrast, the experiment was not designed to achieve mundane realism, as recreating the true experience of stigmatisation in the real world would be unethical and excessively distressing for participants. Therefore, while the situation recreated in the laboratory is very unlikely in the real world, it offered a viable and ethical means to test the causal relationship between identity management strategies and individual and interpersonal outcomes.

A second serious threat to external validity comes from flaws in the manipulation and measurement instruments (Leik, 1997). If the manipulation is not manipulating what the researcher wants to manipulate, and if the measures used do not actually measure the constructs that they are supposed to measure, then the results of the experiments are compromised. The results of this study show no significant effects of the experimental condition (Open and Covert strategy conditions) on the outcome variables mental fatigue, relationship quality, and helping behaviours. While several participants did not seem to have understood or have failed to follow the instructions given, particularly in the Covert condition, the majority of subjects' responses was retained for analysis and appeared in line with their randomly assigned experimental condition. Thus, despite the evident possibility that the instructions related to experimental conditions could have been specified more clearly, it cannot be concluded that the manipulation per se failed; rather, it did not have any observable effect at all.

Alongside concerns about external validity, experimental designs are also exposed to several threats to internal validity. First, although laboratory experiments grant the researcher a great deal of control over the conditions in which measurements are taken, the intrusion of external factors that may confound the results cannot be ruled out entirely. Second, two important biases can influence the outcomes of experiments. On the one hand, experimenter

expectancy leads the experimenter to seek support for the hypotheses been tested, usually unwittingly (Robson, 2011). This bias can be reduced by distancing the researcher from the experiment and the subjects. When running this experiment I welcomed each group of participants to the Lab and paid them afterwards, thus my contact with them was very limited. In addition, the experiment was run entirely on Qualtrics, thus it is reasonable to assume that the effects of experimenter expectancy were minimal in this study. On the other hand, subject reactivity can also compromise the experiment results (Leik, 1997). Demand characteristics bias occurs because experiment subjects know that they are being observed and make interpretations as to the purpose of the tasks they engage in (Orne, 1962). As a result, their response is a “complex amalgam of the experimental manipulation and their interpretation of what effect the manipulation is supposed to have on them” (Robson, 2011, p. 95). This bias can be reduced by using deception, which is what I did when I designed the experiment. However, while the true purpose of the experiment is very different from the “official” objectives of the study, it is still likely that the subjects’ interpretations of tasks and their desire to show themselves in a better light than others have influenced the results.

A final potential limitation stems from the procedures followed in the design and implementation phases of the study. Bhaskar (1979, p.53) explains that an experiment must first trigger the mechanism under study, then manipulate the experimental system to prevent any interference with that mechanism. In practice, these steps require rigorous, extensive preparation and planning. While the experiment design was subjected to several iterative modifications, informed by theory, feedback and practical considerations, it is undeniable that further assessment prior to data collection might have provided additional fine-tuning. Specifically, in hindsight I believe that a second pilot, with a larger group (~20 participants) recruited in the same way as the study sample, rather than via friends and colleagues, might have proved beneficial. For example, it might have highlighted areas of improvement, or

signalled ways to enhance the effectiveness of the manipulations. However, working under tight time and resource constraints, it was simply not possible to run a second pilot. However, as discussed, there is reason to believe that the manipulations did in fact work and other factors may be to blame for the lack of statistical support for the hypotheses.

### **Conclusions**

This study sought to investigate the differences in individual and interpersonal outcomes resulting from engagement in open and covert identity management strategies. Additionally, it tested the mediating role of mental fatigue and relationship quality as potential explanatory mechanisms for these differences. The results of this study are null, suggesting that, while there are differences in outcomes depending on whether one employs open or covert identity management strategies, these variations are not significant. However, these inconclusive results might have alternative explanations: on the one hand, the inherent limitations of the experimental method and the fallibility of manipulations; on the other hand, the complex nature of the phenomenon of stigmatisation and the challenges associated with recreating it artificially in the laboratory.

## Chapter 8: Discussion and Conclusion

Placed at the intersection of several literatures, this thesis investigated what happens when targets push back on discrimination at work, considering when and how individuals resist, and what outcomes ensue for them personally and the organisation. This question addresses the paradoxical position of workplace discrimination targets in the literature: on the one hand, they tend to be assumed as passive victims of prejudiced behaviours and treatment; on the other hand, however, the disproportionate amount of research on targets compared to perpetrators and enabling organisational environments might implicitly be putting the burden of resolving discrimination at work on the very same people that experience it most.

I conducted three studies to examine this puzzling contradiction in the literature. I began with an exploratory study to investigate whether and how targets challenge prejudice in the workplace, and what outcomes they experience as a result of their responses and identity management strategies (Chapter 4). Having identified key items in the process of stigma management in the workplace and clues to cause-and-effect relationships, I tested the mediational role of coping and identity management strategies as mechanism that explain the relationships between individual attributes and situational characteristics, and individual and interpersonal outcomes (Chapter 5). Furthermore, I explored how the engagement in different identity management strategies changes over time and the factors, both individual and situational, that influence these trajectories (Chapter 6). Finally, I examined the differential impact of identity management strategies on individual and interpersonal outcomes, testing two potential explanatory mechanisms (Chapter 7).

Below I summarise the empirical findings of the previous four chapters, and bring them all together to discuss what this thesis tells us about resistance to discrimination at work – in other words, what is the contribution to knowledge made by this programme of research. I then discuss the three types of contributions made by this thesis: theoretical,



methodological, and practical. I indicate areas of future research that can be built on the findings and contributions of this thesis before concluding.

### **Summary of the findings of the studies**

Chapter 4 investigated how individuals with an emergent stigmatised social identity experience and manage this transition at work. Focusing on the process of stigma emergence for cancer patients, study 1 surfaced the challenges cancer patients face, both in their personal and work lives, the coping strategies they use, and the outcomes that they experience as a result.

This investigation revealed that individuals diagnosed with cancer experience a varied set of challenges, including compromised health and well-being, impaired ability to work, inadequate responses from management, and unrealistic expectations of bosses and colleagues. To navigate this experience, they use a mix of problem-focused and emotion-focused coping and identity management strategies (Folkman & Lazarus, 1980), such as adaptation, openness, and attitudinal changes. Crucially, these strategies were not used all together and all at the same time, but cancer patients changed and adapted them as they progressed from diagnosis, through treatment, and the aftermath of the disease. Finally, as a result of their coping and identity management strategies, cancer patients experienced various outcomes, including a mix of positive and negative emotions, personal transformation, and, critically, a new social identity. These outcomes appeared to be generally more positive for those patients who were more open about their illness and its implications, than for those who instead withdrew from others at work, which is consistent with the extant research on the disclosure of socially devalued identities (Clair et al., 2005; Ragins et al., 2007; Ragins, 2008).

Study 1 lends support to the idea that studying stigma and prejudice from a stress and coping perspective is fruitful and helps capture the processes by which stigmatised

individuals navigate their personal and professional lives (Miller & Kaiser, 2001). Specifically, the results emphasise the interconnectedness of stigma and stigma-specific stressors; the several ways individuals cope with these stressors, including problem-focused, emotion focused, and identity management strategies (Berjot & Gillet, 2011); and the varied outcomes that they experience as a result of their coping strategies. Furthermore, it suggests that this process might be iterative for individuals with an emergent stigma, with feedback loops between experienced outcomes and revised appraisals, thus offering a novel, nuanced understanding of the temporal dimensions of stress and coping models. Finally, study 1 provides initial evidence of the pivotal role of coping strategies as mechanisms explaining the individual and interpersonal outcomes resulting directly from stigmatised individuals' identity management strategies.

Chapter 5 tested explicitly the causal relationships that are at the basis of stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) and that were predicted in Chapter 4 with respect to coping with and managing an emergent stigma. Focusing on the school-to-work transition of young gay, lesbian and bisexual employees, study 2 examined how individual attributes and situational characteristics influence individual's coping and identity management strategies at the beginning of the employment relationship, when their stigmatised identity is likely to emerge, and explored how these behaviours in turn affect individual and interpersonal work outcomes during the first weeks on their new job.

Building on the findings of study 1, the analyses in Chapter 5 considered two individual predictors (identity centrality and stigma consciousness), and three context predictors (diversity climate, and perceived support from one's manager and closest, non-supervisory colleague); two identity management strategies (open and covert); and five individual and interpersonal work outcomes (job satisfaction, job engagement, turnover intentions, perceived inclusion, and organisational citizenship behaviours). Mediational

analyses generally provided support for the cause-and-effect relationships predicted by stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984), corroborating the findings of study 1 in Chapter 4. In other words, the results suggest that coping and identity management strategies do explain, at least in part, how an individual obtains certain outcomes given the individual attributes and situational characteristics that determined their primary appraisal of an event or situation, triggering a coping response. Once again, open strategies were associated with positive, desirable outcomes, and cover strategies with negative, undesirable work outcomes, which is consistent with stigma theory and extant empirical evidence (Brenner, Lyons, & Fassinger, 2010; Crocker et al., 1998; Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Goffman, 1963; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012; Wrzesniewski, Dutton, & Debebe. 2003).

Study 2 provides evidence in support of the cause-and-effect relationships predicted by stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984), further corroborating the viability of stress and coping theory as analytical lens to study stigma and stigma-related coping processes. Specifically, it extends the findings of study 1 with complementary evidence of the role of coping and identity management strategies as mechanisms that explain the relationship between individual attributes and situational characteristics, and individual and interpersonal work outcomes for stigmatised employees. Simply put, these findings highlight the critical role of identity management strategies in a person's life at work - decisions that begin to be made early in the employment relationship. Connecting stigma emergence to organisational socialisation, study 2 also highlights the overlap of these two processes for individuals with an invisible stigma: every time they join an organisation, they embark on a learning process that equips them with job-specific knowledge, as well as an understanding of the informal, contextual, and unofficial structures

and dynamics that inform their identity management strategies. In other words, the socialisation process effectively defines the context factors that in turn influence individuals' appraisals, thus determining their coping responses.

Chapter 6 investigated this overlap more intensively, exploring how individuals' engagement in different identity management strategies changes over time. Specifically, it examined the role of person and context factors in predicting the trajectories, or evolution patterns, of individuals' coping behaviours during the first weeks of employment in a new organisation.

Leveraging the longitudinal, repeated cross-sectional survey data of study 2, exploratory panel analyses provided initial evidence of the influence of individual predictors (general disclosure, identity centrality, and stigma consciousness) and situational predictors (diversity climate, and perceived support from one's manager and closest, non-supervisory colleague) on the trajectories of individuals' identity management strategies engagement, for explicitly open, implicitly open, covering and passing behaviours (Anderson et al., 2001; Griffin, 1992). The results suggest that, during the first few weeks on a new job, all individual factors are significant predictors of individuals' identity management strategies engagement over time; however, among the context factors only the perceived support from one's closest co-worker influences these trajectories. In other words, these findings suggest that in the early days of the employment relationship stigmatised individuals' coping and identity management strategies are mostly governed by individual attributes and the feeling of being supported by their closest, non-supervisory colleague.

The analyses lend support to the idea that individuals manage their stigmatised identity at work differently and that these strategies are influenced by both individual attributes and situational characteristics (Berjot & Gillet, 2011; Jones & King, 2014). Furthermore, these results offer preliminary evidence of the interconnectedness of stigma

emergence and organisational socialisation: after induction, the socialisation process affects newcomers' identity management strategies by shaping the context factors that ultimately influence individuals' appraisals. Crucially, these findings emphasise not only that stigmatised newcomers experience the socialisation process differently, thus managing their identities as they see fit for the uncertainty of the situation, but also that these identity management strategies are malleable to external stimuli, making room for the possibility that organisations can develop and deploy targeted interventions to create organisational contexts that facilitate desirable (i.e. open) identity management strategies.

Finally, Chapter 7 focused on the individual and interpersonal outcomes that ensue from engaging in different identity management strategies, thus building on the findings reported in the previous chapters that open identity management strategies yield better outcomes for the individual and the organisation than cover identity management strategies. Specifically, study 3 investigated the differences in interpersonal helping behaviours between individuals engaging in open and cover identity management strategies, and explored two potential explanations for these differences, testing individuals' mental fatigue and the quality of the relationship they develop with a peer (i.e. someone of equal status) as mediators of these relationships.

The identity management strategy experimental manipulations appeared to have no impact on individuals' helping behaviour, mental fatigue, and perceived quality of interpersonal relationships. Although participants in the Open condition helped slightly more their peers and rated their quality of interaction with them slightly better than participants in the Cover condition, and participants in the Open condition experienced less mental fatigue than their counterparts in the Cover conditions, these differences were not statistically significant. Furthermore, the results of study 3 do not support the mediational role of mental

fatigue and relationship quality between the different identity management strategies and helping behaviours.

The evidence produced by study 3 makes it very difficult to write a compelling story about the impact of diverse identity management strategies on individual and interpersonal outcomes. However, absence of statistical significance does not necessarily imply lack of substantive significance (Ellis, 2010), and it is possible that the results of this study are to be attributed to the challenges inherent to recreating stigma in the laboratory, as well as the artificiality of experimental research.

In sum, the findings of this thesis offer supporting evidence for existing theory and add novel conceptual and empirical insight. The evidence I presented in Chapters 4, 5, 6 and 7 lends support to the idea that studying stigma from a stress and coping perspective is appropriate to understand how stigmatised individuals navigate their personal and professional lives (Berjot & Gillet, 2011; Miller & Kaiser, 2001). Specifically, the results presented in these chapters fit existing stress and coping models (Berjot & Gillet, 2011; Lazarus & Folkman, 1984) by emphasising the interconnectedness of stigma and stigma-specific stressors, the several ways individuals cope with these stressors, and the varied outcomes that they experience as a result of their coping strategies (Chapter 4); by validating the mediational role of identity management strategies as coping mechanisms that explain the relationship between individual attributes and situational characteristics, and individual and interpersonal work outcomes (Chapter 5); by exploring how the influence of individual attributes and context factors affects an individual's identity management decisions over time (Chapter 6); and by suggesting that engaging in different strategies might result in different individual and interpersonal outcomes (Chapter 7).

These chapters also introduce the concept of emergent stigma, which I defined as a devalued social identity that comes into being by acquisition and/or disclosure. In Chapter 4,

I explore the process of stigma emergence, finding evidence of its distinct nature when compared to managing a stigma that has been embedded in a person's social identity since birth. The process of coping with an emergent stigma is qualitatively different because the impact of situation and person factors affecting the appraisals of situations and events changes over time. These conditions, in turn, make the stigma emergence process essentially an iterative learning process, with a feedback loop that links experienced outcomes with revised appraisals (Chapter 4). However, an emergent stigma does not necessarily have to be new to the individual; it can also be new to a particular social context. In Chapters 5 and 6, I discuss the overlap of the stigma emergence and organisational socialisation processes for individuals with an invisible stigma. Every time an individual with an invisible stigma joins an organisation, he or she begins to learn about the job as well as the informal, contextual, and unofficial structures of the work environment, which come to constitute the context factors that in turn influence that individual's appraisals and, subsequently, his or her identity management decisions. The evidence I presented in these chapters suggests that the explanatory role of identity management strategies is detectable very early in the employment relationships, already during the first weeks on the new job (Chapter 5). Moreover, individuals' engagement in the various identity management strategies changes over time and the trajectories observed during the first weeks of employment are governed by both individual attributes and situational characteristics, notably the perception of being supported by one's close, non-supervisory peers (Chapter 6).

### **Thesis contributions**

The vast majority of workplace discrimination research focuses on the targets, ascribing them the role of passive recipients of this treatment. However, this distorted perspective may be implicitly reducing "organisations' felt responsibility to address and remediate [workplace discrimination]" (Jones et al., 2017, p. 1077). This tension creates a

paradoxical situation where targets are seen as passive victims and, simultaneously, responsible for resolving discrimination at work. This thesis sought to investigate this puzzling contradiction, making theoretical and methodological contributions, and informing management practice in several ways.

The question investigated in this thesis asked what happens when targets push back on discrimination at work, addressing prejudiced behaviours and correcting essentialist thinking. It did so by taking a stress and coping perspective, and looking at how different ways of managing an identity represent a form of resistance, particularly open identity management strategies. These strategies are defiant of stigmatisation, because when individuals use open strategies they bring the stigmatised identity back to the forefront, they make it topic of discussion and reflection, and often demystify it in the eyes of those around them.

The findings discussed in the previous chapters suggest that open identity management strategies, which are those approaches that involve challenging stereotypes, assumptions, and discriminatory treatment, are associated with better individual and interpersonal outcomes compared to covert identity management strategies. These results resonate with theoretical prediction and the extant empirical evidence linking the level of stigma disclosure to the quality of outcomes experienced (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Crocker et al., 1998; Goffman, 1963; Griffith & Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012; Wrzesniewski, Dutton, & Debebe, 2003). However, disclosure alone is hardly an exhaustive explanation of the differential outcomes stigmatised individuals experience at work. Specifically, as discussed in Chapter 4 in relation to the experience of cancer patients, revealing the diagnosis to others at work was only one of the first hurdles: the process of coming to terms with their new social



identity, coping with the challenges inherent to the condition, and redefining their personal, professional, and social roles by trial and error and with the feedback from the social environment involved climbing a steep learning curve and engaging in continued identity-related decision-making efforts. Coping and identity management strategies capture this complex process better than disclosure alone, because they account for a range of behaviours that is fluid, evolving, and malleable to external stimuli.

These findings were made possible by the view of identity and stigmatised social categories as changeable rather than fixed, and by stigmatised individuals as active agents rather than passive victims. Further, they emphasise the role of contextual factors, such as organisational practice and work relationships, in the process of stigma emergence and management. Thus, the first theoretical contribution of this thesis is a sophisticated understanding of emergent stigma identity management as an iterative learning process that explains the relationship between individual attributes and situational characteristics, and individual and interpersonal work outcomes. In other words, the positive and desirable outcomes resulting from engaging in open identity management strategies do not ensue automatically from disclosing a stigma: they are the result of sustained individual efforts to affirm oneself.

Complementary questions that were examined in this thesis considered the circumstances under which individuals may challenge prejudice and resist discrimination. The evidence presented in in the previous chapters suggest that both individual attributes and situational characteristics influence individuals' identity management decisions, and these findings are consistent with stress and coping theory (Berjot & Gillet, 2011; Folkman & Lazarus, 1980) and the literature on responses to prejudice (Crocker & Major, 1989; Johnson et al., 2002; Mendoza-Denton et al., 2002; Operario & Fiske, 2001; Pinel, 2002; Stangor et al., 1992, 2003; Swim et al., 1995). The results of the studies presented in Chapters 5 and 6

contribute to our understanding of coping with and responding to prejudice in at least two ways. First, the discussion in Chapter 5 offers empirical evidence of the viability of stress and coping theory as analytical lens to understand how individuals interpret and react to prejudice, by providing support for the cause-and-effect relationships predicted by these models. Specifically, these findings validate the theoretical prediction that individual attributes and situational characteristics affect individuals' cognitive appraisals and, in turn, influence their identity management strategies and, ultimately, these strategies yield different individual and interpersonal outcomes.

Second, the exploratory analyses in Chapter 6 offer preliminary support for idea put forth in Chapter 4 that coping and identity management strategies are not fixed, but change over time during the stigma emergence process. The results suggest that all identity management strategies follow different individual trajectories and that these are governed mostly by individual attributes and the situational factor of perceived support from a close co-worker. Once again, viewing stigmatised individuals as active agents rather than passive victims made it possible to highlight and gain a better understanding of the interactive relationship between the individual and his or her environment, and the ways in which each influences the other (Folkman & Lazarus, 1980). Consequently, these findings emphasise the crucial role of organisations as social environments that can exercise at least a certain degree of discretion in how they treat stigmatised employees, by supporting diversity or enabling the perpetuation of inequality and stigmatisation. Furthermore, they lend support to the idea that stigma emergence and management is an ongoing process that needs to be understood and treated as part of the employment relationship. Thus, the second theoretical contribution of this thesis is the empirical corroboration of the causal relationships underling stress and coping theory applied to stigma management in the workplace. Specifically, while these studies support the role of individual attributes, they also stress the importance of

organisations as contexts influencing stigmatised individuals' identity management strategies and ensuing individual, interpersonal and organisational outcomes.

Finally, the last theoretical contribution of this thesis is the initial empirical investigation of the extent to which identity management strategies can change over time, and the individual and organisational factors that govern these trajectories. In other words, stigma identity management at work is a continuous, malleable process influenced by the ongoing dialog between individuals and their employing organisation.

In addition to the above theoretical contributions, this thesis offers at least two methodological insights. First, the application of panel data models, specifically mixed-effect models (Wooldridge, 2002), to explore the evolving patterns of individual behaviour in organisations is, to my knowledge, a novel analytical approach and one that I strongly believe can and should be used to enable sophisticated and innovative research in organisational behaviour. By allowing the researcher to examine variable trajectories over time for each unit surveyed, while accounting for the effects of time-varying predictors, mixed-effect models can capture individuals' trajectories for the variable of focus (Greene, 2010). Thus, this analytical approach represents an opportunity to gain a nuanced understanding of individual behaviour in organisations, by accounting for the temporal dimension inherent to organisational life, which cannot be detected in cross sections.

Second, the null results of study 3 presented in Chapter 7 stand in contrast with theoretical predictions and the extant empirical research (Brenner, Lyons, & Fassinger, 2010; Chrobot-Mason, Button, & DiClementi, 2001; Crocker et al., 1998; Goffman, 1963; Griffith & Hebl, 2002; Jones & King, 2014; King & Botsford, 2009; Ragins, & Cornwell, 2001; Ragins, Singh, & Cornwell, 2007; Reeves & Azam, 2012; Wrzesniewski, Dutton, & Debebe, 2003), and raise the question of whether experiments are a suitable method to study stigma and identity management. While great care was taken in the design of the experiment, it is

possible that recreating stigma in the laboratory in a credible, realistic fashion might not be achievable due to the complex, social nature of the phenomenon. However, one unsuccessful experiment should not discourage experimental research on stigma; rather, it should inform future practice, potentially stimulating new alternative ways of studying the phenomenon in the laboratory.

Finally, the findings discussed in this thesis have important practical implications. At the broadest level, they emphasise the crucial role of organisations as social environments in shaping the experience of work for stigmatised individuals. Thus, at the very least, these findings shift back some responsibility in tackling discrimination from stigmatised individuals to organisations (Jones et al., 2017). Pragmatically, this thesis informs practice in at least two ways. First, the evidence presented in the previous chapters directs the attention to the context and the situational factors that influence individuals' identity management strategies. Creating environments supportive of diversity, training managers and employees on diversity-related issues, and rewarding positive attitude and behaviours toward diversity are actionable items and within reach for organisations. In other words, organisations have some degree of control and discretion over these factors and should devise strategies that help create favourable conditions for openness at work, for their employees' and their own benefit. For example, an organisation could reinforce their discourse about inclusion by developing individual and group KPIs that reflect positive attitudes toward diversity, such as attending focused trainings and participating in internal or external diversity-related initiatives. Small, incremental changes such as this gradually change the culture because they signal that diversity matters and the organisation rewards those who are inclusive, open, and supportive of their colleagues.

Second, this thesis draws attention to the overlap that exists between the socialisation and stigma emergence processes for individuals with an invisible stigma. Every time they

join an organisation, individuals with an invisible stigma begin not only to learn about the job itself, but also about the informal, contextual, and unofficial structures of the new work environment. These latter aspects define the social context and thus became the situational factors that influence stigmatised newcomers' coping and identity management strategies. Thus, induction and socialisation represent important opportunities for organisations to encourage openness in the workplace and shape their culture. Organisations can and should implement initiatives that encourage open identity management strategies right from the beginning. For example, given the finding that support from a co-worker influences identity management over time, mentor or "buddy" programmes might represent a viable, readily implementable, and cost-effective intervention. Forward-looking organisations may want to design such programmes for prospective employees as well, for example with networking events targeting specific stigmatised groups.

### **Future research**

This thesis makes at least three contributions to our understanding of responses to discrimination at work: first, it suggests that open identity management strategies that challenge stereotypes, assumptions, and discriminatory treatment, are associated with better individual and interpersonal outcomes compared to covert identity management strategies, and proposes emergent stigma identity management as an iterative learning process that explains the relationship between individual attributes and situational characteristics, and individual and interpersonal work outcomes. Second, it provides empirical corroboration of the causal relationships underling stress and coping theory applied to stigma management in the workplace, supporting the role of individual attributes, but also stressing the importance of organisations as contexts influencing stigmatised individuals' identity management strategies and ensuing individual, interpersonal and organisational outcomes. Finally, it offers an initial empirical corroboration of stigma identity management at work as a continuous,

malleable process influenced by the ongoing dialog between individuals and their employing organisation.

These findings raise a number of questions that future research could investigate. First, one could consider additional individual and context factors that might influence individuals' identity management strategies. Here I only considered predictors that I could draw logically from study 1, but those are hardly the only factors that potentially matter in this process. For example, the extant literature on responses to prejudice suggests that chronic exposure to discrimination (Crocker & Major, 1989; Stangor et al., 1992; Swim et al., 1995), target mood (Sechrist, Swim, & Mark, 2002), and the accessibility to the construct, which is the extent to which discrimination is easily recognized (Stangor, Carr, & Kiang, 1998), influence individuals' reactions to discriminatory incidents. Thus, future research would likely benefit from the examination of the effects of more and different potential individual and organisational predictors.

Second, future research could attempt the development of a generic identity management measurement instrument applicable to invisible stigmas in general. Here I measured identity management strategies with the Workplace Sexual Identity Management Measure (Anderson et al., 2001), an instrument designed specifically for capturing the various ways in which gay, lesbian and bisexual individuals manage their identity at work. While this instrument was appropriate for the sample of study 2, a generic instrument would allow the testing of this model and hypotheses with samples drawn from different populations, thus corroborating and potentially offering support for the generalisability of these findings.

Finally, as discussed in Chapter 6, future research could leverage panel data models as analytical approach and investigate changes in coping and identity management strategies on a longer period of time than the three weeks observed here. This approach can help answer

questions such as: how long before stigmatised individuals reach stability in their identity management strategy? And, are there any discernible common paths among groups of individuals? Longer data series also allow for even more sophisticated analytical procedures, such as functional principal component analysis, which estimates non-linear relationships, using functions (i.e. trajectories) instead of discrete scores (Yao, Müller, & Wang, 2005; Solinger, Hofmans, Bal, & Jansen, 2016).

### **Concluding remarks**

This thesis investigated the the question of what happens when employees resist prejudice in the workplace, addressing the paradox in the literature where targets are seen as passive victims and, at the same time, implicitly expected to resolve discrimination at work (Jones et al., 2017). Being open about one's devalued social identity, intended as challenging stereotypes, assumptions, and discriminatory treatment, ultimately yields positive outcomes for individuals and organisations alike. However, openness is not just disclosure; it is an evolving, iterative learning process influenced by individual attributes and context characteristics, and constantly adapted on the basis of the feedback from the social environment. It thus becomes clear that organisational intervention may promote openness by creating work environments that support diversity, shifting back some responsibility for tackling discrimination from stigmatised individuals to organisations.

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**Appendix - Tables**

**Table 1**

*Study 1 Sample Characteristics Summary*

Respondent ID	Diagnosis	Time of diagnosis	Treatment <sup>i</sup>	Role	Tenure in the organization	Organization Size (FTE) <sup>ii</sup>	Industry
20170407	Ovarian cancer	8 years ago	S, C	Cabin Crew	10 years	5,000-10,000	Airlines
20170505	Breast cancer	10 years ago	S, C	Admin Officer	14 years	n/a	Housing
20170508	Breast cancer	1.5 years ago	S, C	Market Research Consultant	4.5 years	n/a	Pharmaceuticals
20170510	Breast cancer	10.5 years ago	S, C, R	Recruiter	n/a	10,000+	Government
20170517	Ovarian cancer	5.5 years ago	S, C	Support Officer	6.5 years	200 – 500	Real Estate
20170518	Ovarian cancer	7.5 years ago	S, C	Teacher	25 years	n/a	Education

20170615	Ovarian cancer	3.5 years ago	S, C	Education Consultant	6 years	1,000 – 5,000	Non-profit
20170619_1	Breast cancer	17 years ago	S, R	Marketing Consultant	3.5 years	n/a	Education
	Ovarian Cancer	7 years ago	S, C				
20170619_2	Ovarian Cancer	2.5 years ago	S, C, R	Lettings Agent	15 years	10 – 50	Real Estate
20170821	Ovarian Cancer	1 year ago	S, C	Cleaner	2 years	n/a	Wholesale
20171009	Pancreatic Cancer	1 year ago	C	Volunteer	15 years	n/a	Non-profit
20171016	Pancreatic Cancer	4 years ago	S, C, R	Peer Support Volunteer	2.5	n/a	Non-profit
20171120_1	Pancreatic Cancer	3.5 years ago	S, C	Sheltered Housing Assessment Officer;	4 years	n/a	Government
20171120_2	Pancreatic Cancer	1.5 years	S, C	Learning Mentor	3 years	n/a	Education



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*Note:* <sup>i</sup>Treatment: C = chemotherapy, R = radiotherapy, S = surgery; <sup>ii</sup> Organization Size and Industry as reported on the organization's LinkedIn page.

**Table 2**

*Study 1 Challenges Themes and Sub-Themes*

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Main themes	Sub-themes
Own well-being	Physical well-being
	Psychological well-being
Work demands	Physical work demands
	Intellectual work demands
Responses of management	Inexperience of Cancer-related issues
	Lack of empathy
Expectations of others	Patient as role model
	Patient's priorities
	Recovery

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**Table 3**

*Study 1 Coping and Identity Management Themes and Sub-Themes*

Main themes	Sub-themes
Adaptability	Adapt appearances
	Adapt lifestyle
	Adapt communications
Openness	Acknowledge ignorance of Cancer issues
	Keep others informed
	Address any misunderstandings immediately
	Satisfy curiosity and educate
Attitudes	Being positive
	Being matter-of-fact

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Support from others

Emotional support

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Practical support

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Professional support

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**Table 4***Study 1 Outcomes Themes and Sub-Themes*

Main themes	Sub-themes
Transformation	Mortality awareness
	Search for meaning
	Carpe-diem attitude
Emotional turmoil	Positive emotions
	Negative emotions
Desire to have an impact	Raise awareness
	Leave a legacy
New social identity	Connections with similar

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Desire to help similar others

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5	Stigma consciousness	3.59	.722	-.026 (.749)	-.092 (.251)	.305 (.000)	-.318 (.000)	1					
6	Diversity climate	2.61	.590	-.576 (.000)	-.460 (.000)	.298 (.000)	.519 (.000)	-.415 (.000)	1				
7	Perceived support (manager)	2.60	.662	-.517 (.000)	-.423 (.000)	.299 (.000)	.505 (.000)	-.500 (.000)	.755 (.000)	1			
8	Perceived support (peer)	2.91	.821	-.594 (.000)	-.575 (.000)	.409 (.000)	.457 (.000)	-.392 (.000)	.696 (.000)	.869 (.000)	1		
9	ID strategy Open	3.26	.818	-.068 (.430)	-.004 (.000)	-.044 (.613)	.239 (.000)	-.349 (.000)	.195 (.022)	.281 (.001)	.353 (.000)	1	
10	ID strategy Covert	3.53	.935	-.067 (.432)	.029 (.738)	-.090 (.288)	.382 (.000)	.508 (.000)	-.294 (.000)	-.299 (.000)	-.223 (.008)	.104 (.225)	1



11	Job satisfaction	2.11	.761	-.124 (.362)	-.132 (.331)	.010 (.941)	.258 (.050)	-.396 (.002)	.514 (.000)	.594 (.000)	.527 (.000)	.269 (.051)	-.303 (.022)	1				
12	Job engagement	2.39	.901	-.316 (.018)	-.219 (.105)	.027 (.838)	.406 (.002)	-.727 (.000)	.640 (.000)	.791 (.000)	.770 (.000)	.416 (.002)	-.530 (.000)	.668 (.000)	1			
13	Turnover intentions	2.84	1.105	.225 (.095)	.003 (.985)	-.059 (.660)	-.373 (.004)	.607 (.000)	-.552 (.000)	-.456 (.000)	-.374 (.004)	-.287 (.037)	.594 (.000)	-.507 (.000)	-.570 (.000)	1		
14	Perceived inclusion	1.80	.668	-.146 (.283)	-.103 (.448)	-.061 (.651)	.295 (.024)	-.498 (.000)	.466 (.000)	.532 (.000)	.485 (.000)	.373 (.006)	-.343 (.009)	.724 (.000)	.612 (.000)	-.612 (.000)	1	
15	OCB	2.25	.934	-.365 (.006)	-.314 (.020)	-.106 (.431)	.423 (.001)	-.755 (.000)	.630 (.000)	.771 (.000)	.764 (.000)	.425 (.002)	-.524 (.000)	.607 (.000)	.833 (.000)	-.538 (.000)	.612 (.000)	1

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**Table 6***Study 2-1 Linear Regression of Job Satisfaction*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	-2.830	1.461		-1.937 (.059)
Gender	1.105	.510	.624	2.166 (.036)
Sexual orientation	-.336	.333	-.291	-1.009 (.319)
Hours worked each week	-.250	.144	-.252	-1.742 (.089)
Identity centrality	-.145	.139	-.148	-1.041 (.304)
Stigma consciousness	.274	.188	.260	1.452 (.154)
Diversity climate	.508	.238	.394	2.131 (.039)
Perceived support (manager)	.594	.300	.517	1.980 (.054)

Perceived support (peer)	.181	.255	.195	.708 (.483)
ID strategy Open	.107	.115	.115	.924 (.361)
ID strategy Covert	-.157	.107	-.193	-1.467 (.150)
<hr/>				
<i>Adj R<sup>2</sup></i>			.405	
<i>F</i>			4.539 (.000)	
<i>df</i>			10, 42	
<hr/>				

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 7***Study 2-1 Linear Regression of Job Engagement*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	.545	.863		.631 (.531)
Gender	-.377	.302	-.180	-1.249 (.219)
Sexual orientation	.395	.197	.289	2.008 (.051)
Hours worked each week	-.156	.085	-.133	-1.841 (.073)
Identity centrality	-.213	.082	-.183	-2.578 (.014)
Stigma consciousness	-.283	.111	-.227	-2.546 (.015)
Diversity climate	.129	.141	.085	.919 (.363)
Perceived support (manager)	.220	.177	.162	1.240 (.222)

Perceived support (peer)	.662	.151	.604	4.387 (.000)
ID strategy Open	.070	.068	.063	1.023 (.312)
ID strategy Covert	-.229	.063	-.238	-3.622 (.001)
<hr/>				
<i>Adj R<sup>2</sup></i>			.852	
<i>F</i>			30.853 (.000)	
<i>df</i>			10, 42	
<hr/>				

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 8***Study 2-1 Linear Regression of Turnover Intentions*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	3.015	1.646		1.831 (.074)
Gender	2.100	.575	.817	3.652 (.001)
Sexual orientation	-1.429	.375	-.852	-3.807 (.000)
Hours worked each week	-.298	.162	-.207	-1.838 (.073)
Identity centrality	.202	.157	.142	1.285 (.206)
Stigma consciousness	.641	.212	.419	3.019 (.004)
Diversity climate	-.615	.268	-.329	-2.291 (.027)
Perceived support (manager)	.388	.338	.233	1.148 (.258)

Perceived support (peer)	-.095	.288	-.071	-.330 (.743)
ID strategy Open	-.099	.130	-.074	-.765 (.449)
ID strategy Covert	.383	.121	.324	3.174 (.003)
<hr/>				
<i>Adj R<sup>2</sup></i>			.641	
<i>F</i>			10.302 (.000)	
<i>df</i>			10, 42	
<hr/>				

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 9***Study 2-1 Linear Regression of Perceived Inclusion*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	-.488	1.388		-.323 (.748)
Gender	.351	.485	.225	.723 (.473)
Sexual orientation	-.077	.316	-.076	-.243 (.809)
Hours worked each week	-.168	.136	-.193	-1.231 (.225)
Identity centrality	-.077	.133	-.089	-.582 (.564)
Stigma consciousness	-.015	.179	-.016	-.082 (.935)
Diversity climate	.280	.226	.247	1.237 (.223)
Perceived support (manager)	.264	.285	.262	.926 (.360)



Perceived support (peer)	.152	.243	.186	.626 (.535)
ID strategy Open	.156	.110	.191	1.427 (.161)
ID strategy Covert	-.112	.102	-.156	-1.100 (.277)
<hr/>				
<i>Adj R<sup>2</sup></i>			.304	
<i>F</i>			3.271 (.003)	
<i>df</i>			10, 42	
<hr/>				

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 10***Study 2-1 Linear Regression of OCB*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	1.547	.712		2.174 (.036)
Gender	.041	.249	.019	.167 (.868)
Sexual orientation	-.159	.162	-.112	-.980 (.333)
Hours worked each week	-.405	.070	-.332	-5.779 (.000)
Identity centrality	-.120	.068	-.099	-1.760 (.086)
Stigma consciousness	-.307	.092	-.237	-3.344 (.002)
Diversity climate	.107	.116	.068	.923 (.361)
Perceived support (manager)	.224	.146	.159	1.535 (.133)

Perceived support (peer)	.609	.124	.536	4.895 (.000)
ID strategy Open	.095	.056	.083	1.682 (.100)
ID strategy Covert	-.220	.052	-.220	-4.218 (.000)
<hr/>				
<i>Adj R<sup>2</sup></i>			.908	
<i>F</i>			51.351 (.000)	
<i>df</i>			10, 41	
<hr/>				

*Note.* b Unstandardised coefficients. P-values in parentheses.



M <sub>2</sub> (COVERT)				.197	.107	1.851 (.070)
<i>R</i> <sup>2</sup>	.047	.089	.312	.153		
<i>F</i>	2.536 (.118)	4.969 (.030)	23.087 (.000)	2.941 (.0422)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 11b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Satisfaction (JSAT)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JSAT) [M <sub>1</sub> ]	.061	.046	-.029	.156
X (JSAT) [M <sub>2</sub> ]	.127	.081	-.016	.303

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 2.



M <sub>2</sub> (COVERT)				-.452	.101	-4.473
						(.000)
<i>R</i> <sup>2</sup>	.137	.089	.312	.460		
<i>F</i>	8.063 (.007)	4.969 (.030)	23.087 (.000)	13.898 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.



**Table 12b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Engagement (JENG)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JENG) [M <sub>1</sub> ]	.114	.062	.013	.254
X (JENG) [M <sub>2</sub> ]	-.292	.101	-.519	-.117

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 3.



M <sub>2</sub> (COVERT)				.548	.131	4.183 (.000)
<i>R</i> <sup>2</sup>	.134	.089	.312	.387		
<i>F</i>	7.871 (.007)	4.969 (.030)	23.087 (.000)	10.324 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 13b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Turnover Intentions (TIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (TIN) [M <sub>1</sub> ]	-.093	.060	-.236	-.006
X (TIN) [M <sub>2</sub> ]	.354	.100	.176	.570

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 4.



M <sub>2</sub> (COVERT)				-.210	.089	-2.359	
							(.022)
<i>R</i> <sup>2</sup>	.061	.089	.312			.245	
<i>F</i>	3.304 (.075)	4.969 (.030)	23.087 (.000)			5.300 (.003)	
<i>df</i>	1, 51	1, 51	1, 51			3, 49	

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 14b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Perceived Inclusion (PIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (PIN) [M <sub>1</sub> ]	.077	.045	.006	.182
X (PIN) [M <sub>2</sub> ]	-.136	.067	-.286	-.020

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 5.





M <sub>2</sub> (COVERT)				-.420	.108	-3.878	
							(.000)
<i>R</i> <sup>2</sup>	.139	.089	.312			.427	
<i>F</i>	8.098 (.006)	4.969 (.030)	23.087 (.000)			11.944 (.000)	
<i>df</i>	1, 50	1, 50	1, 50			3, 48	

Note. b Unstandardised coefficients. P-values in parentheses.

**Table 15b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Organisational Citizenship Behaviours (OCB)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OCB) [M <sub>1</sub> ]	.118	.071	.015	.285
X (OCB) [M <sub>2</sub> ]	-.271	.100	-.486	-.091

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 6.



M <sub>2</sub> (COVERT)				-.049	.113	-.432
						(.668)
<i>R</i> <sup>2</sup>	.198	.203	.367		.207	
<i>F</i>	12.625 (.001)	13.002 (.001)	29.586 (.000)		4.273 (.009)	
<i>df</i>	1, 51	1, 51	1, 51		3, 49	

Note. b Unstandardised coefficients. P-values in parentheses.

**Table 16b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Satisfaction (JSAT)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JSAT) [M <sub>1</sub> ]	-.038	.062	-.148	.105
X (JSAT) [M <sub>2</sub> ]	.035	.082	-.281	.149

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 7.



M <sub>2</sub> (COVERT)				-1.121	.090	-1.338	
							(.187)
<i>R</i> <sup>2</sup>	.621	.203	.367			.639	
<i>F</i>	83.474 (.000)	13.002 (.001)	29.586 (.000)			28.859 (.000)	
<i>df</i>	1, 51	1, 51	1, 51			3, 49	

Note. b Unstandardised coefficients. P-values in parentheses.

**Table 17b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Engagement (JENG)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JENG) [M <sub>1</sub> ]	-.057	.059	-.168	.067
X (JENG) [M <sub>2</sub> ]	.095	.083	-.278	.050

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 8.





M <sub>2</sub> (COVERT)				.358	.138	2.587 (.013)
<i>R</i> <sup>2</sup>	.348	.203	.367	.427		
<i>F</i>	27.165 (.000)	13.002 (.001)	29.586 (.000)	12.147 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 18b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Turnover Intentions (TIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (TIN) [M <sub>1</sub> ]	-.072	.064	-.051	.206
X (TIN) [M <sub>2</sub> ]	.256	.101	.075	.474

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 9.



M <sub>2</sub> (COVERT)				-.070	.094	-.744
						(.461)
<i>R</i> <sup>2</sup>	.261	.203	.367	.294		
<i>F</i>	17.967 (.000)	13.002 (.001)	29.586 (.000)	6.805 (.001)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 19b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Perceived Inclusion (PIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (PIN) [M <sub>1</sub> ]	-.067	.044	-.159	.017
X (PIN) [M <sub>2</sub> ]	.050	.073	-.208	.082

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 10.



M <sub>2</sub> (COVERT)				-.087	.098	-.881
						(.383)
<i>R</i> <sup>2</sup>	.599	.203	.367		.612	
<i>F</i>	15.385 (.000)	13.002 (.001)	29.586 (.000)		25.221 (.000)	
<i>df</i>	1, 50	1, 50	1, 50		3, 48	

*Note.* b Unstandardised coefficients. P-values in parentheses.



**Table 20b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Organisational Citizenship Behaviours (OCB)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OCB) [M <sub>1</sub> ]	-.054	.055	-.169	.053
X (OCB) [M <sub>2</sub> ]	.062	.072	-.207	.078

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 11.



M <sub>2</sub> (COVERT)				-.044	.091	-.477
						(.653)
<i>R</i> <sup>2</sup>	.280	.091	.231	.296		
<i>F</i>	19.812 (.000)	5.083 (.029)	15.319 (.000)	6.882 (.001)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 21b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Satisfaction (JSAT)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JSAT) [M <sub>1</sub> ]	.056	.081	-.062	.264
X (JSAT) [M <sub>2</sub> ]	-.046	.098	-.136	.258

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 12.



M <sub>2</sub> (COVERT)				-.269	.085	-3.164
						(.003)
<i>R</i> <sup>2</sup>	.428	.091	.231	.569		
<i>F</i>	38.112 (.000)	5.083 (.029)	15.319 (.000)	21.522 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 22b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Engagement (JENG)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JENG) [M <sub>1</sub> ]	.112	.082	.007	.323
X (JENG) [M <sub>2</sub> ]	-.215	.098	-.442	-.055

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 13.





$M_2$ (COVERT)				.403	.118	3.419
						(.001)
$R^2$	.288	.091	.231	.439		
$F$	20.631 (.000)	5.083 (.029)	15.319 (.000)	12.789 (.000)		
$df$		1, 51	1, 51	3, 49		

Note. b Unstandardised coefficients. P-values in parentheses.

**Table 23b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Turnover Intentions (TIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (TIN) [M <sub>1</sub> ]	-.092	.074	-.267	.016
X (TIN) [M <sub>2</sub> ]	.323	.121	.113	.585

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 14.



M <sub>2</sub> (COVERT)				-.113	.081	-1.392
						(.170)
<i>R</i> <sup>2</sup>	.204	.091	.231	.294		
<i>F</i>	13.057 (.004)	5.083 (.029)	15.319 (.000)	6.787 (.001)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 24b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Perceived Inclusion (PIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (PIN) [M <sub>1</sub> ]	.084	.054	-.005	.208
X (PIN) [M <sub>2</sub> ]	-.091	.074	-.042	.254

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 15.



M <sub>2</sub> (COVERT)				-2.261	.093	-2.802	
							(.007)
<i>R</i> <sup>2</sup>	.371	.091	.231	.519			
<i>F</i>	29.474 (.000)	5.083 (.029)	15.319 (.000)	17.290 (.000)			
<i>df</i>	1, 50	1, 50	1, 50	3, 48			

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 25b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Organisational Citizenship Behaviours (OCB)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OCB) [M <sub>1</sub> ]	.121	.076	.003	.307
X (OCB) [M <sub>2</sub> ]	-.211	.099	-.450	-.056

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 16.





M <sub>2</sub> (COVERT)				-.008	.092	.091 (.928)
<i>R</i> <sup>2</sup>	.345	.182	.266	.346		
<i>F</i>	26.916 (.000)	11.379 (.001)	18.487 (.000)	8.640 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 26b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Satisfaction (JSAT)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JSAT) [M <sub>1</sub> ]	.008	.070	-.135	.157
X (JSAT) [M <sub>2</sub> ]	-.006	.069	-.126	.148

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 17.



M <sub>2</sub> (COVERT)				-181	.079	-2.293	
							(.026)
<i>R</i> <sup>2</sup>	.617	.182	.266			.661	
<i>F</i>	82.092 (.000)	11.379 (.001)	18.487 (.000)			31.857 (.000)	
<i>df</i>	1, 51	1, 51	1, 51			3, 49	

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 27b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Engagement (JENG)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JENG) [M <sub>1</sub> ]	.073	.062	-.034	.230
X (JENG) [M <sub>2</sub> ]	-.147	.080	-.336	-.023

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 18.



M <sub>2</sub> (COVERT)				.432	.127	3.417	
							(.001)
<i>R</i> <sup>2</sup>	.262	.182	.266		.409		
<i>F</i>	18.114 (.000)	11.379 (.001)	18.487 (.000)		11.290 (.000)		
<i>df</i>	1, 51	1, 51	1, 51		3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.



**Table 28b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Turnover Intentions (TIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (TIN) [M <sub>1</sub> ]	-.110	.084	-.289	.045
X (TIN) [M <sub>2</sub> ]	.319	.130	.117	.623

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 19.



M <sub>2</sub> (COVERT)				-.084	.084	-1.006 (.319)
<i>R</i> <sup>2</sup>	.271	.182	.266	.313		
<i>F</i>	18.953 (.000)	11.379 (.001)	18.487 (.000)	7.438 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 29b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Perceived Inclusion (PIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (PIN) [M <sub>1</sub> ]	.078	.059	-.019	.204
X (PIN) [M <sub>2</sub> ]	-.062	.070	-.052	.229

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 20.



M <sub>2</sub> (COVERT)				-.152	.085	-1.792
						(.080)
<i>R</i> <sup>2</sup>	.603	.182	.266	.638		
<i>F</i>	75.776 (.000)	11.379 (.001)	18.487 (.000)	28.232 (.000)		
<i>df</i>	1, 50	1, 50	1, 50	3, 48		

Note. b Unstandardised coefficients. P-values in parentheses.

**Table 30b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Organisational Citizenship Behaviours (OCB)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OCB) [M <sub>1</sub> ]	.0800	.059	-.015	.214
X (OCB) [M <sub>2</sub> ]	-.112	.078	-.010	.298

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 21.





M <sub>2</sub> (COVERT)				-.088	.090	-.985
						(.330)
<i>R</i> <sup>2</sup>	.244	.268	.138	.259		
<i>F</i>	16.421 (.000)	18.701 (.000)	8.136 (.006)	5.694 (.002)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 31b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Satisfaction (JSAT)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JSAT) [M <sub>1</sub> ]	.020	.076	-.129	.189
X (JSAT) [M <sub>2</sub> ]	-.040	.049	-.045	.152

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 22.



M <sub>2</sub> (COVERT)				-.257	.072	-3.564
						(.001)
<i>R</i> <sup>2</sup>	.572	.268	.138	.661		
<i>F</i>	68.282 (.000)	18.701 (.000)	8.136 (.006)	31.859 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 32b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Job Engagement (JENG)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (JENG) [M <sub>1</sub> ]	.052	.055	-.047	.176
X (JENG) [M <sub>2</sub> ]	-.117	.054	-.246	-.031

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 23.



M <sub>2</sub> (COVERT)				.491	.117	4.194 (.000)
<i>R</i> <sup>2</sup>	.168	.268	.138	.394		
<i>F</i>	10.316 (.002)	18.701 (.000)	8.136 (.006)	10.601 (.000)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 33b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Turnover Intentions (TIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (TIN) [M <sub>1</sub> ]	-.131	.093	-.325	.043
X (TIN) [M <sub>2</sub> ]	.223	.094	.073	.436

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 24.





M <sub>2</sub> (COVERT)				-1.136	.078	-1.738
						(.089)
<i>R</i> <sup>2</sup>	.212	.268	.138	.281		
<i>F</i>	4.397 (.001)	18.701 (.000)	8.136 (.006)	6.383 (.001)		
<i>df</i>	1, 51	1, 51	1, 51	3, 49		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 34b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Perceived Inclusion (PIN)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (PIN) [M <sub>1</sub> ]	.088	.064	-.040	.214
X (PIN) [M <sub>2</sub> ]	-.062	.048	-.017	.170

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 25.



M <sub>2</sub> (COVERT)				-.222	.075	-2.944
						(.005)
<i>R</i> <sup>2</sup>	.596	.268	.138	.658		
<i>F</i>	73.597 (.000)	18.701 (.000)	8.136 (.006)	30.782 (.000)		
<i>df</i>	1, 50	1, 50	1, 50	3, 48		

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 35b**

*Study 2-1 Relative Indirect Effects of Open (M<sub>1</sub>) and Covert (M<sub>2</sub>) Identity Management Strategies on Organisational Citizenship Behaviour (OCB)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OCB) [M <sub>1</sub> ]	.050	.062	-.060	.181
X (OCB) [M <sub>2</sub> ]	-.101	.055	-.225	-.013

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 26.

**Table 36***Study 2-2 Unconditional Random Effect Models (Model 1)*

Dependent Variable	Random effect	Estimate	SE	Wald Z
Explicitly open strategies	Individual	.136	.037	3.732 (.000)
Implicitly open strategies	Individual	.157	.037	4.245 (.000)
Cover strategies	Individual	.143	.039	3.649 (.000)
Pass strategies	Individual	.109	.037	2.942 (.003)

*Note.* P-values in parentheses.

**Table 37***Study 2-2 Models for Predicting Explicitly Open Identity Management Trajectories*

<i>Variable</i>	<i>Baseline (Model 2)</i>	<i>Main effects (Model 3)</i>
Intercept	3.116 (.000)	2.517 (.002)
Gender	1.286 (.042)	1.089 (.087)
Sexual orientation (gay; lesbian)	-.354 (.551); .520 (.042)	-.627 (.302); .443 (.066)
Hours worked per week	.003 (.976)	-.093 (.384)
Disclosure	.203 (.020)	.148 (.102)
Identity centrality	.004 (.962)	-.027 (.747)
Stigma consciousness	-.280 (.017)	-.166 (.179)



Diversity climate		.206 (.247)
Perceived support (manager)		.319 (.104)
Perceived support (peer)		.493 (.000)
<i>Random effect</i>		
Individual	.077	.061
<i>Model fit</i>		
-2Log Likelihood	860.150	839.432
AIC	882.150	867.432
BIC	923.704	920.319

Note. P-values in parentheses.

**Table 38***Study 2-2 Models for Predicting Implicitly Open Identity Management Trajectories*

<i>Variable</i>	<i>Baseline (Model 2)</i>	<i>Main effects (Model 3)</i>
Intercept	.898 (.272)	.288 (.752)
Gender	.119 (.863)	.032 (.965)
Sexual orientation (gay; lesbian)	.658 (.310); .481 (.077)	.507 (.460); .441 (.104)
Hours worked per week	.126 (.282)	.065 (.589)
Disclosure	.283 (.003)	.258 (.010)
Identity centrality	.165 (.080)	.147 (.116)
Stigma consciousness	-.079 (.534)	-.195 (.172)

Diversity climate		.055 (.765)
Perceived support (manager)		.039 (.842)
Perceived support (peer)		.157 (.285)
<i>Random effect</i>		
Individual	.123	127
<i>Model fit</i>		
-2Log Likelihood	862.360	858.368
AIC	884.360	886.368
BIC	925.949	939.949

*Note.* P-values in parentheses.

**Table 39***Study 2-2 Models for Predicting Cover Identity Management Trajectories*

<i>Variable</i>	<i>Baseline (Model 2)</i>	<i>Main effects (Model 3)</i>
Intercept	2.780 (.000)	3.567 (.000)
Gender	.221 (.729)	.314 (.634)
Sexual orientation (gay; lesbian)	-.195 (.746); -.071 (.781)	.105 (.868); .003 (.990)
Hours worked per week	.063 (.569)	.150 (.177)
Disclosure	-.274 (.002)	-.326 (.001)
Identity centrality	-.137 (.121)	-.165 (.052)
Stigma consciousness	.167 (.158)	.326 (.012)

Diversity climate		-0.061 (.743)
Perceived support (manager)		-0.001 (.996)
Perceived support (peer)		-0.305 (.002)
<i>Random effect</i>		
Individual	.118	.084
<i>Model fit</i>		
-2Log Likelihood	906.670	895.300
AIC	928.670	923.300
BIC	970.326	976.316

*Note.* P-values in parentheses.

**Table 40**

*Study 2-2 Models for Predicting Pass Identity Management Trajectories*

<i>Variable</i>	<i>Baseline (Model 2)</i>	<i>Main effects (Model 3)</i>
Intercept	2.924 (.000)	3.147 (.000)
Gender	.493 (.390)	.594 (.334)
Sexual orientation (gay; lesbian)	-.995 (.067); -106 (.644)	-.969 (.100); -.083 (.715)
Hours worked per week	.227 (.052)	.249 (.017)
Disclosure	-.303 (.000)	-.310 (.000)
Identity centrality	-.206 (.010)	-.216 (.007)
Stigma consciousness	.284 (.007)	.320 (.007)

Diversity climate		-.081 (.643)
Perceived support (manager)		-.086 (.661)
Perceived support (peer)		-.116 (.413)
<i>Random effect</i>		
Individual	.099	.103
<i>Model fit</i>		
-2Log Likelihood	880.492	878.947
AIC	902.492	906.947
BIC	944.181	960.007

*Note.* P-values in parentheses.

**Table 41**

*Study 3 Correlations and Descriptive Statistics. P-values in Parentheses*

Variable	Mean	SD	1	2	3	4	5	6	7
1 Age	1.935	.866	1						
2 Gender	1.593	.493	-.139 (.125)	1					
3 ID Strategy conditions	.675	.470	-.052 (.565)	.026 (.774)	1				
4 Mental Fatigue	31.114	9.898	-.372 (.000)	-.021 (.820)	-.034 (.707)	1			
5 Help1	2.675	.784	.162 (.074)	.079 (.383)	.044 (.627)	-.009 (.922)	1		



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6	Interaction Quality	3.634	.986	-.057	-.106	.130	-.022	-.166	1
				(.532)	(.243)	(.151)	(.811)	(.067)	

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7	Help2	7.366	3.173	.116	-.082	.047	.106	-.166	.559	1
				(.201)	(.366)	(.603)	(.244)	(.067)	(.000)	

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**Table 42a**

*Study 3 T-Test of the Difference in Helping Behaviour (Help1, Feedback Completeness) Between Identity Management Strategy Condition*

*Groups. P-values in Parentheses.*

	$\mu$	$\sigma$
OPECON	2.695	.796
COVCON	2.634	.767
F		.031 (.860)
<i>d</i>		.078

**Table 42b**

*Study 3 T-Test of the Difference in Helping Behaviour (Help2, Raffle Tickets Allocation) Between Identity Management Strategy Condition Groups. P-values in Parentheses.*

	$\mu$	$\sigma$
OPECON	7.500	3.259
COVCON	7.098	3.015
F		1.016 (.315)
<i>d</i>		.126

**Table 43**

*Study 3 T-Test of the Difference in Mental Fatigue (MF) Between Identity Management Strategy Condition Groups. P-values in Parentheses.*

	$\mu$	$\sigma$
OPECON	31.012	10.282
COVCON	31.317	9.202
F		1.285 (.259)
<i>d</i>		-.031

**Table 44**

*Study 3 T-Test of the Difference in Relationship Quality (RQ) Between Identity Management Strategy Condition Groups. P-values in Parentheses.*

	$\mu$	$\sigma$
OPECON	3.732	.956
COVCON	3.439	1.026
F		.103 (.749)
<i>d</i>		.300

**Table 45***Study 3 Linear Regression of Helping Behaviour (Help1: Feedback Completeness)*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	1.800	.462		3.899 (.000)
Age	.187	.089	.206	2.097 (.038)
Gender*	.172	.145	.108	1.185 (.238)
ID strategy condition**	.091	.151	.055	.606 (.546)
Mental fatigue	.006	.008	.072	.739 (.461)
<i>Adj R</i> <sup>2</sup>			.011	
<i>F</i>			1.350 (.256)	
df			4, 118	

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*Note.* b Unstandardised coefficients. \*Dummy Gender: 1 = male, 0 = female. \*\*ID Strategy condition: 1 = Open, 0 = Covert. P-values in parentheses.

**Table 46***Study 3 Linear Regression of Helping Behaviour (Help2: Raffle Tickets Allocation)*

	<i>b</i>	SE	$\beta$	<i>t</i>
Constant	-3.150	1.827		-1.724 (.087)
Age	.829	.295	.226	2.809 (.006)
Gender*	.097	.482	.015	.202 (.840)
ID strategy condition**	-.065	.501	-.010	-.130 (.897)
Mental fatigue	.065	.025	.203	2.548 (.012)
Relationship quality	1.866	.241	.580	7.757 (.000)
<i>Adj R</i> <sup>2</sup>			.343	
<i>F</i>				13.753 (.000)



df

5, 117

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*Note.* b Unstandardised coefficients. \*Dummy Gender: 1 = male, 0 = female. \*\*ID Strategy condition: 1 = Open, 0 = Covert. P-values in parentheses.

**Table 47a**

*Study 3 Regression Coefficients, Standard Errors, and Model Summary Information for Helping Behaviour (Help1: Feedback Completeness) with Mental Fatigue as Mediator and Covert Identity Management as Predictor*

	<i>Consequent</i>								
	Y (Help1)			M (MF)			Y (Help1)		
<i>Antecedent</i>	b	SE	t	b	SE	t	b	SE	t
Constant	2.695	.0869	31.022 (.000)	31.012	1.097	28.257 (.000)	2.716	.241	11.293 (.000)
X (COVCON)	-.061	.151	-.405 (.686)	.305	1.901	.1604 (.873)	-.061	.151	-.402 (.688)
M (MF)							-.001	.007	-.092 (.927)

$R^2$	.0014	.0002	.0014
$F$	.1642 (.686)	.0257 (.873)	.0857 (.918)
$df$	1, 121	1, 121	2, 120

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 47b**

*Study 3 Relative Indirect Effects of Covert Identity Management Strategies on Helping Behaviour (Help1)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (COVCON)	-.0002	.0143	-.0322	.0307

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 33.

**Table 48a**

*Study 3 Regression Coefficients, Standard Errors, and Model Summary Information for Helping Behaviour (Help2: Raffle Tickets Allocated) with Relationship Quality as Mediator and Open Identity Management as Predictor*

	<i>Consequent</i>								
	Y (Help2)			M (RQ)			Y (Help2)		
<i>Antecedent</i>	b	SE	t	b	SE	t	b	SE	t
Constant	7.150	.503	14.208 (.000)	3.450	.155	22.235 (.000)	.898	.945	.952 (.343)
X (OPECON)	.320	.613	.522 (.603)	.273	.189	1.445 (.151)	-.175	.515	-.339 (.735)
M (RQ)							1.812	.246	7.377 (.000)

<i>R</i> <sup>2</sup>	.002	.017	.314
<i>F</i>	.273 (.603)	2.087 (.151)	27.407 (.000)
<i>df</i>	1, 121	1, 121	2, 120

*Note.* b Unstandardised coefficients. P-values in parentheses.

**Table 48b**

*Study 3 Relative Indirect Effects of Open Identity Management Strategies on Helping Behaviour (Help2)*

	<i>Effect</i>	<i>BootSE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
X (OPECON)	.4944	.3524	-.1938	1.1895

*Note.* The indirect effect is calculated as a\*b, the product of a and b as illustrated in Figure 34.

Appendix A - Figures

Figure 1 – Study 2-1 Conceptual Model

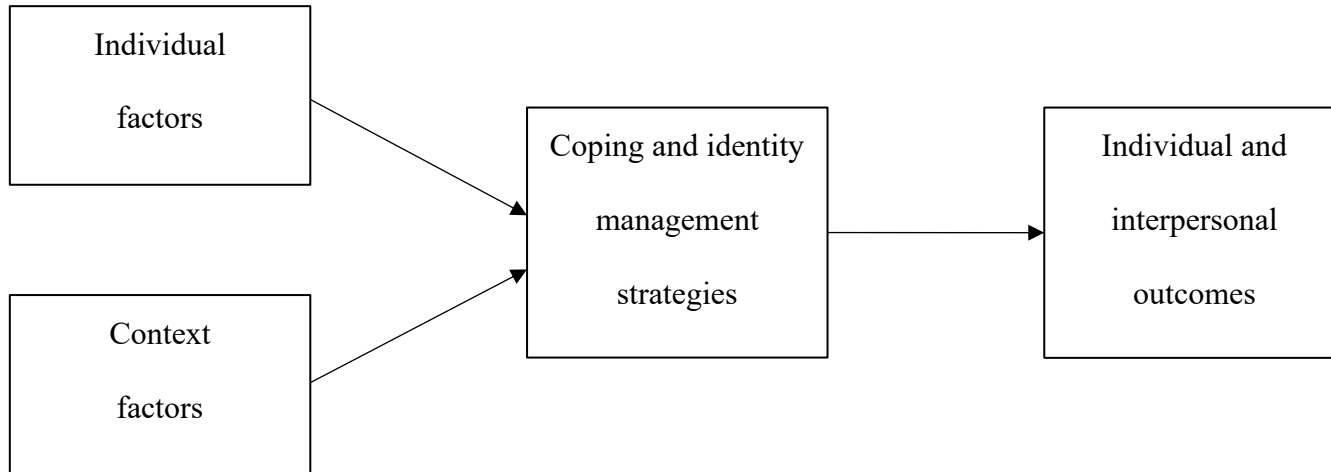
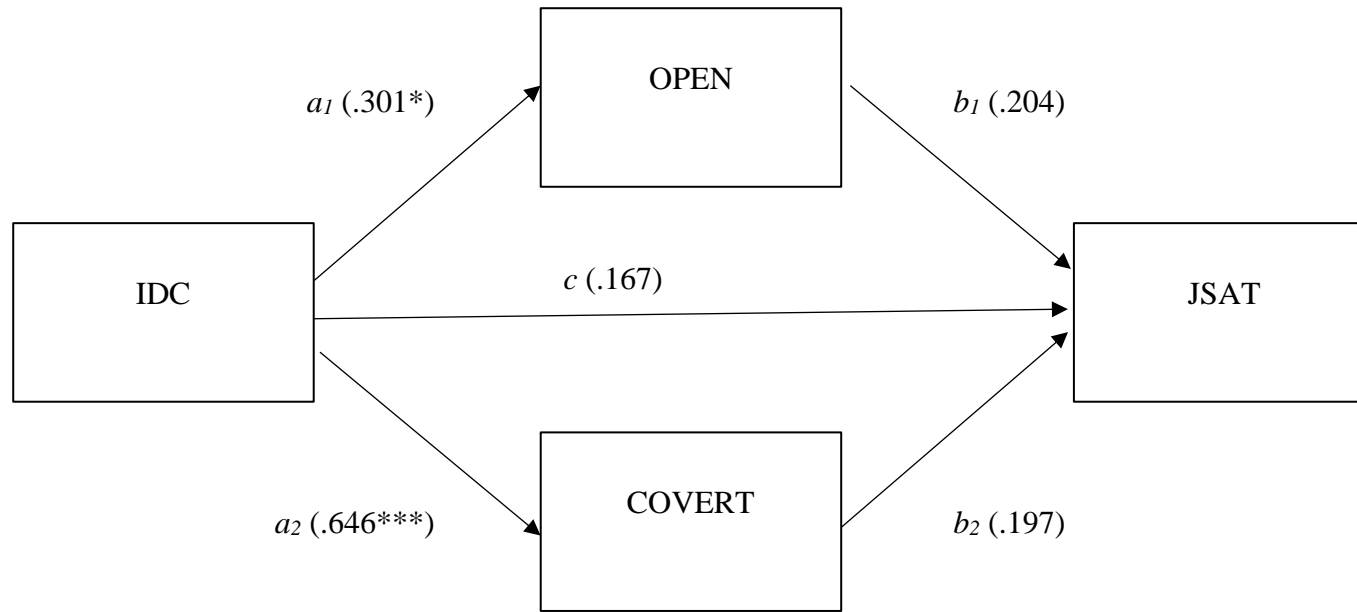


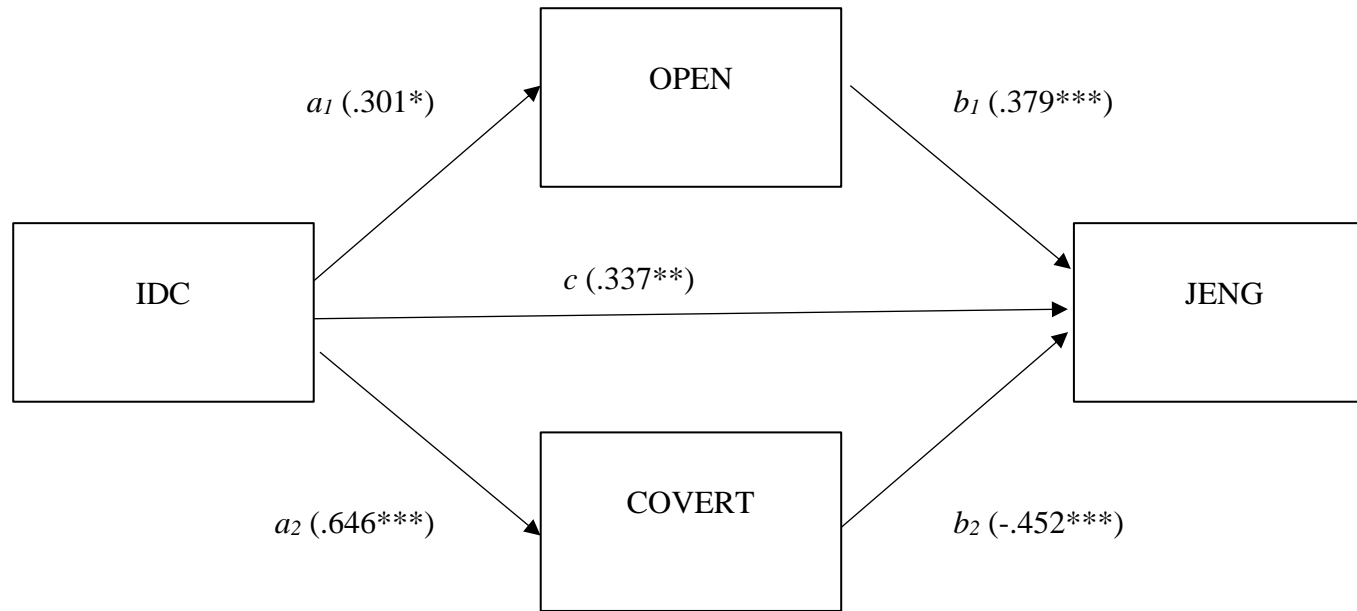


Figure 2 – Study 2-1 H1a



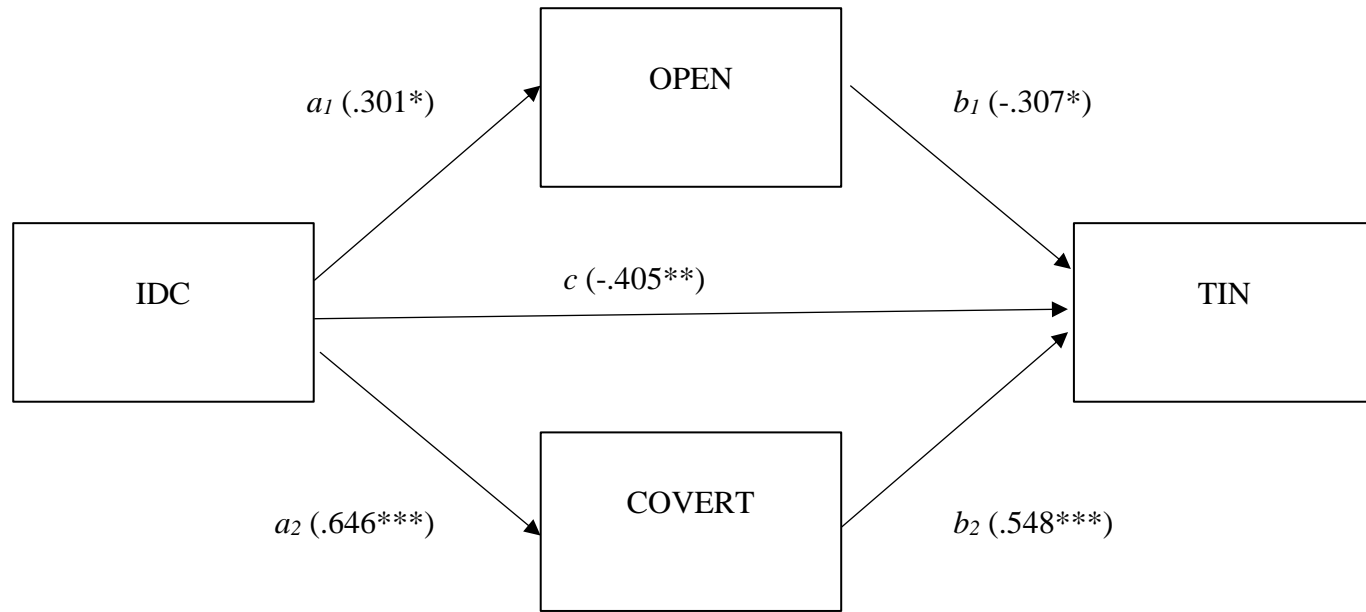
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 3 – Study 2-1 H1b



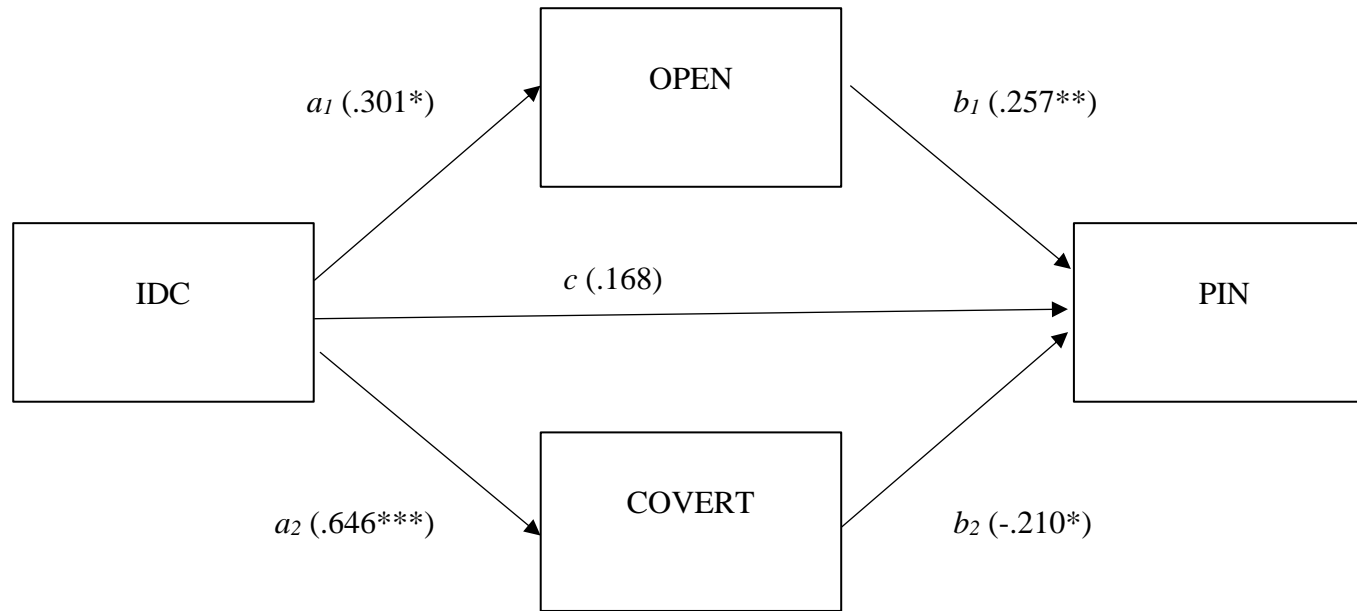
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 4 – Study 2-1 H1c



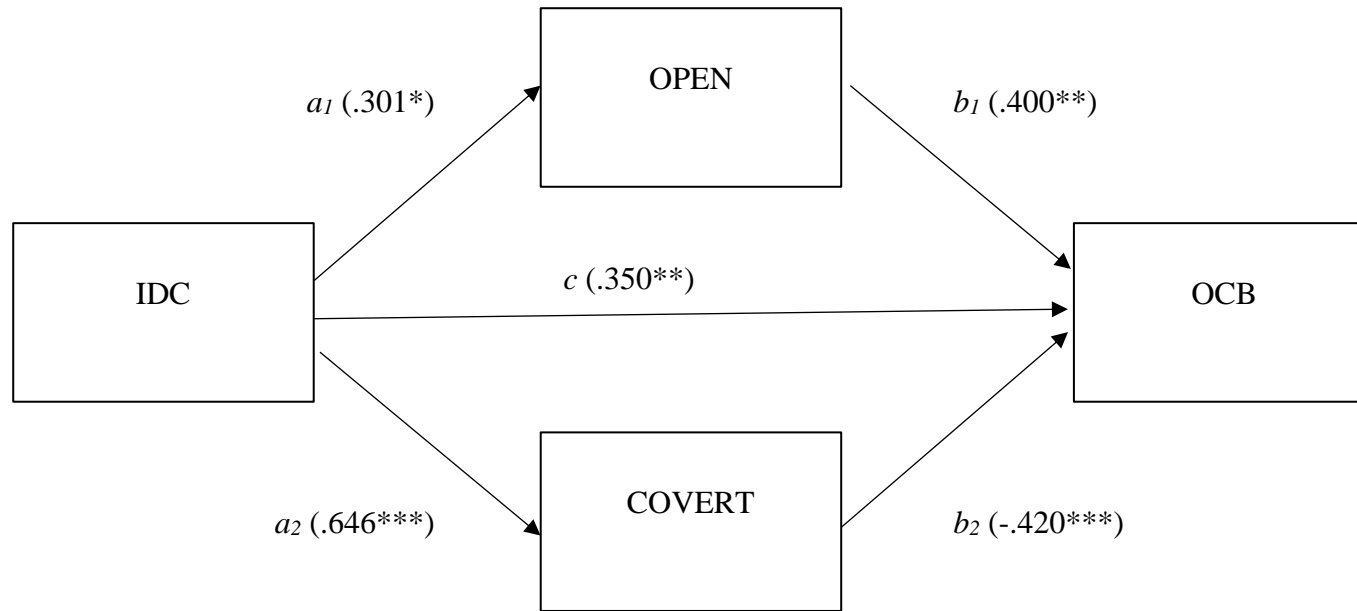
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 5 – Study 2-1 H1d



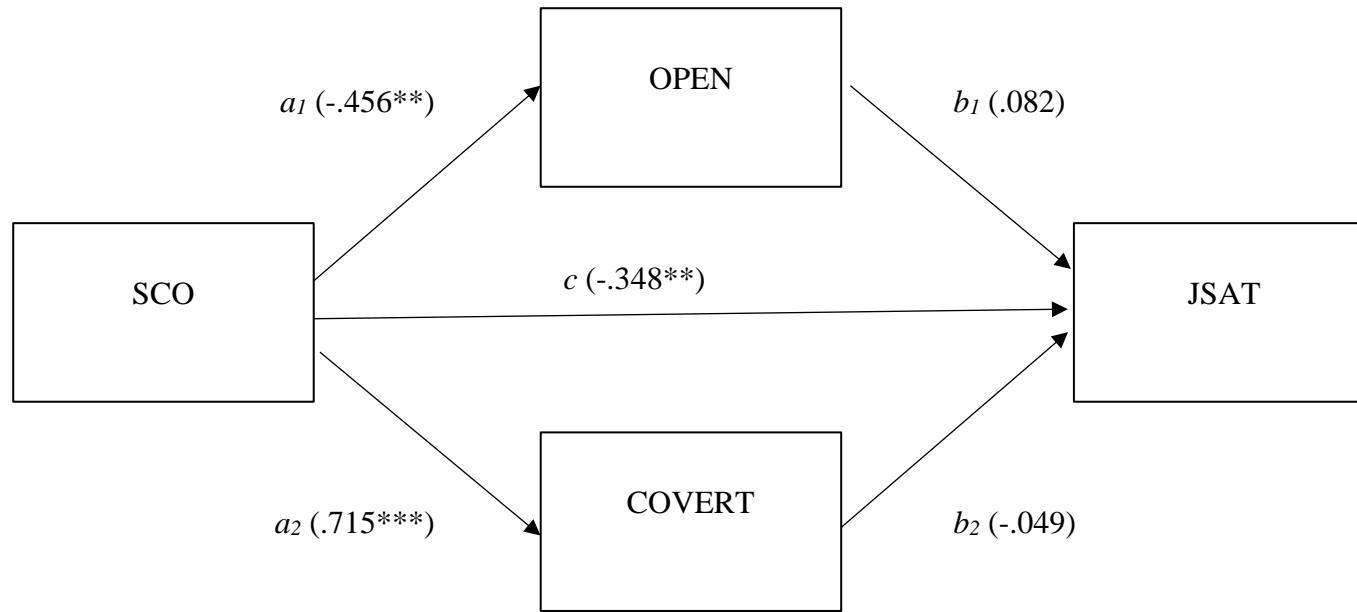
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 6 – Study 2-1 H1e



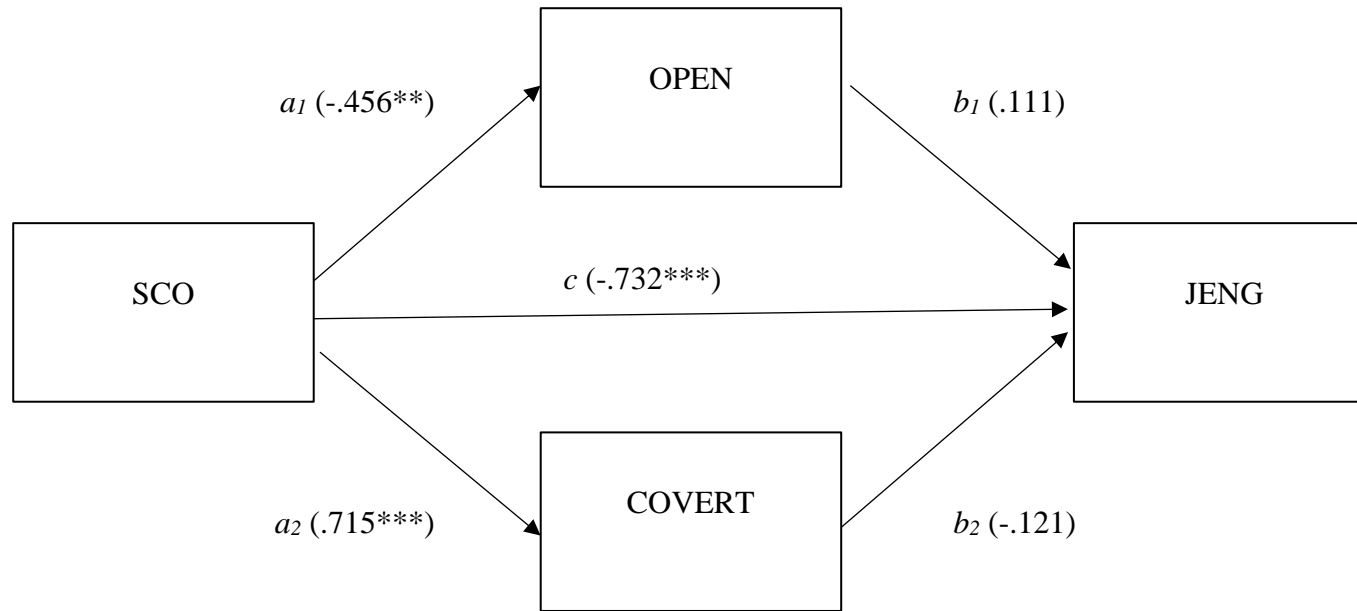
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 7 – Study 2-1 H2a



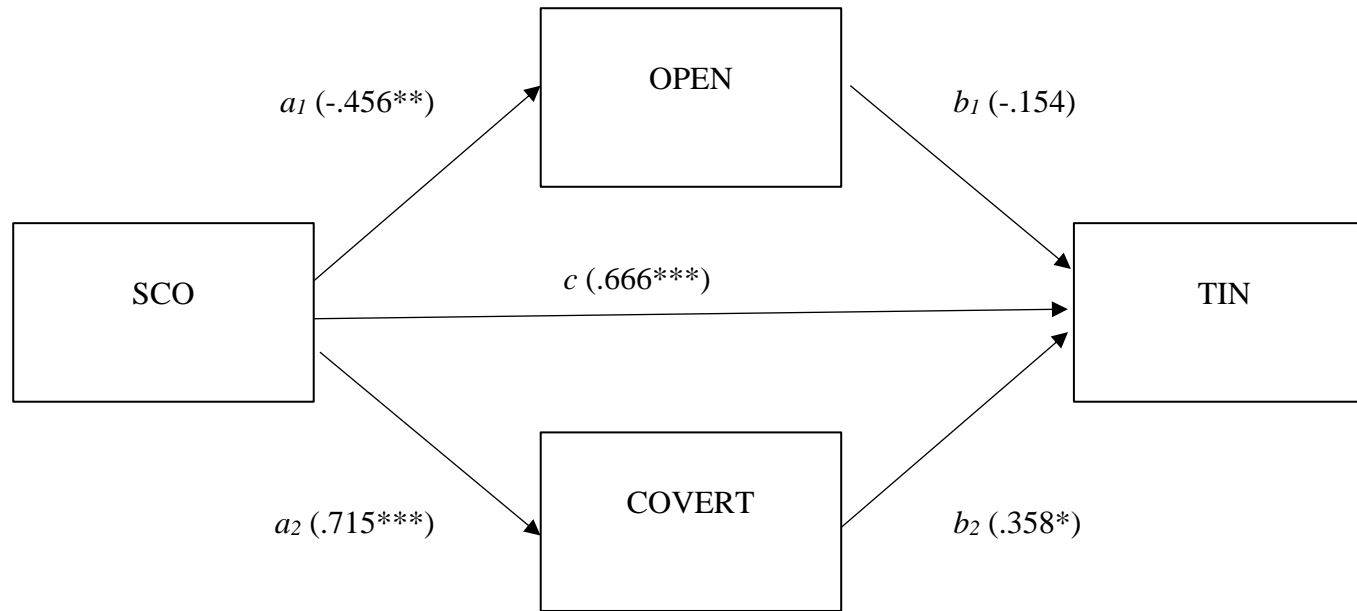
Note. \*  $P$ -value  $<.05$ ; \*\*  $P$ -value  $<.01$ ; \*\*\*  $P$ -value  $<.001$

Figure 8 – Study 2-1 H2b



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

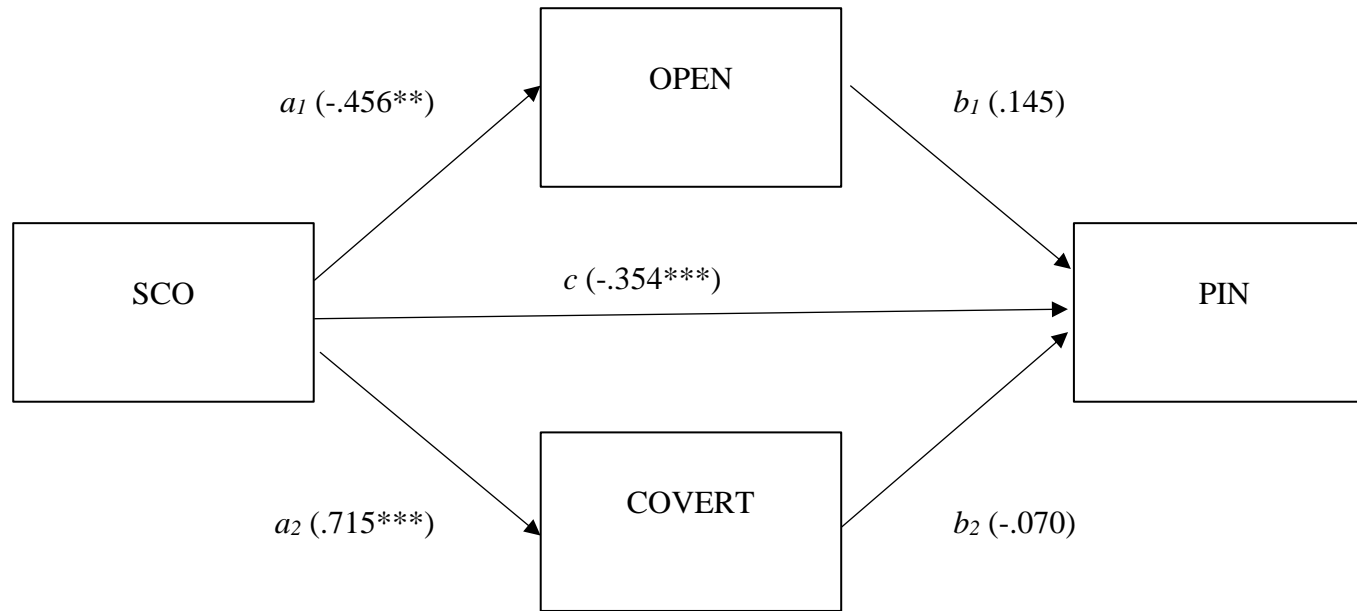
Figure 9 – Study 2-1 H2c



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

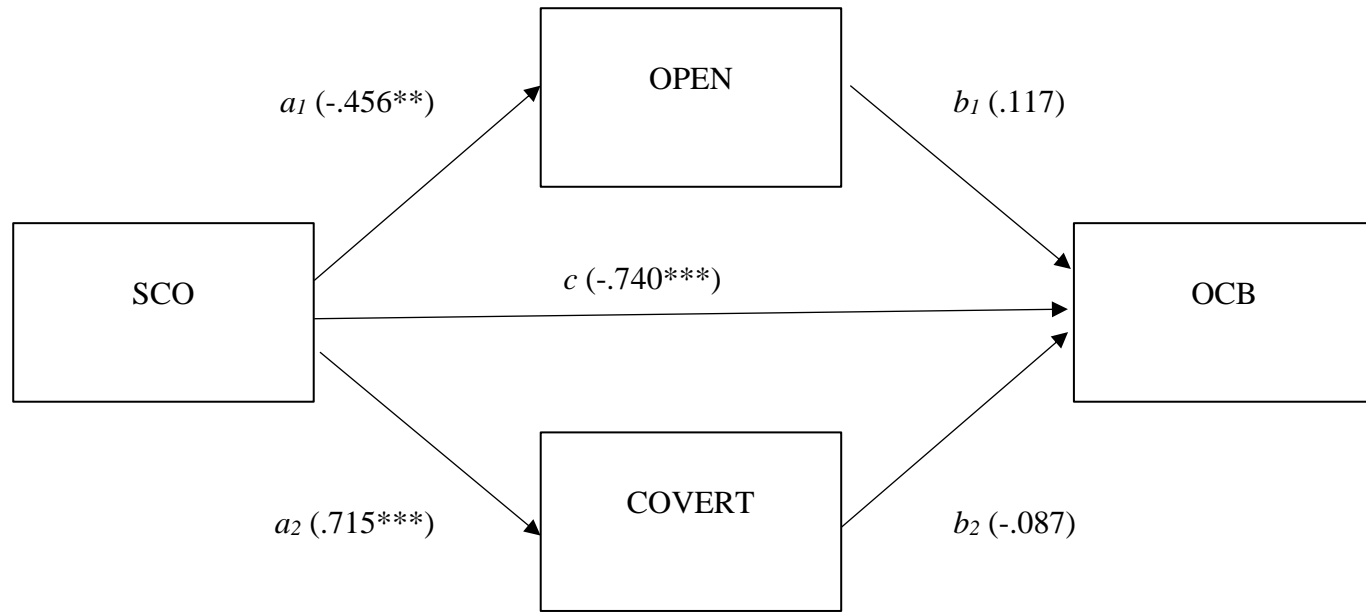


Figure 10 – Study 2-1 H2d



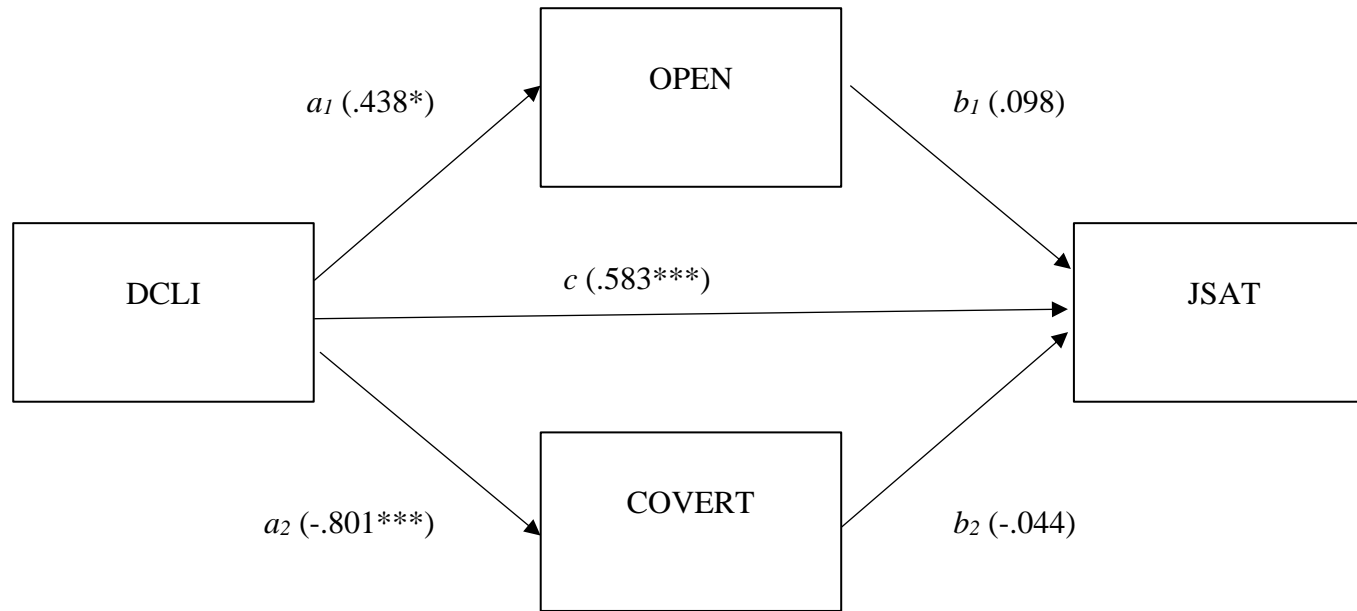
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 11 – Study 2-1 H2e



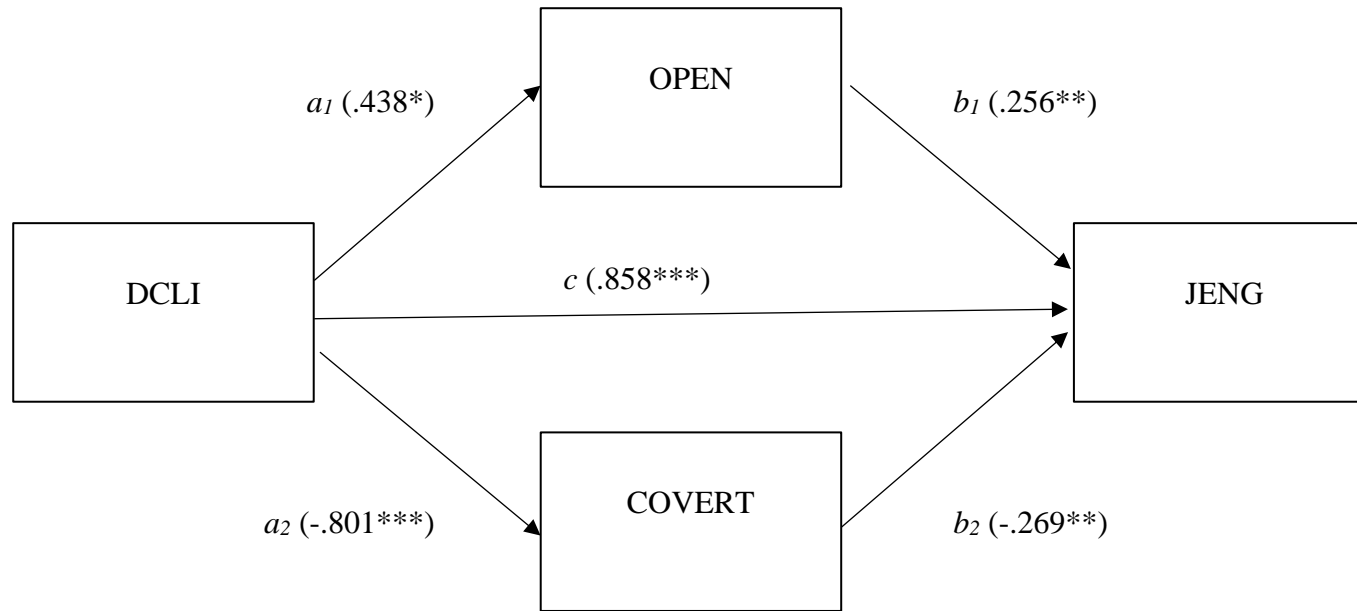
Note. \*  $P$ -value  $< .05$ ; \*\*  $P$ -value  $< .01$ ; \*\*\*  $P$ -value  $< .001$

Figure 12 – Study 2-1 H3a



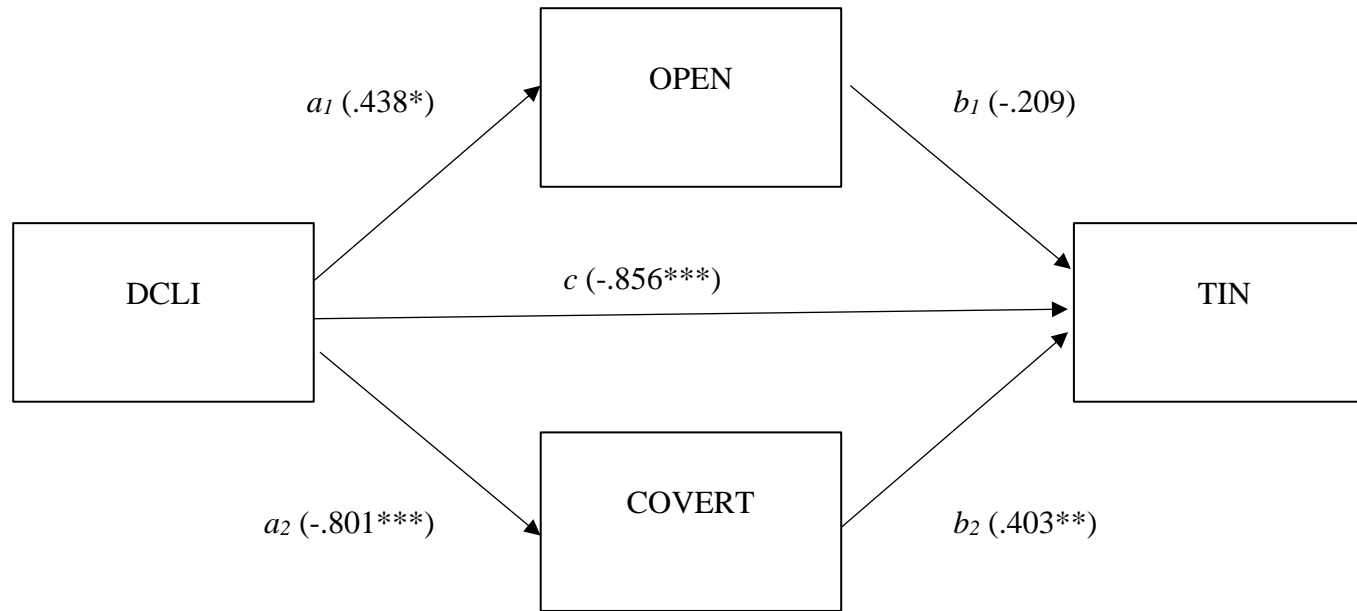
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 13 – Study 2-1 H3b



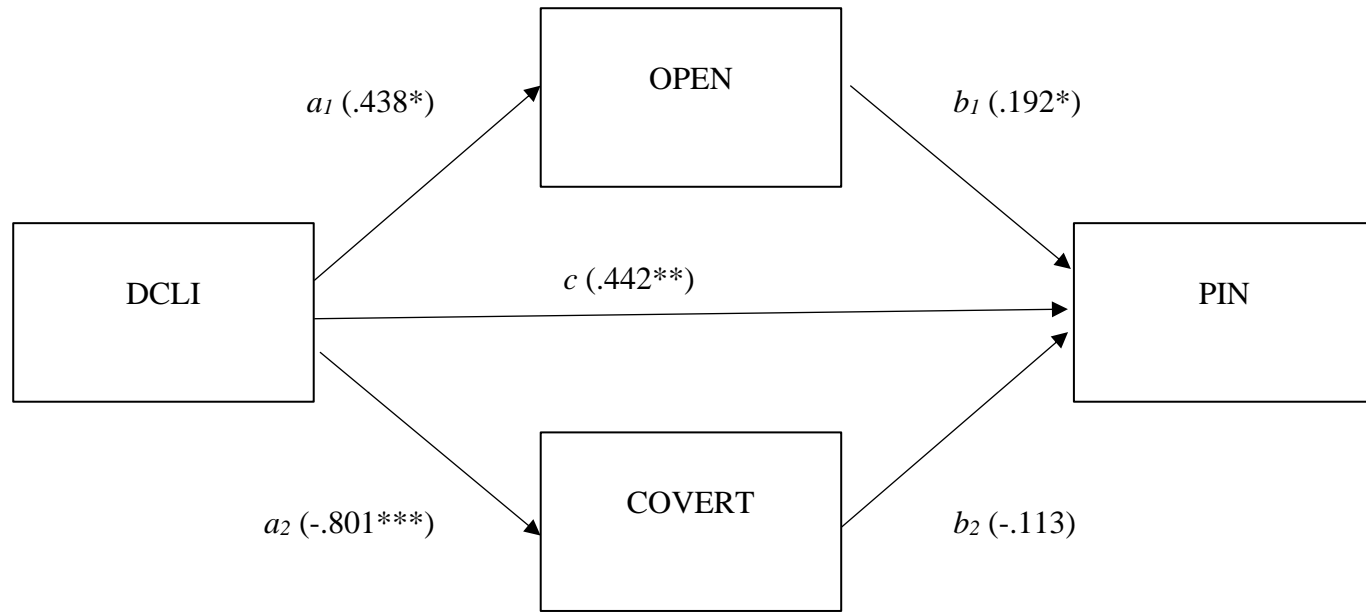
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 14 – Study 2-1 H3c



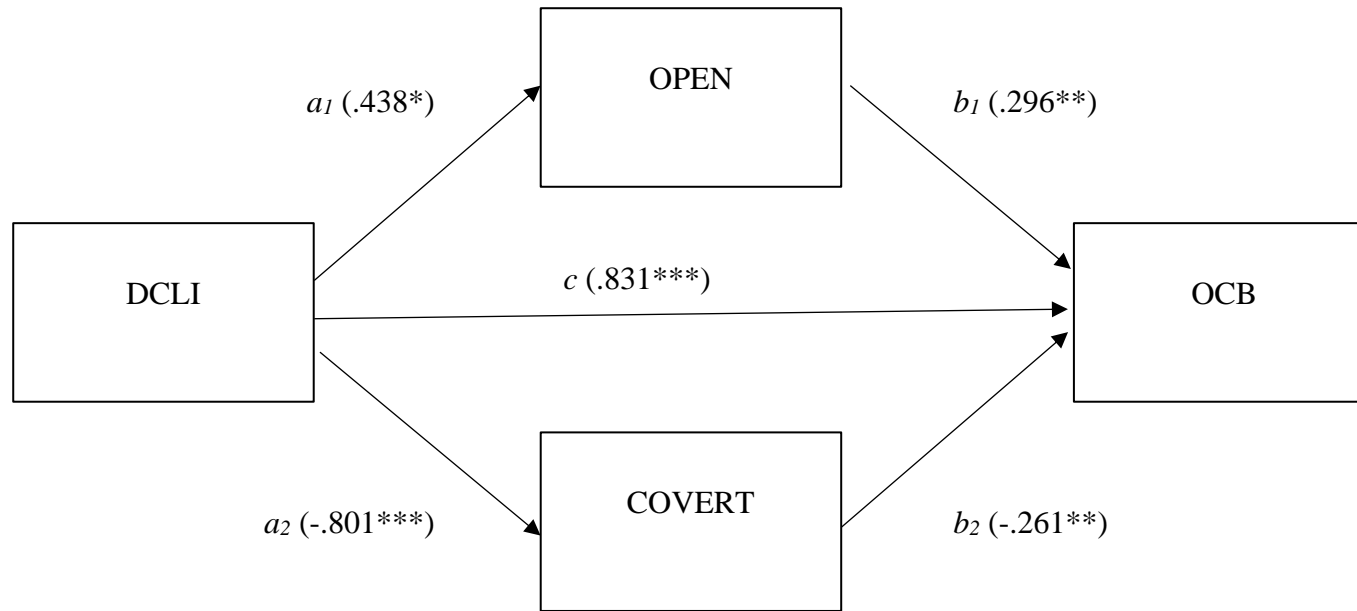
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 15 – Study 2-1 H3d



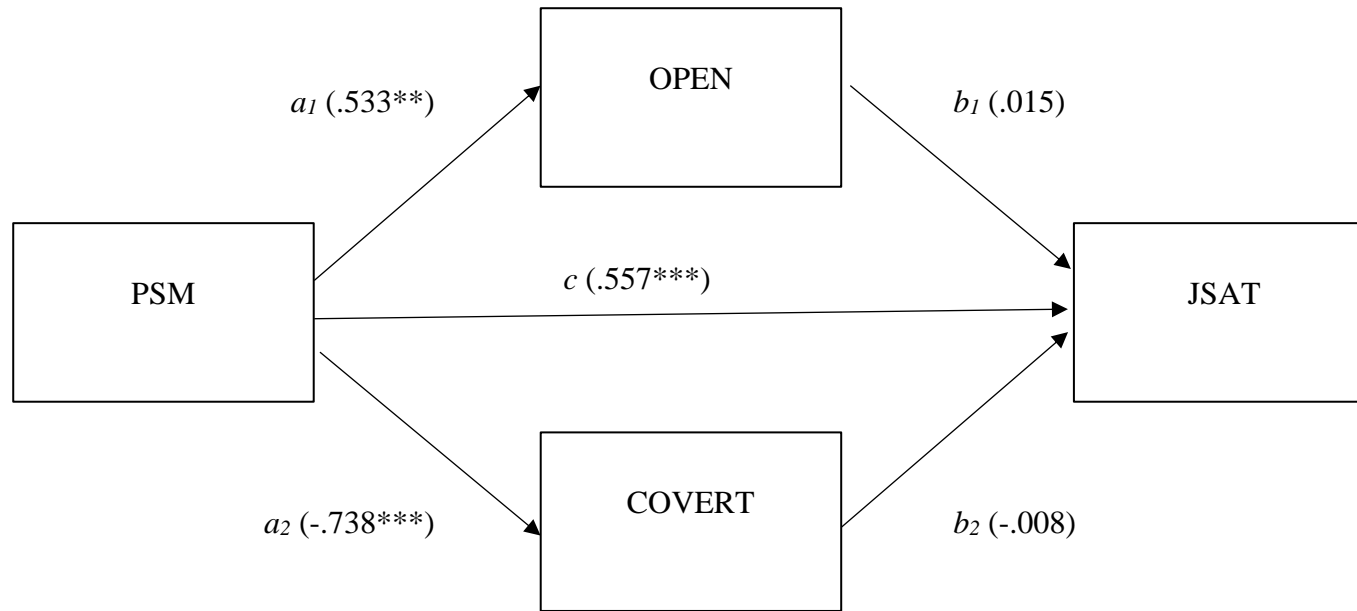
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 16 – Study 2-1 H3e



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

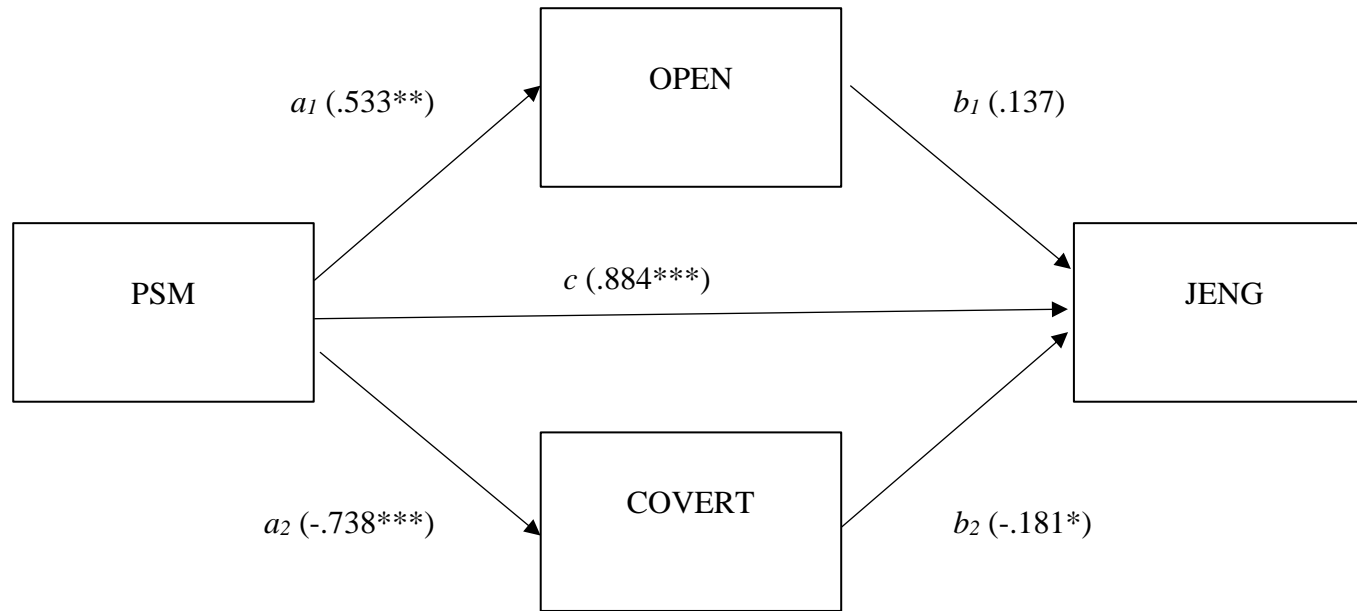
Figure 17 – Study 2-1 H4a



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

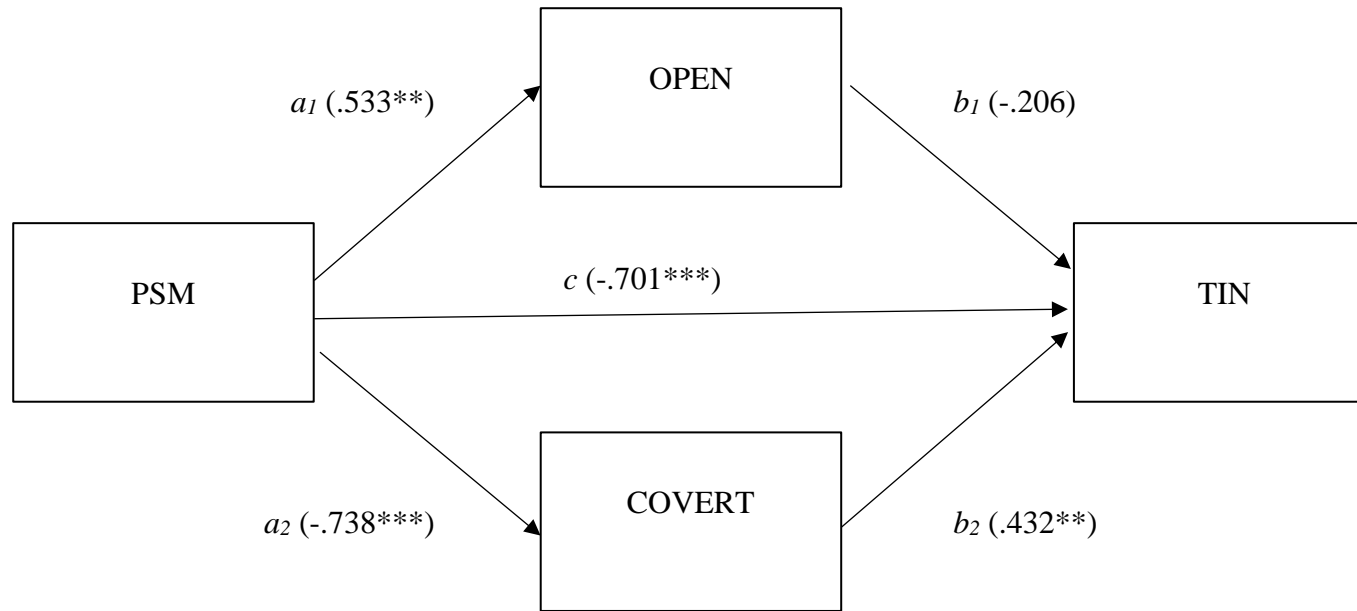


Figure 18 – Study 2-1 H4b



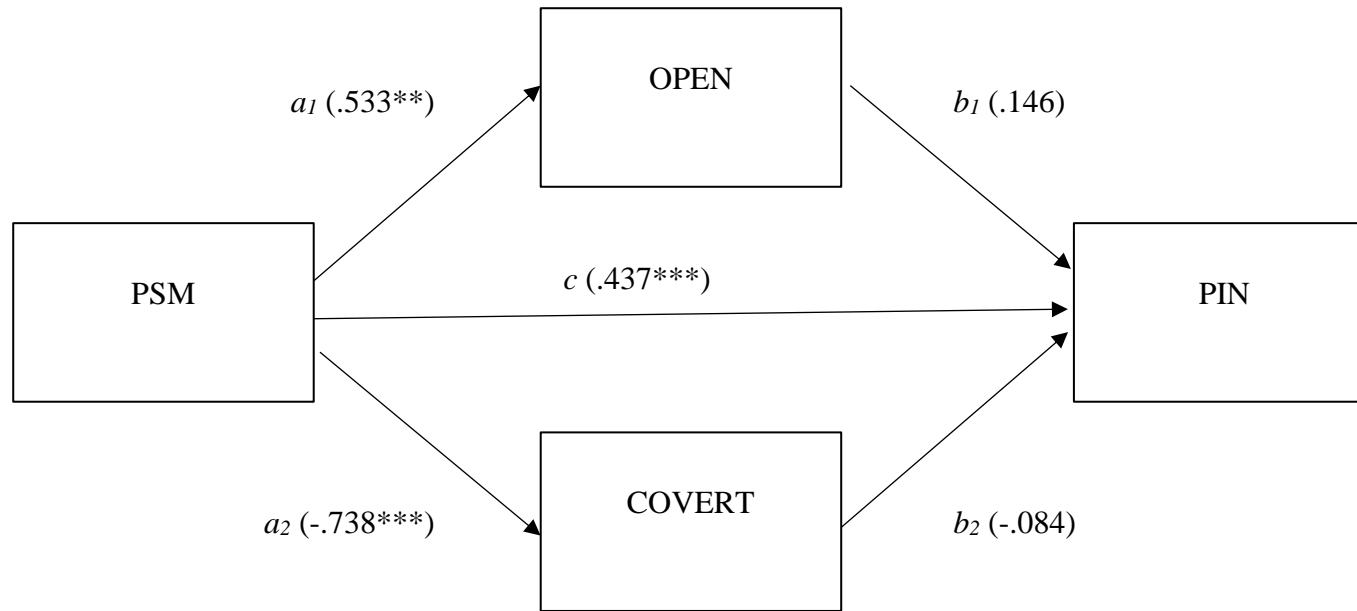
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 19 – Study 2-1 H4c



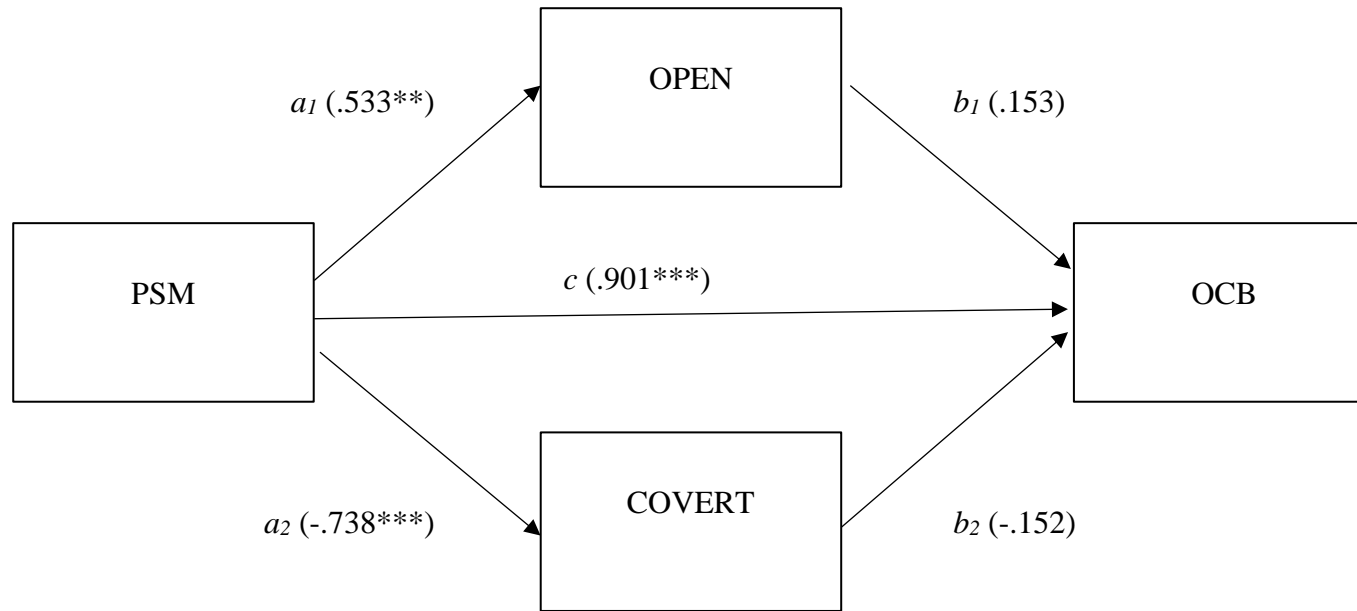
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 20 – Study 2-1 H4d



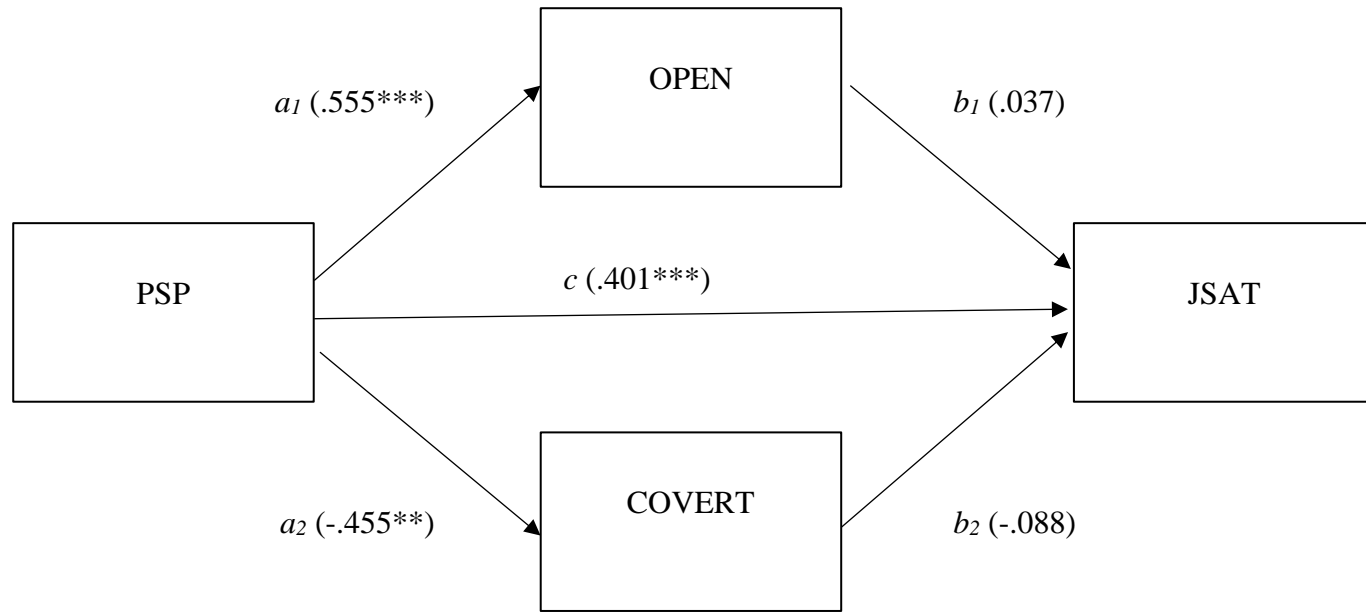
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 21 – Study 2-1 H4e



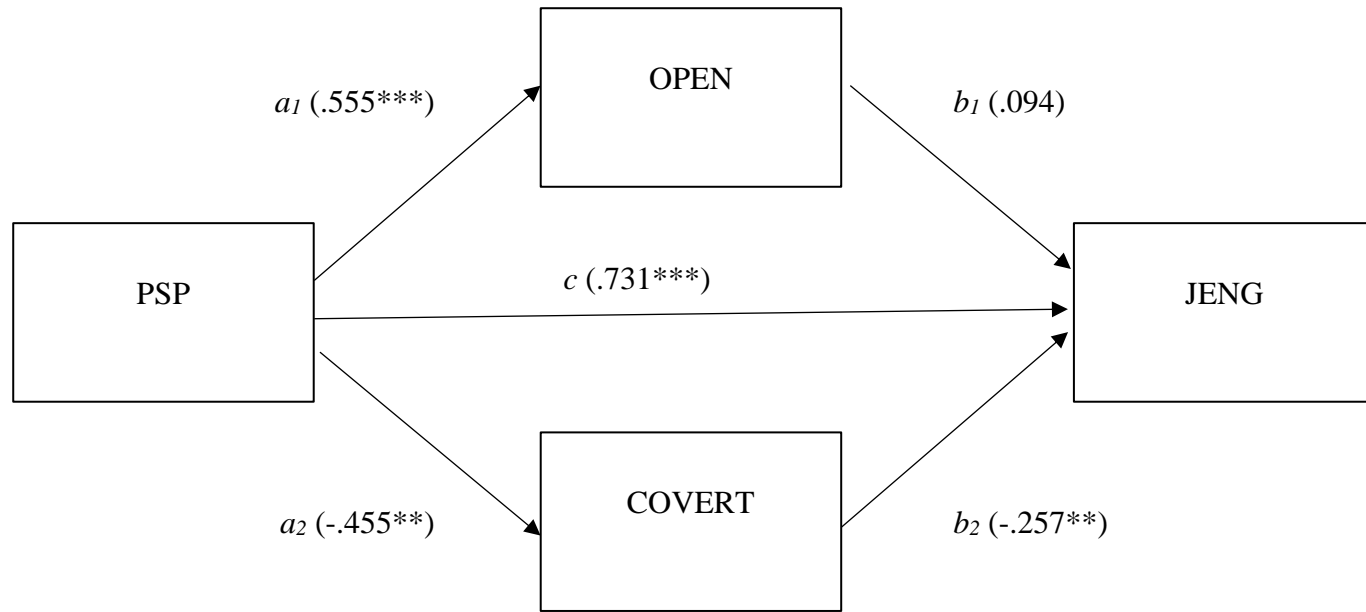
Note. \* P-value <.05; \*\* P-value <.01; \*\*\* P-value <.001

Figure 22 – Study 2-1 H5a



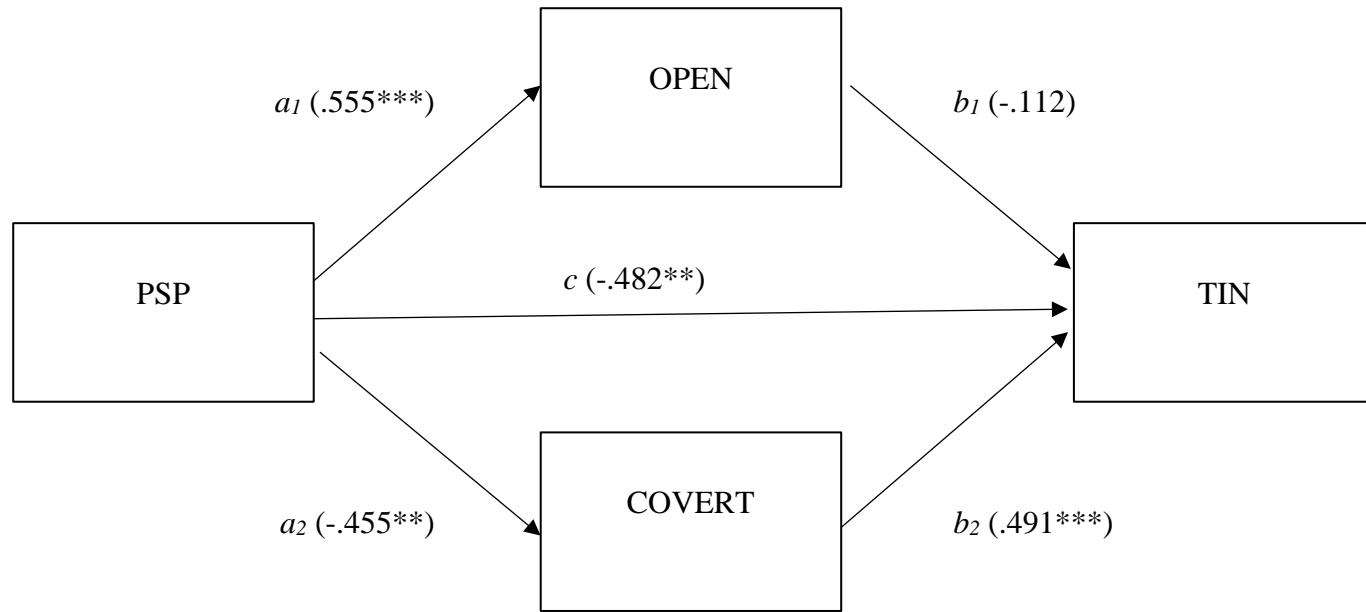
Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

Figure 23 – Study 2-1 H5b



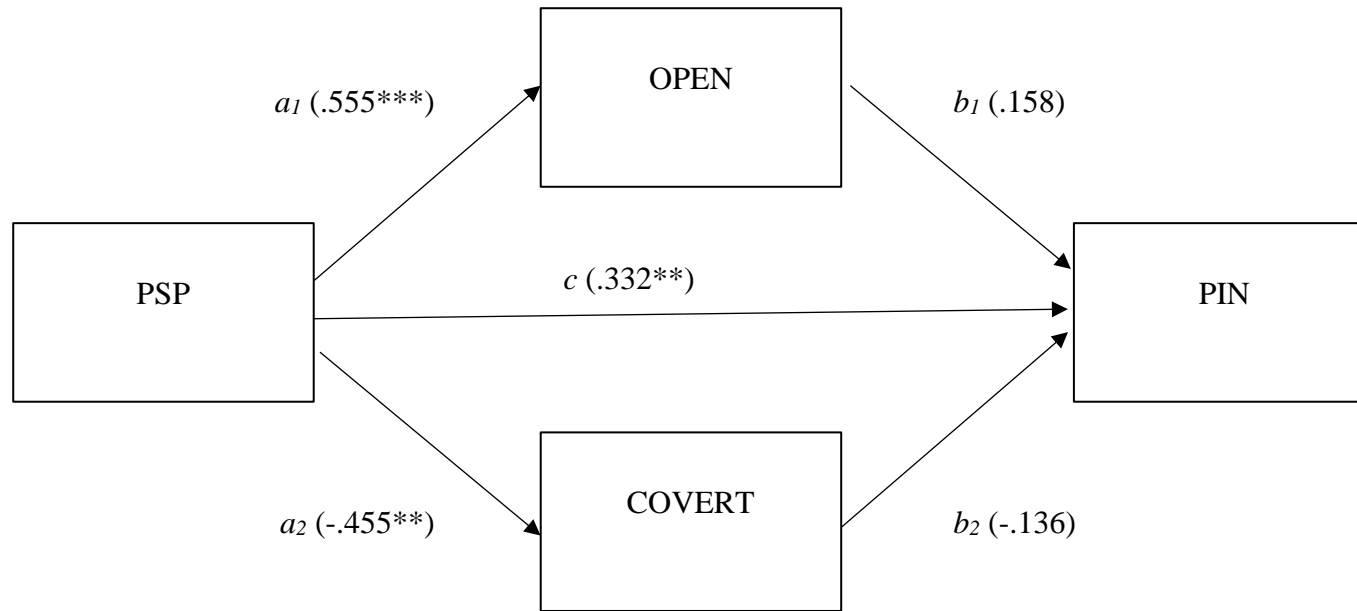
Note. \* P-value <.05; \*\* P-value <.01; \*\*\* P-value <.001

Figure 24 – Study 2-1 H5c



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

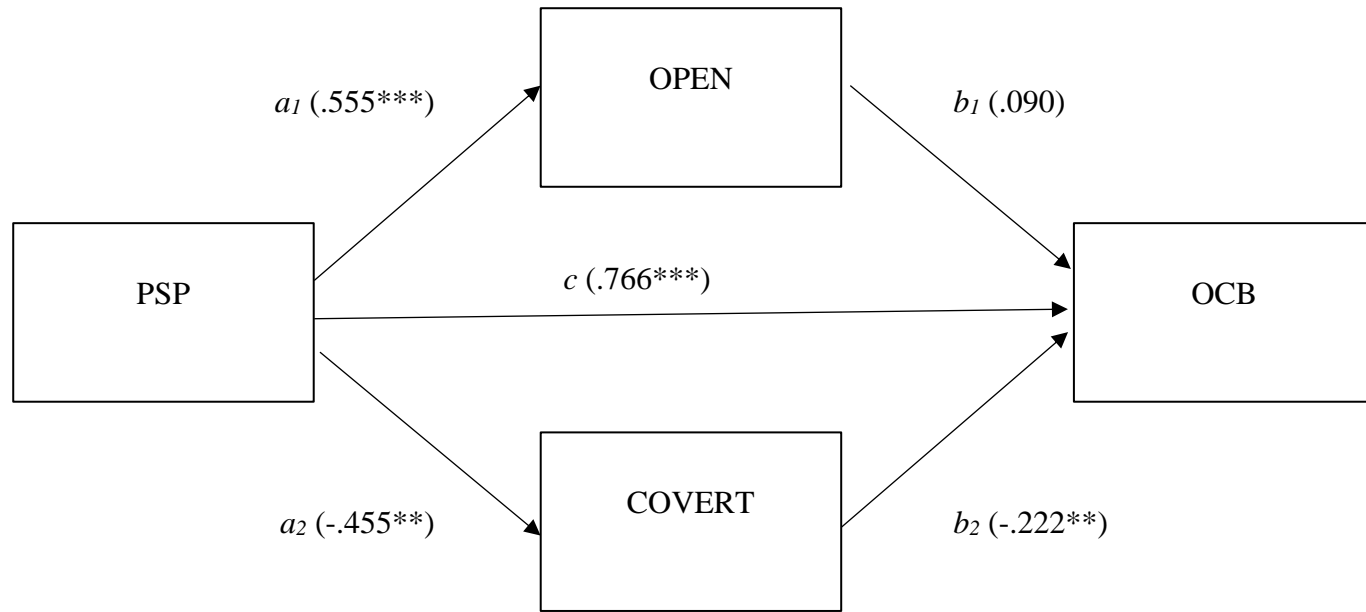
Figure 25 – Study 2-1 H5d



Note. \* P-value <.05; \*\* P-value <.01; \*\*\* P-value <.001

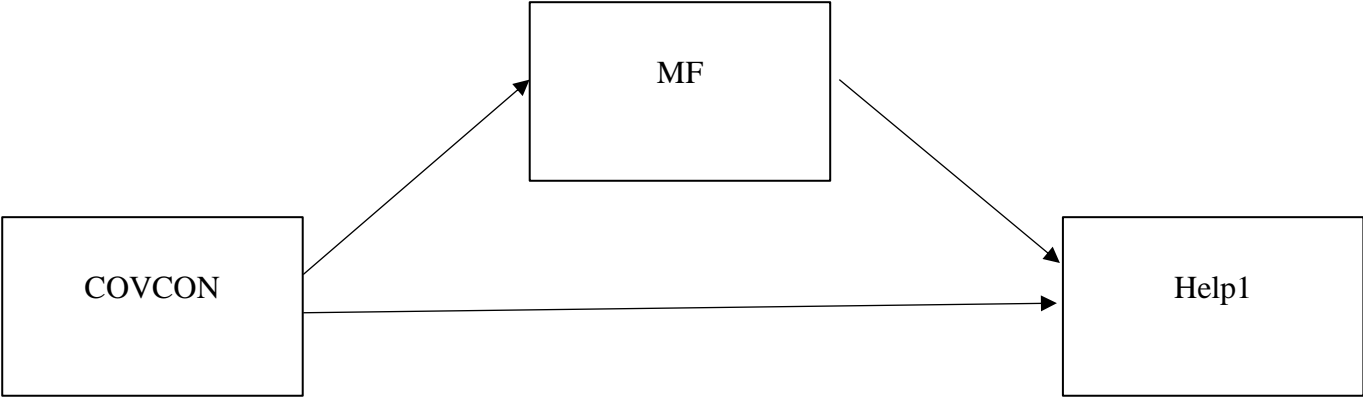


Figure 26 – Study 2-1 H5e

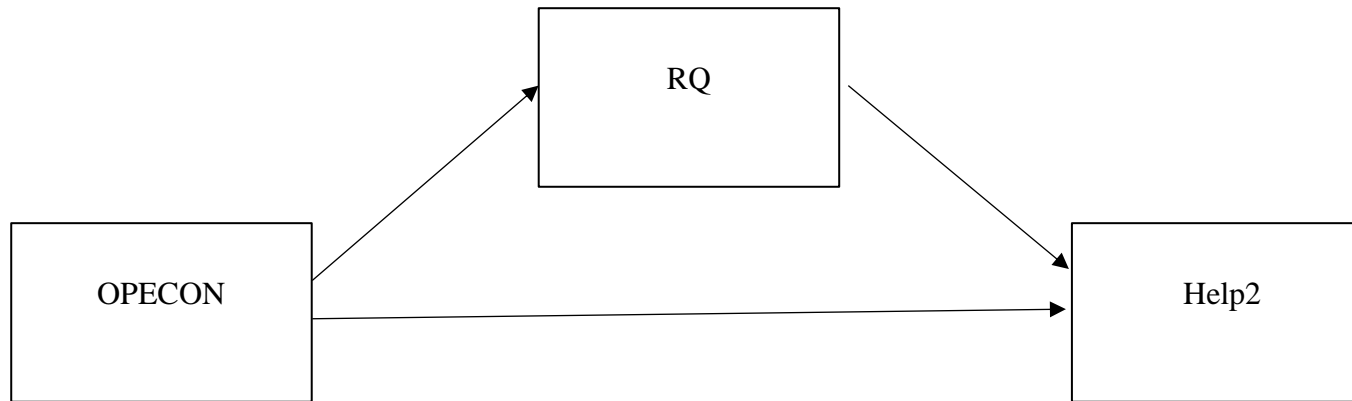


Note. \* P-value <.05; \*\* P-value <.01; \*\*\* P-value <.001

**Figure 27 – Study 3 H9 Conceptual Model**

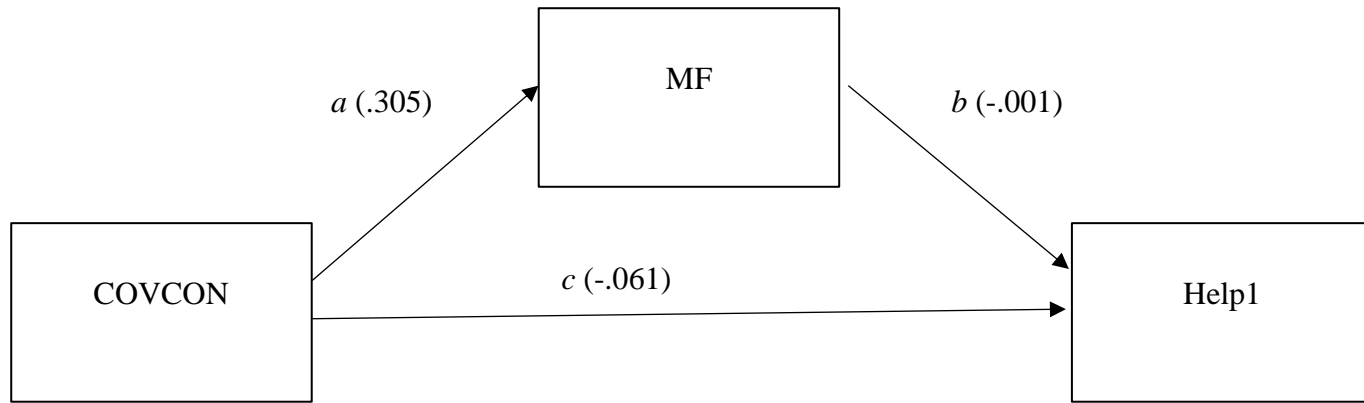


*Note. COVCON is the Covert strategy condition; MF is Mental fatigue; and Help1 is the first measure of interpersonal helping behaviour (feedback completeness)*

**Figure 28 – Study 3 H10 Conceptual Model**

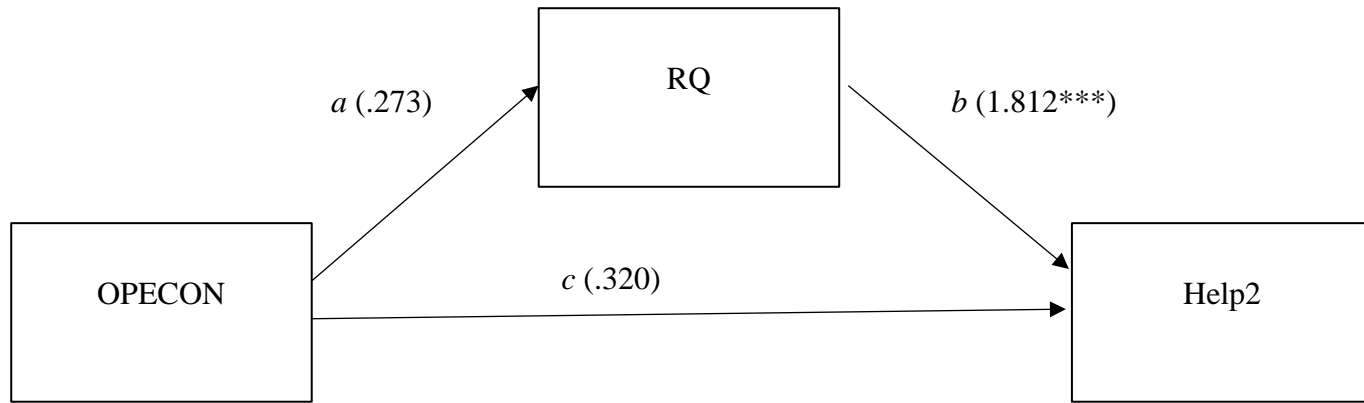
*Note. OPECON is the Open strategy condition; RQ is interaction quality; and Help2 is the second measure of interpersonal helping behaviour (raffle tickets allocation)*

Figure 29 – Study 3 H9



Note. \* *P*-value <.05; \*\* *P*-value <.01; \*\*\* *P*-value <.001

**Figure 30 – Study 3 H10**



*Note. \* P-value <.05; \*\* P-value <.01; \*\*\* P-value <.001*

**Appendix B - Study 1 Materials**

**Interview schedule**

SECTION 1: Tell me about your current job/organisation

1. What do you do?
2. What is your typical workday like?
3. Overall, how do you like your job?
4. Were you in this job when you got your diagnosis?

SECTION 2: Tell me about diagnosis and post-diagnosis journey

1. When were you diagnosed? Was it straightforward? How did you react to the diagnosis?
2. Where you on sick leave? How long for?
3. How did your employer support you? Financial support?
4. Which treatment did you receive? How long was it?
5. How did you feel during treatment? How was your recovery? How are you now?
6. When did you go back to work?
7. Did you go back to the same organisation/job?
8. How easy was going back to work? What challenges did you face?
9. How did you cope with the diagnosis / treatment / side effects?
10. How did you cope with your daily-life challenges? How did you cope with your work challenges?

SECTION 3: Tell me about your relationship with the people you work with

1. Did you disclose the diagnosis to your employer? When? How?
2. Who was your first colleague you spoke to about your diagnosis? Why? How did they react? How did their reaction make you feel?
3. Did you tell the rest of your colleagues? Why? How did they react? How did their reaction make you feel?
4. While on sick leave, did you keep in touch with your colleagues? Why/why not?

5. Did your colleagues support you during your treatments? How? How did their behaviours make you feel?
6. Did management support you during your treatments? How? How did their behaviours make you feel?
7. How did you feel about going back to work?
8. How did you feel about your performance at work, when you first got back?
9. How did you feel about your relationship with management when you first got back? Did you notice any changes then? And now/later?
10. How did you feel about your relationship with your colleagues when you first got back? Did you notice any changes then? And now/later?
11. How did you manage difficult interpersonal situations at work, triggered or arising as a result of your diagnosis? Why did you choose to act the way you did? How did you feel about it then?

SECTION 4: Tell me what your diagnosis means for your (work) life

1. How has this journey changed you?
2. How has this journey changed the way you see life?
3. How has this journey changed the way you see work?

SECTION 5: Tell me about an uplifting/positive work-related experience associated with your journey

1. What happened? Who was involved?
2. How did it make you feel?



**Consent form**

You are invited to participate in a study examining individuals' experiences as someone who has been diagnosed with cancer and remains in employment. Please read the following consent form and indicate whether you are willing to participate.

This consent form, a copy of which you will receive for your records, is only part of the process of informed consent. It should give you a basic idea of what the study is about and what your participation will involve. If you would like more information, please feel free to ask the researcher. Please take the time to read this carefully.

Participation in this study will involve answering questions about your experiences as someone who has been diagnosed with cancer and remains in employment. Specifically, you will be asked about your current job, in terms of your day-to-day activities as well as the relationship with your colleagues and management, and about what your diagnosis means for your work life. I will also ask you some questions about yourself.

Please note that all responses will be completely confidential. Any information you choose to provide will be kept in the strictest of confidence and identifying information will never be shared outside of the research team. You are also free to refrain from answering any questions that make you uncomfortable or that you otherwise do not want to answer, and to leave the interview at any time without penalty.

To ensure that I am able to capture all the information you provide, I would like to audio record the interview. I will ask for your permission to do so at the beginning of the interview.

Where permission is granted, recordings will be transcribed, at which point, proper names (e.g., names of productions or members thereof) will be replaced by initials to remove any identifying information and protect your privacy.

Each interview will take no more than 45 minutes to complete and participants will be paid £15 for their time.

If you are interested in receiving a copy of the results of the study, which will be available in December 2017, please contact Daniela Truzzi at [d.truzzi@lse.ac.uk](mailto:d.truzzi@lse.ac.uk).

By signing the consent form below, you are indicating that you understand to your satisfaction the information regarding your participation in this study and agree to participate.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this study at any time and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

I, \_\_\_\_\_ (please print name), consent to participate in this study.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I consent for my interview to be audio recorded.

Please note that you will have the option of deleting the audio file at the end of the interview if you change your mind.

**Debriefing form**

Thank you for your participation in this study; the time you have taken and the information you have provided is greatly appreciated.

The purpose of this study is to examine how cancer patients navigate their work lives and make sense of social interactions. Specifically, it focuses on how this particular aspect of their identity shapes social interactions at work and their relationships with colleagues, and how they cope with the changes that might ensue after disclosing the diagnosis.

If you agreed to be audio recorded, this recording will now be transcribed. Interview transcripts will then be coded and analysed by the research team to identify whether there are any individual, relational, and/or situational factors that are key to the work experience of cancer patients. For example, we will consider whether different degrees of disclosure of the diagnosis are associated with greater incidence of certain types of interactions (e.g., support/compassion or discomfort/awkwardness) or whether there are common perceptions in terms of changes in the way individuals feel they are treated. Findings from this study will also be used to develop survey instruments for a subsequent phase of this research programme.

Your responses are confidential. Please be advised that we will replace any proper names (e.g., names of productions or members thereof) you may have provided with initials during the transcription process. This is to remove any information that could be used to identify you personally. You also have the option of deleting the audio file if you decide you no longer wish for the researchers to have it. All data is numerically coded and for research use only. Neither your name nor any other identifying information will ever be associated with your responses, and all data (including audio files) will be kept on a secure computer or otherwise stored under lock and key.

Thank you again for your participation. If you have any questions regarding this study, please contact Daniela Truzzi at [d.truzzi@lse.ac.uk](mailto:d.truzzi@lse.ac.uk). If you would like to report any problems or concerns about the study please contact Dr. Tara Reich at [T.C.Reich@lse.ac.uk](mailto:T.C.Reich@lse.ac.uk). Please direct ethical concerns to Michael Nelson in the LSE's Research Division at [m.w.nelson@lse.ac.uk](mailto:m.w.nelson@lse.ac.uk) or at 020 7107 5221.

**Codebook**

Category	Sub-category	Description
Professional Background	Tenure	Length of time the respondent has been working in her current/most recent organization when diagnosed
	Role	Any details the respondent provides about her role
	Organization	Any details the respondent provides about her current/most recent organization when diagnosed
	Typical Day	Any details the respondent provides about a workday
Work Relationships	Team	Any details the respondent provides about her team/workgroup
	Interdependence	Any details the respondent provides about how closely team/workgroup members work
	Relationship Quality - Team	Any details the respondent provides about the general relationship quality in the team/workgroup
	Relationship Quality – Supervisor	Any details the respondent provides about the general relationship quality with her supervisor
Diagnosis	Diagnosis	Any details the respondent provides about her diagnosis

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Treatment	Any details the respondent provides about her treatment
Side effects	Any details the respondent provides about the side effects of the treatment(s)
Challenges - Work	Any details the respondent provides about the challenges and worries about work resulting from the diagnosis
Challenges - Personal	Any details the respondent provides about the Challenges and worries about her personal life resulting from the diagnosis
Communication - Supervisor	Any details the respondent provides about communicating the diagnosis to the supervisor(s)
Communication - Team	Any details the respondent provides about communicating the diagnosis to the team/workgroup
Relationship - Supervisor	Any details the respondent provides about how the relationship with her supervisor evolved as a result of the diagnosis
Relationship - Team	Any details the respondent provides about how the relationship with her team/workgroup evolved as a result of the diagnosis

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	Support received - Organization	Any details the respondent provides about the support received from her organization
	Return to work	Any details the respondent provides about her experience returning to work
	Coping - Work	Any details the respondent provides about coping with diagnosis-related challenges at work
	Coping - Personal	Any details the respondent provides about coping with diagnosis-related challenges in their private life
Outcomes	Personal	Any details the respondent provides about changes/outcomes in her private life
	Work-related	Any details the respondent provides about changes/outcomes in her work life
Best experience at work		Any details the respondent provides about a positive experience at work / something that was done that made her happy

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**Appendix C - Study 2 Materials**



## Survey 1

### Consent

You are invited to participate in a longitudinal study examining the experience of gay, lesbian and bisexual employees during the first weeks of employment in a new organisation. Specifically, the study aims to uncover the socialisation process and track the inevitable changes that occur at the personal and interpersonal level during this time.

This consent form is only part of the process of informed consent. It should give you a basic idea of what the study is about and what your participation will involve. If you would like more information, please feel free to ask the researcher. Please take the time to [read this carefully](#).

Participation in this study will involve completing four surveys. The first survey will begin immediately, should you give your consent to participate in the study. This survey collects basic and demographic information, as well as a few details of the new job, and your preferred contact details. Your contact details (email) will only be used to contact you about the surveys that form part of this study, and will not be shared with third parties.

The remaining three surveys will be sent to you on a weekly basis, for three weeks. Each of these surveys will ask you to report on your experience at work in the previous week.

Completing the first survey should not take more than 8 minutes, and completing each of the following three surveys will take at most 20 minutes per survey. All responses will be confidential and you can withdraw from the study at any time and without penalty.

If you consent to take part in the study, you will be compensated with £20 Amazon voucher for your time and participation. The voucher will be emailed to you within one week from your submission of the fourth and last survey. You must complete all four surveys in full to receive the voucher.

If you have any questions or are interested in receiving a copy of the results of the study, which will be available in September 2019, please contact the researcher, Daniela Truzzi, at [d.truzzi@lse.ac.uk](mailto:d.truzzi@lse.ac.uk).

If at any point during the course of the study you feel distressed or simply want to talk to somebody, please refer to this [list of resources](#).

By agreeing to the terms of the consent form, you are indicating that you understand to your satisfaction the information regarding your participation in this study and agree to participate. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

- I agree  
 I do not agree

### Survey 1 introduction

Thank you for your interest in participating in this study. You are about to start the first of four surveys, which you will need to fill out on a weekly basis for a period of a month. At the end of the study, you will be compensated with a £20 Amazon voucher for completing the four surveys in full.

You are about to begin survey 1. In this survey I will ask you some basic information about yourself, as well as the details of your new job. I will also ask you to indicate the email address you would like to use for participating in the study. I need this information to email you the remaining three surveys, and the £20 Amazon voucher at the end of the study.

Completing this survey should not take more than 8 minutes of your time.

Please complete the survey in full. You need to complete all surveys in full to receive the £20 Amazon voucher.

To begin this survey, please click "Start Survey" below.

### Demographics

What is your gender?

- Male
- Female
- Other

What is your sexual orientation?

- Gay
- Lesbian
- Bisexual
- Other

**Disclosure**

To how many of your family members, friends and colleagues have you disclosed your sexual orientation?

	Everyone	Most	About half	Some	Nobody
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Identity Centrality**

Please indicate the extent to which you agree to the statements below.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
Overall, my sexual orientation has very little to do with how I feel about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexual orientation is an important reflection of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexual orientation is unimportant to my sense of what kind of person I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, my sexual orientation is an important part of my self image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Stigma Consciousness**

Please indicate the extent to which the statements below describe you personally.

	Describes me extremely well	Describes me very well	Describes me moderately well	Describes me slightly well	Does not describe me
Stereotypes about homosexuals/bisexuals have not affected me personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I never worry that my behaviours will be viewed as stereotypical of homosexuals/bisexuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Describes me extremely well	Describes me very well	Describes me moderately well	Describes me slightly well	Does not describe me
When interacting with heterosexuals who know of my sexual preference, I feel like they interpret all of my behaviours in terms of the fact that I am homosexual/bisexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most heterosexuals do not judge homosexuals/bisexuals on the basis of their sexual preference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My being homosexual/bisexual does not influence how heterosexuals act with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I almost never think about the fact that I am homosexual/bisexual when I interact with heterosexuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My being homosexual/bisexual does not influence how people act with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most heterosexuals have a lot more homophobic/biphobic thoughts than they actually express	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think that heterosexuals are unfairly accused of being homophobic/biphobic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most heterosexuals have a problem viewing homosexuals/bisexuals as equals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**New Job Details**

Have you started a new job or volunteering role in the past 2 months?

- Yes
- No

If you are not currently employed or volunteering, when are you starting in your new job or volunteering role (i.e. start date, e.g. 10 November 2018)?

If you are already working, please write "n/a".

How many hours per week do/will you work or volunteer?

- Less than 5 hours per week
- 6 - 10 hours per week
- 11 - 15 hours per week
- 16 or more hours per week

**Participant Contact Details**

I need your contact details to send you the remaining three surveys, as well as the £20 Amazon voucher at the end of the study. Your email address will not be used for any other purpose and will not be shared with third parties.

Your email address:

Please confirm your email address:

**Participant ID code**

To preserve the confidentiality of the information you provide during the course of this study, I will use an 8-digit code associated with your email to collect and analyse your responses.

In the box below, please compose your personal code. This code should contain: the last two (2) letters of your name, the last two (2) letters of your surname, the numerical digits of your birth month, and the first two (2) letters of the name of the town in which you were born.

For example, John Doe's birthday is in March and he was born in London. His personal 8-digit code for this study is HNOE03LO.

**Survey 2 (repeated cross-sectional at three time points)**

**Default Block**

Thank you for your continued participation in this study. You are about to start the second of four surveys, which you will need to fill out on a weekly basis for a period of a month. You will be compensated with a £20 Amazon voucher for completing the four surveys in full.

You are about to begin survey 2. In this survey I will ask you about your experience at work, focusing on the past week.

Completing this survey should not take more than 20 minutes of your time.

Please complete the survey in full. You need to complete all surveys in full to receive the £20 Amazon voucher.

To begin this survey, please click "Start Survey" below.

**Diversity climate**

Please indicate the extent to which you believe the statement below to be true.

	Definitely true	Probably true	Neither true nor false	Probably false	Definitely false
Training and education from my organisation teaches how to interact with people who are different.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organisation has a strong track record for recruiting people from diverse backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity is very much a part of my organisation's culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The leadership at my organisation is committed to diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders hold themselves and others accountable for progress in diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Perceived support - manager**

In the past week, has your direct supervisor / manager:

	A great deal	A lot	A moderate amount	A little	Not at all
Acted in ways that show they appreciate what you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treated you with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cared about you as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given you useful information or advice when you wanted it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped out when too many things needed to get done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listed when you wanted to confide about things that were important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Perceived support - peer**



	Describes my behaviour extremely well	Describes my behaviour very well	Describes my behaviour moderately well	Describes my behaviour slightly well	Does not describe my behaviour	N/A
Wear or display materials with a heterosexual content (e.g. t-shirts, pictures, posters) in order to make me appear heterosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not correct others when they make comments that imply that I am heterosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openly associate with co-workers known to be gay/lesbian/bisexual, and let others think that I am gay/lesbian/bisexual too, if they want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid socialising with co-workers in order to conceal my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Join in discussions with members of my own gender about being attracted to members of the other gender when I don't feel such heterosexual attractions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
React in positive ways when discussing television shows or movies with lesbian/gay/bisexual themes without indicating to others what my sexual orientation is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid associating myself with issues pertaining to sexual orientation in order to prevent suspicions that I am not heterosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Job satisfaction**

Thinking about the past week, please indicate the extent to which you agree with the statements below.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
All in all, I am satisfied with my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I like working here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I do not like my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Engagement**

Thinking about the past week, how often have you experienced the following at your new job?

	Always	Most of the time	About half the time	Sometimes	Never
At work, I feel bursting with energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my job, I feel strong and vigorous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get up in the morning, I feel like going to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enthusiastic about my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job inspires me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Most of the time	About half the time	Sometimes	Never
I am proud of the work that I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am immersed in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get carried away when I am working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy when I am working intensely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Turnover intention**

Thinking about the past week, please indicate the extent to which you agree with the following statement:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I will probably look for a new job in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Perceived inclusion**

Thinking about the past week, please indicate the extent to which you agree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel like an accepted part of the team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel included in most activities at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel like an outsider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**OCB**

Thinking about the past week, indicate how well each statement describes your behaviour.

	Describes my behaviour extremely well	Describes my behaviour very well	Describes my behaviour moderately well	Describes my behaviour slightly well	Does not describe my behaviour
Helping other employees with their work when they have been absent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering to do things not formally required by the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking the initiative to orient new employees even though it is not part of my job description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping others when their work load increases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting supervisor / manager with his/her duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making innovative suggestions to improve overall quality of the department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality in arriving at work on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibiting attendance at work beyond the norm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving advance notice if I am unable to come to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**End of survey 1**

This is the end of the of survey 2.

To finalise the process and submit your responses, please click "Submit" below.

**Appendix D - Study 3 Materials**

## Experiment

13/09/2019

Qualtrics Survey Software

### Consent

You are invited to participate in a study examining individuals' logical reasoning and writing skills. Please read the following consent form and indicate whether you are willing to participate.

This consent form, a copy of which you will receive for your records, is only part of the process of informed consent. It should give you a basic idea of what the study is about and what your participation will involve. If you would like more information, please feel free to ask the researcher. Please take the time to [read this carefully](#).

Participation in this study involves completing a few different tasks. These tasks include solving 5 anagrams and a problem set, writing a short essay, and answering a few multiple choice questions about your perceptions and feelings. Clear instructions on how to approach these tasks are provided before each one of them; please strictly adhere to these instructions as failure to do so compromises the integrity of the experiment.

A distinguishing aspect of this experiment is that it involves a real-time, online interaction with one other study participant. At the start of the experiment all participants are randomly allocated to one of two groups: Red and Yellow. The experiment tasks are the same for members of both groups. The allocation to either Red or Yellow helps the researcher pair participants from different groups for the real-time, online interaction. For example, if you are allocated to group Red, your real-time, online interaction will be with one participant from group Yellow. The interaction is essentially a feedback exercise: you will be asked to read the other participant's essay and provide feedback and comments on their work. They will do the same for you. Then, each of you will rate the quality of the feedback you have received on your short essay. The purpose of this interactive task is to give all participants unbiased feedback on their writing skills.

By participating in this experiment you enter a lottery for a chance to win one of two £50 prizes. There are two raffle ticket pools, one for group Red and one for group Yellow. The winner in each pool will get £50. Your pool will be the one you have been randomly allocated to at the start of the experiment. Following the feedback exercise, you will be asked to indicate any number between 0 and 10 of additional raffle tickets that you would like to give to the participant you interacted with as a way of saying "thank you". These additional tickets will go into his/her pool therefore increasing his/her chances of winning the £50 prize. Since you and him/her are in different pools, your chances of winning in your own pool are not affected by the number of tickets you allocate to your peer. Of course, they too will be asked to allocate to you any number between 0 and 10 of additional raffle ticket for your lottery pool.

The experiment will take no more than 45 minutes to complete and you will be paid £10 for your time. All responses will be completely anonymous and you can withdraw from the study at any time and without penalty.

If you have any questions or are interested in receiving a copy of the results of the study, which will be available in September 2019, please contact the researcher Daniela Truzzi at [d.truzzi@lse.ac.uk](mailto:d.truzzi@lse.ac.uk).

By agreeing to the terms of the consent form, you are indicating that you understand to your satisfaction the information regarding your participation in this study and agree to participate. You also give permission to the researcher to (1) use the data you have provided during the course of the study for their research, and (2) use the data for publications from this research. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

- I Agree
- I do not agree

### Experiment Introduction

Thank you for participating in this online experiment.

It will take no more than 45 minutes to complete the experiment.

To begin, please click on the "Start Experiment" button below.

### Participant Information

What is your age?

- 20 or younger
- 21 - 30

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- 31 - 40
- 41 - 50
- 51 or older

What is your gender?

- Male
- Female
- Other
- 
- 
- Prefer not to say

### Group allocation

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You are being allocated to either group Red or Yellow. This might take a few seconds.



You have been allocated to group **red**.

### Anagrams - introduction

The first task you will work on is a set of 5 anagrams. An anagram is a group of letters that when rearranged correctly form a word. For example:

ACEINNOORSTV → CONVERSATION

You will have **3 minutes** to solve the set of 5 anagrams.

By clicking "Continue" you will be taken to the next screen, where you will see the 5 groups of letters you need to rearrange correctly to solve the anagrams.

This task is timed and the page will refresh automatically at the end of the 3 minutes time slot.

When you are ready, click "Continue" to start working on this task.

### Anagrams - set

In the text box below, write your solution to the anagram: **AEXM**

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In the text box below, write your solution to the anagram: DENSTTU

In the text box below, write your solution to the anagram: AECLMOORSS

In the text box below, write your solution to the anagram: AABILOOTRY

In the text box below, write your solution to the anagram: ACEEHRT

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**Anagrams - Anagrams perceived difficulty**

Answer the question below, then click "Next" to continue.

	Very difficult	Difficult	Average	Easy	Very easy
How difficult did you find the set of anagram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Anagrams - Anagram results**

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Thank you for submitting your answer. We are comparing the results on this task for the participants in this experiment.

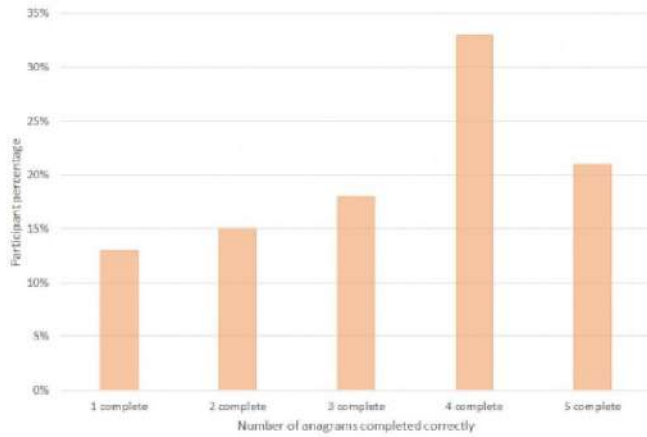
This is for you to see how you performed on this task compared to the rest of the group.



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The chart below shows the experiment participants' performance on the set of anagrams. Slightly more than half (54%) completed 4 or all anagrams.



The chart below shows how the experiment group rated the difficulty of this task.



Reflecting on your performance on the anagram task, indicate the extent to which the statement below apply to you at this moment.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I feel confident about my abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about whether I am regarded as a success or a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated or rattled about my performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have trouble understanding things that I read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel self-conscious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I feel as smart as others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am displeased with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about what other people think of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident that I understand things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel inferior to others at this moment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel concerned about the impression I am making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have less scholastic ability right now than others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I'm not doing well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about looking foolish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Essay - introduction**

Thank you for completing the first task of this experiment.

You will now begin working on the second task of the experiment: a short essay.

By clicking "Continue" you will be taken to the next screen, where you will find the instructions for writing your essay. Read this text carefully and adhere to the instructions closely. Failure to do so will compromise the experiment.

You will have **5 minutes** to write your essay.

When you are ready, click "Continue" to start working on this task.

**Essay - Condition 1 (pass)**

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Most people have something that "keeps them awake at night". Indeed, research suggests that everyone feels nervous or embarrassed of something about themselves and is anxious about discussing it with others, particularly when this information can be concealed.

Findings from numerous studies suggest that many people successfully cope with this type of situation by actively behaving in ways that are inconsistent with that particular aspect of themselves. In more technical words, they engage in a "passing" strategy, which means that they promote themselves as belonging to the group where membership is preferred.

For example, there is evidence suggesting that many individuals with an invisible stigma (e.g. minority sexual orientation, poor mental health, etc.) construct fictitious identities to "pass" as individuals belonging to groups of higher social status (e.g. heterosexual, healthy, etc). Similarly, studies suggest that people often go to great lengths to associate themselves with powerful, influential groups even when this means pretending to be someone they are not or espousing values they do not have.

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Thinking about your experience working on the anagrams at the start of the experiment, apply the "passing" strategy described above and write a short account of your performance on the task. Discuss how you approached this task, and reflect on your feelings and emotions (1) while solving the anagrams, (2) after completing them, and (3) after receiving feedback on your performance. Listing your feelings is not enough: go deeper and try to explain why you think you felt the way you did.

Remember: this essay will be shared with one other participant from group Yellow for the feedback exercise.

### Essay - Condition 2 (explicit)

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05 00

Most people have something that "keeps them awake at night". Indeed, research suggests that everyone feels nervous or embarrassed of something about themselves and is anxious about discussing it with others, particularly when this information can be concealed.

Findings from numerous studies suggest that many people successfully cope with the situation by revealing this information proactively. In more technical words, they engage in an "explicit" strategy, which means that they promote themselves as belonging to their true social group, despite membership in this group is socially devalued.

For example, there is evidence suggesting that many individuals with an invisible stigma (e.g. minority sexual orientation, poor mental health) disclose it at work and other social contexts. Similarly, studies suggest that people often reveal uncomfortable information about themselves to feel more true and authentic in the relationships they build with others.

Thinking about your experience working on the anagrams at the start of the experiment, apply the "explicit" strategy described above and write a short account of your performance on the task. Discuss how you approached this task, and reflect on your feelings and emotions (1) while solving the anagrams, (2) after completing them, and (3) after receiving feedback on your performance. Listing your feelings is not enough: go deeper and try to explain why you think you felt the way you did.

Remember: this essay will be shared with one other participant from group Yellow for the feedback exercise.

### Problem set - introduction

Thank you for submitting your work. You have completed the second task of this experiment.

Shortly, you will be matched to a study participant from group Yellow for the feedback exercise.

While this allocation takes place, you will work on the third task of the experiment.

By clicking "Continue" you will be taken to the next screen, where you will see a problem set consisting of a list of several calculations. Solve as many calculations as possible: in this task both speed and accuracy are important.

You must do your calculations by hand and input the result in the text boxes on the screen.

This task is timed and the page will refresh automatically at the end of the **5 minutes** time slot.

When you are ready, click "Continue" to start working on this task.



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**Mental fatigue - Problem set**

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Solve the following calculations by hand and input the result in the text box.

55+4

14+34

70+36

5x6

8x8

36x100

3x40

15x15

Square root of 16

23456+631

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Square root of 25

 $(3 \times 5) \times (3 \times 5)$ 

6x6

 $(5 \times 6) / 2$  $[4 \times (2 \times 8)] / 2$  $(16 / 2) \times 8$  $(100 + 0.2 + 22 + 0.25 + 0.55 + 3) / 2$ 

70% of 400

30% of 30

3x3x3

74159+36951

258+963+147

753-159

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23x21

147x963

19+37

654/2

72/12

169/13

$(6 \times 8) + (2 \times 26)$

25% of 156

Square root of 36

Square root of 64

11x11

0.5x1000

0.8x400

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0.2x35

9963+3369

12x15

63/3

25x8

112/4

2468+13597

9182-3746

12x4

24x7

52/4

Square root of 25

**Feedback - introduction**

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Thank you for submitting your work. You have completed the third task of this experiment.

You have been matched with participant FM00185XI from group Yellow for the feedback exercise.

By clicking "Continue" you will be taken to the next screen, where you can review participant FM00185XI's essay and give feedback on it. Participant FM00185XI from group Yellow will be given this same prompt, i.e. to give you feedback on your essay.

The purpose of this exercise is to help one another by providing unbiased feedback to improve your writing skills.

This is not a mandatory component of the experiment (you can leave the form blank); however, it would be a courtesy to your fellow study participant.

When you are ready, click "Continue" to review participant FM00185XI's essay and the feedback form.

**Feedback exercise**

Read participant FM00185XI's essay and rate it on the criteria below:

*When I first looked at the anagrams, I did not know from where to begin. I felt a little bit of stress, but then I realised that I had 3 minutes and surely it had to be possible to solve the anagrams in that time. So I started with the first one, which had only 4 letters and was very easy to solve: EXAM. Then I looked at the second one, I thought maybe they become more difficult from first to last. The longer ones were the most difficult for me. I tried putting together the consonants first, but there were many possible combinations. As time passed I was not sure I could finish all of them. I felt stressed, I think, but I tried to stay focused. At the end I completed 4 of them, which left me a bit disappointed, but there was no more time. Then when I got the feedback I felt good because I did well compared to the rest of the group, even if I did not solve all of them. I saw that most people did well, but still many did not, and that was surprising.*

	Far above average	Moderately above average	Slightly above average	Average	Slightly below average	Moderately below average	Far below average
Clarity of argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logical reasoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structure of the essay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Readability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grammar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have any additional comments that you would like to share with participant FM00185XI, please write them in the text box below.

**Feedback (review on essay) - introduction**

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Click Count: 0 clicks

Thank you for submitting your feedback.

If participant FM00185XI has reviewed your essay, their feedback will be shared with you shortly.

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**Feedback (review on essay) - feedback**

Participant FM00185XI's feedback:

	Far above average	Moderately above average	Slightly above average	Average	Slightly below average	Moderately below average	Far below average
Clarity of argument	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logical reasoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structure of the essay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Readability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grammar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have any additional comments that you would like to share with participant FN00125XI, please write them in the text box below.

I think your essay is fine, you write clearly even though at times the flow is not very smooth. I think you could have written more about your feelings. Overall, I think you did well, but there is not a lot to comment on because we had so little time to write.

How do you rate the quality of this feedback in terms of:

	Extremely good	Moderately good	Slightly good	Neither good nor bad	Slightly bad	Moderately bad	Extremely bad
Usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how do you rate the quality of your interaction with participant FM00185XI?

Select the number of stars that best represent your overall perception of the interaction with the experiment participant from group Yellow, with 1 star indicating a very poor exchange and 5 stars indicating an excellent exchange.

**Raffle tickets**

Both you and experiment participant FM00185XI have entered a lottery for the chance to win £50 in the Red and Yellow pools respectively. You have now the opportunity to help participant FM00185XI increase their chances of winning the prize by allocating any number between 0 and 10 of additional raffle tickets to

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be entered in the Yellow pool. Your chances of winning £50 are not affected at all by the number of additional tickets you give to participant FM00185XI, because your raffle ticket and any number of additional tickets participant FM00185XI will allocate to you will be entered in the Red pool.

How many raffle tickets do you want to give participant FM00185XI for the lottery in the Yellow pool?

Enter any number between 0 and 10 in the box below.

**End**

You have completed the experiment.

Please click "Continue" to finalize the process.

**Debriefing**

Thank you for your participation in the study "Logical Reasoning and Writing Skills Experiment"; the time you have taken and the information you have provided is greatly appreciated.

The purpose of this study is to examine how different ways of coping with and managing embarrassing or stigmatising personal information affects individuals' psychological well-being and social relationships. By investigating these processes, I aim to develop a clearer understanding of the mechanisms underlying the relationships between ways of coping with and managing a stigma, and personal and interpersonal outcomes.

Please note that deception was used in this study with the purpose of manipulating an interpersonal variable (relationship quality). In this study, every interaction with your "peer" from group Yellow was entirely machine-based, i.e. you did not actually interact with a person; instead, the essay and feedback you have received were part of the experiment materials. In addition, your performance on the anagrams was also a manipulation: two of the anagrams were impossible to solve and the statistics with the overall performance distribution of the experiment group were fake and part of the experiment materials.

The data collected in the experiment will now be prepared for analysis. This step involves translating behavioural data into numerical data for statistical analysis.

By selecting "I agree", you are indicating that you are giving permission to the researcher to use the data you have provided during the course of the experiment for their research and to use the data for publications from this research.

- I agree
- I do not agree