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A Study of Internalized Stigma, Psychological Distress, Quality of Life with Moderating Role of Resilience among the Faculty Members of Universities

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ABSTRACT

Aim of Study: This study analyzes the impact of internalized stigma on psychological distress and quality of life (QoL) among the individuals infected with COVID 19 in Pakistan.

Research Methodology: Questionnaires were distributed to 200 COVID 19 infected individuals and a total of N=(157) questionnaires were returned. Hayes macro models were used for regression analysis.

Results: The results shows that internalized stigma negatively affect the quality life of infected people with mediation of psychological distress. The results also depicted that resilience negatively exacerbate the relationship between internalized stigma and psychological distress.

Conclusion Overall this study shows that internalized stigma affects the quality of life in COVID 19 infected individuals and strategies should be design at organizational level in order to handle such situations in future.

Keywords: Internalized Stigma, Psychological Distress, Quality of Life, Faculty Members.

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Introduction

The rapid outbreak of COVID 19 pandemic led towards the declension from the normalcy of life (Kecinski et al., 2020). This study focuses on how social stigma triggers the internalized stigma and further how internalized stigma initiates psychological distress and its effects on quality of life. As it is noted that social stigma initiates the internalized stigma (Vogel et al., 2013) leading towards the increased psychological distress (Deribew et al., 2010; Pappin et al., 2012) and hampering the quality of life and well-being (Herrmann et al., 2013).

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This study is using Modified labeling theory as this theory supports that people attached negative labels to chronic and transmittable diseases that initiates the stigma and infected individuals faces the discriminatory behaviors (Link et al., 1989; Sontag, 1978) leading towards the negatives outcomes e.g. lowering self-esteem, loneliness and decreased inclination towards a better life (Miles et al., 1997).

More information is required to understand COVID stigma and developing the strategies for its control (Tandon, 2020) so for this culture specificity is crucial (O'Connor & Earnest, 2011) as stigma varies across the different cultures (Vogel et al., 2013; Vogel et al., 2011) and noticeably most of the studies of stigma are reported by western culture (Assefa et al., 2016). As covid-19 is a newly surfaced stigmatizing conditioning and very less knowledge is available so there is need to study it's the impact and consequences, stigma related to COVID 19 and its effect on the well-being (Fu et al., 2022). So, our contribution in this study is that we examine how COVID 19 stigma affects the people in collectivist culture. And also, how faculty faced this stigma and what was the outcome as most of the private universities were remained opened in that time frame and students were also coming in universities and faculty was at a very greater risk of catching this covid infection. So this study results will depict that how stigma affects the quality of life among faculty members and those who are resilient how it buffers the negative impact of stigma.

Theory and Hypothesis Development

Internalized Stigma, Psychological Distress and Quality of Life

As COVID 19 is a highly contagious disease (Mohapatra et al., 2020;Yang et al., 2020) and a number of studies reported the high prevalence of stigma with contagious diseases(Chapple, Ziebland, & McPherson, 2004; Fife & Wright, 2000; Fry & Bates, 2012; Gardner & Moallef, 2015; Goffman ,1963; Grodensky et al., 2015; Halding et al., 2011; Mao et al., 2017; Noor et al., 2016; Siu, 2008; Xiong & Peng, 2020) and also with COVID-19 (Misra et al., 2020; Sotgiu et al., 2020; Zhai & Du, 2020). Stigma attached with Covid 19 is a serious risk to both infected and recovered patients (Bagcchi, 2020) resulting in negative health outcomes (Budhwani & De, 2019; Budenz et al., 2020; Pachankis et al., 2018; Turan, 2017) like depression, anxiety and psychological distress (Wang et al., 2020). It is reported that not only infected individuals but the patients recovered from COVID 19 are facing discrimination and due to the fear of transmission and stigma in the community people hide their illness leading to more severe issues (Singh & Subedi, 2020; Xiong, Peng, 2020).The past studies shows that people who are suffering from any infectious disease experienced negative response from the public and they start devaluing themselves and also shows withdrawal behavior known as internalized stigma (Yang et al., 2017).

Previous studies shows that individuals who were diagnosed with any infectious disease they implies the negative reactions of public on their selves and devalue and withdraw themselves from people exposure and this phenomena is known as internalized or self-stigma. It has been observed that people who faced stigma are more prune towards internalizing it and more hesitant towards social communication, get ashamed of themselves shame and feel self-doubt (Sahoo et al., 2020). Internalized stigma is the key process that reflects the social wellbeing among the COVID-19 survivors (Fu et al., 2022).

It has been reported that people who are more worried and fearful from COVID-19 they have the elevated levels of psychological distress and current pandemic of COVID-19 induces the psychological distress in large number of people around the globe (Petzold et al., 2020). Previous studies indicate the positive association between internalized stigma and psychological distress (Katz et al., 1996; Mak et al., 2007; Tesfaye & Bune, 2014) and this psychological distress affects the Qol (Herrmann et al, 2013) among the infected individuals. As internalized stigma has the influence on quality of life including the psychological well-being (Earnshaw, et al. 2013). Studies depicted that this disease symptoms, poor health, negative and unsupportive behavior of family and social environment and the stigma experienced due to covid-19 is a viable source of psychological distress (Guo et al., 2020; Liu et al., 2020; Olashore, Akanni, Fela-Thomas, & Khutsafalo, 2021) that negatively affects the quality of life.

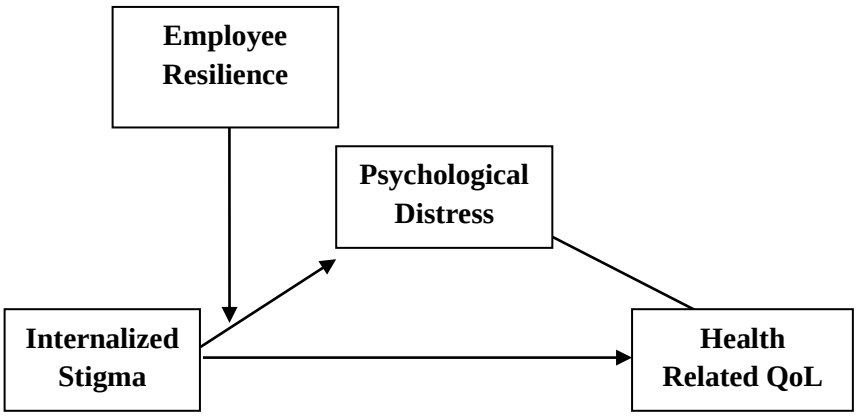
H_1: Internalized stigma has the positive relationship with psychological distress
H_2: Psychological distress has the negative relationship with QoL.
H_3: Psychological distress mediates the relationship between internalized stigma and QoL.

Moderating role of Resilience

Resilience is the ability to bounce back or revive after facing a challenge (Szanton & Gill,2010) resulting in positive outcomes and successfully adjusting with the challenging situation (Pinquart,2009). Studies shows that resilience has the strong connection with psychological distress, higher level of resilience results in lower level of psychological distress (Harker et al., 2016; Hemenover, 2003). It has been observed that resilience is associated with lower level of psychological distress (Bacchi1 & Licinio, 2017; Seligman, 2013). So, it is suggested that if employees are trained in acquiring high level of resilience it will lowers the internalized stigma

H_4: Employee Resilience moderates the relationship between internalized stigma and psychological distress such that when employee resilience is high it weakens the relationship between internalized stigma and psychological distress.

Figure 1: Theoretical Framework



Research Methodology

This was an explanatory and cross-sectional study where the unit of analysis is individual i.e., faculty working in public and private sector universities of Islamabad and Rawalpindi. Convenience sampling technique was used for data collection. Approximately 200 questionnaires were distributed, and a total of N=(157) responses were received, resulting in 78.5% response rate.

Participants

Sample characteristics shows 63.9% were married and 29.7% were unmarried. 78.7% respondents were male and 14.8% were female, with an average age of 20 to 30years (38.7%), 30 to 40 years (23.9%),40 to 50 years (10.3%) and 50 above (20.6%).The survey questionnaire was in English as 20.6% were bachelors,44.5% were masters and 28.4% were MS/PhD so it was spoken and clearly understandable by the respondents.

Questionnaire

Self-administered questionnaire was used to collect the responses with the clearly written instructions and assured the respondents about their confidentiality. Questionnaire was divided into three sections, the first section asked questions about the internalized stigma, second section contains the questions about psychological distress, resilience and quality of life, third sections asked about the demographic

characteristics such as gender, age, qualification and marital status. The data was collected at one time as this study comprised of cross-sectional data.

Instrumentation

Internalized stigma

Six items were adopted from Kalichman et al.'s Internalized HIV Stigma scale (2009). Sample item include "*It is difficult to tell people about my Covid infection*" etc. The Cronbach alpha value of internalized stigma scale for this study is 0.71, which depicts the reliability of this scale.

Psychological distress

Ten items are adopted from the K10 psychological distress scale developed by Kessleret al. (2002). Items asked respondents to reflect on the last 30 days, and sample item include "*About how often did you feel nervous?*" etc. The Cronbach alpha value of Psychological distress scale for this study is 0.71, which depicts the reliability of this scale.

Resilience

Ten items are adopted from the Connor-Davidson Resilience Scale (CD-RISC 10). Sample item include "I can deal with whatever comes my way" etc. The Cronbach alpha value of resilience scale for this study is 0.73, which depicts the reliability of this scale.

Quality of life

Twenty-six items for measuring quality of life were adopted from was the brief version of the World Health Organization's Quality of Life Scale (2004) Example items include "*How would you rate your quality of life"* etc. The Cronbach alpha value of QoL scale for this study is 0.73, which depicts the reliability of this scale.

Results and Discussion

Table 1: *Correlation Analysis*

	Mean	SD	1	2	3	4
1 Internalized stigma	3.32	.5982	(0.71)			
2 Resilience	3.41	.4728	- .039	(0.73)		
3 Psychological distress	3.26	.4932	.670**	-.038	(0.71)	
4 Quality of life	3.54	.3754	-.268**	.036	-.358**	(0.73)

Table 1 depicts the correlation values; the results shows that internalized stigma is negatively associated with Quality of life (-.268**). Psychological distress is also negatively correlated with quality of life (-.358**).There is a strong positive association between internalized stigma and psychological distress (.670**).

Table 2: *Mediation Analysis*

	coeff	se	t	p	LLCI	ULCI	R-sq	F
Outcome=Psychological distress								
Internalized stigma	.6361	.0590	10.7887	.0000	.5196	.7526	.4787	27.7365
Outcome=Quality of life								
Psychological distress		-.2619	.0663	-3.9477	.0001	-.3930	-.1308	
Internalized stigma	-.1103	.0640	-1.7243	.0867	-.2367	.0161	.4060	17.0903
TOTAL, DIRECT, AND INDIRECT EFFECTS								
Total effect of X on Y		-.2769	.0503	-5.5009	.0000	-.3764	-.1774	

Direct effect of X on Y	-.1103	.0640	-1.7243	.0867	-.2367	.0161
Indirect effect of X on Y						
Psychological distress	-.1666	.0470			-.2664	-.0841
Normal theory tests for indirect effect						

Effect	se	Z	p
-.1666	.0451	-3.6933	.0002

Table 2 depicts the mediation results; it shows that internalized stigma has the positive and significant association with the psychological distress whereas psychological distress has the negative and significant association with the quality of life, these results also supports the hypothesis H1 and H2. The results also demonstrate the significant mediation effect of psychological distress between the relationship of internalized stigma and quality of life. Hence supports the hypothesis H3.

Table 3: *Moderation Analysis*

	coeff	**se**	**t**	**p**	**LLCI**	**ULCI**	**R-sq**	**F**
Outcome=Psychological distress								
Resilience	.7865	.3426	2.2960	.0231	.1096	1.4634		
Internalized stigma	1.4276	.3372	4.2333	.0000	.7612	2.0940		
Internalized stigma x Resilience	-.2361	.0991	-2.3835	.0184	-.4319	-.0404	.4981	21.1280

Conditional effect of internalized stigma on Psychological distress at values of the Resilience:

Resilience	**Effect**	**se**	**t**	**p**	**LLCI**	**ULCI**
2.9418	.7329	.0711	10.3133	.0000	.5925	.8733
3.4146	.6213	.0586	10.6078	.0000	.5055	.7370
3.8875	.5096	.0787	6.4729	.0000	.3540	.6652

Table 3 depicts the moderation analysis; it shows that resilience moderates the relationship in this manner that it weakens the relationship between internalized stigma and psychological distress. It lowers the effect of internalized stigma on psychological distress. Hence, supporting the hypothesis H4.

Discussion

The results of this study shows that internalized stigma is the cause of psychological distress among the COVID-19 infected individuals as at time of outbreak of covid-19 in Pakistan there was no clarity that what are the consequences of this disease and nobody was certain about the mortality rate. So, this causes a lot of stress and anxiety among the people. People were in isolation and even avoiding the family members who were seem ill and even the little cough was making the people fearful that the individual might have covid-19 and thus stay away from them, so most of the people first start hiding the illness. And the infected individual who knows that they are having the covid-19 they don't let anybody know it and still coming to the offices and it replicate the infection more. As most of the universities especially private sector universities were opened in that time frame so over there the faculty members faced a lot of stigma. Even a little cough makes the individual suspicious that they might have Covid-19 and the colleagues start distancing and even report to the HR that why this person is coming to office as he or she is having the cough. And those people were instructed to have the covid-19 test and submit the report to HR in order to clarify it that they are not having COVID-19.Hence the results of studies conducted in other countries also depicted the same analysis (Singh & Subedi ,2020) people are facing more psychological distress, anxiety and discrimination (Druss, 2020; González-Sanguino et al., 2020;

Rajkumar, 2020). So, this current study is aligned with the other researches that in COVID-19 infected individuals faced the stigma that results in psychological distress that affects the quality of life. But those individuals who are more resilient they cope up with the situation and take it as challenge and it minimizes their stress level too. So, organizations need to work on people resilience that how they can improve this behavior in the employees.

Conclusion

Important conclusion may be drawn from findings of this study. Internalized stigma negatively affects quality of life at work in stigmatized Covid 19 infected individuals and also adversely impacts the psychological distress in them. We also conclude that psychological distress mediates the internalized stigma and quality of life relationship in stigmatized Covid 19 infected individuals, while resilience moderates the internalized stigma and psychological distress relationship in such a way that for stigmatized Covid 19 infected individuals who are low resilience, the relationship is stronger and weaker for those who are high on resilience, which points to a protecting role of resilience in stigmatized infected individuals from internalized stigma so organizations can formulate certain strategies that can enhance and promote the resilience of the individuals as this attribute helps in coping such adverse situation and organization remain sustainable so it's important that organizations include such programs that can enhance the resilience of their employee.

Limitations and Future Direction

This study uses the cross-sectional study design so in future studies longitudinal design is more appropriate in order to have in depth analysis. The sample size is small and participants are only from twin cities so the future studies can increase the sample to validate the model and also can apply the same model in other sectors to see the stigma progression. Stigma impact on other variables can also be assessed e.g., self-esteem, psychological contract etc.

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Conflict of Interest

Authors have no conflict of interest.

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