

## Chapter 3

# Stigmatization of Women in the Workplace: Sources of Stigma and its Consequences at the Individual, Organizational and Societal Level

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### Abstract

Gender balance has been a declared goal in business and society for decades as gender diversity leads to more equality and better decision-making, enhances financial performance of organizations, and fosters creativity and innovation. Although there is a steady upward trend in the number of women actively participating in the workplace, there is still a dearth of women in top leadership positions. This motivates a closer look at the reasons why this happens. Stigmatization – a social process of disapproval based on stereotypes or particular distinguishing characteristics of individuals (e.g. gender) – has been recognized as one of the primary explanations for the barriers to career advancement of women. This chapter aims to address workplace inequality by analysing different sources of stigma women face in the workplace. Previous research has mostly focused on visible sources of stigma, such as gender or race/ethnicity. We propose to go beyond visible sources of stigma and expand the focus to other physical (e.g. physical appearance, age, childbearing age), emotional (e.g. mental health) and societal (e.g. flexibility) sources of stigma. We are especially interested in the consequences of stigma for women in the workplace. Stigmatization of women is a multi-level process, so this chapter focuses on the antecedents (sources of stigma) and outcomes (consequences of stigma) for women at the individual level, organizational level and the societal level. The proposed chapter will make contributions to the areas of management, diversity and gender studies.

*Keywords:* Stigma; stigmatization; gender; race; ethnicity; age; childbearing age; physical appearance; mental health; flexibility

## **Introduction**

Closing the gender gap and dismantling barriers to career advancement for women has been and continues to be a global challenge. According to International Labour Organization (ILO) statistics, in 2020, 46.9% of women participated in the labour force worldwide, compared to men at 74% (ILO, 2020). However, it seems that any gains made were lost due to the pandemic of COVID-19. According to Dang and Nguyen (2021), women from six countries (China, Italy, Japan, South Korea, the United Kingdom and the United States) experienced unreported job loss, where an astounding 24% of women were more likely to permanently lose their jobs due to the pandemic. This can be explained by the type of employment women held, being primarily part-time work, service-based work and care-taking (ILO, 2022). In fact, with over 121 countries surveyed, women make up around 88% of the workforce as personal care workers and only 16% in professions, such as science and engineering (ILO, 2022).

Although less than half of women currently participate in the workforce, 70% of women globally surveyed would prefer to work a paid job (ILO, 2018). The primary explanation for the difficulties women run into when they try to enter the workforce and climb up the career ladder are stereotypes, prejudices and social stigma. In this chapter, we address workplace inequality by analysing different sources of social stigma which women face in the workplace. We pay special attention to the consequences of stigma for professional women. As stigmatization of women is a multi-level process, we consider the consequences of stigma for women at the individual level, organizational level, and the societal level. The proposed chapter will make contributions to the areas of management, diversity, and gender studies.

## **What Is Stigma and Stigmatization?**

The term ‘stigma’ originates from Greek ‘*stigma*’ and can be translated as ‘mark burned into the skin, puncture, or brand.’ Originally, stigma referred to bodily signs that exposed something unusual and/or bad of about the bearer. In his seminal work, Goffman defined stigma as ‘an attribute that is deeply discrediting’ (Goffman, 1963, p. 3). A discredited attribute can be highly visible (e.g. body size, skin colour) or concealable (e.g. sexual orientation, mental illness). Stigma is an integral part of social life that affects countless people in their day-to-day interactions.

Stigma can be operationalized across three levels – the individual level, the organizational level and the societal level. At the individual level, stigma is perceived to be a ‘mark’ that causes (mostly) negative consequences for the stigmatized individual in his/her interpersonal relationships. At the organizational level, stigma researchers deal with the questions how organizations strategically

manage different sources of stigma (Zhang, Wang, Toubiana, & Greenwood, 2021). At the societal level, stigma refers ‘to the societal norms, cultural traditions, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized individuals’ (Hatzenbuehler & Link, 2014, p. 2).

The social process by which a discrediting attribute impacts the lives of individuals has been conceptualized as stigmatization (Pescosolido & Martin, 2015). Stigmatization is a ubiquitous societal phenomenon associated with the disapproval of an individual due to existing stereotypes in society (Bennett, Hennekam, Macarthur, Hope, & Goh, 2019; Ryan, King, Elizondo, & Wadlington, 2020). Sources of stigma (what causes stigma) include physical (e.g. gender, body size, physical appearance, age), societal (e.g. cultural roots, ethnicity, religion), moral (e.g. criminal activities), servile (e.g. working as a cleaner), emotional (e.g. mental health, toxic organizational culture) and associational sources (e.g. working with blacklisted colleagues) (Zhang et al., 2021).

The process and experience of stigmatization depend on the source of stigma. However, all stigmatized individuals have a similar experience as they have to learn how to deal with the knowledge that they are different from other people, experience status loss, and may be discriminated against, especially in the workplace. Other consequences of stigmatization include a sharp decrease in self-esteem, anxiety, depression, workplace bullying, sexual harassment, limited opportunities for hiring and promotion, and discriminatory and transphobic behaviours from coworkers and customers (Agnihotri & Bhattacharya, 2020; Hadjisolomou, 2021; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; White Hughto, Reisner, & Pachankis, 2015).

## Sources of Stigma and Their Consequences in the Workplace

### *Gender*

In the modern society, a binary gender system (male and female) has been derived from biological sex characteristics (e.g. chromosomes and genitalia) and reinforced throughout the history (West & Zimmerman, 1987). Being perceived as a man or a woman in the workplace significantly influences work experience due to systematic gender inequality and persistent stereotypes (Dozier, 2017). Previous research suggests that employed women are stigmatized when engaging in stereotypically masculine behaviour and performing stereotypically male tasks (i.e. leadership) and thus can be negatively evaluated (Davison & Burke, 2000; Heilman, Wallen, Fuchs, & Tamkins, 2004). Similarly, stigma attached to women spills over to more masculine sex-typed jobs, so that women are perceived less suitable for positions in IT, science, technology, engineering and mathematics (Bennett et al., 2019; Ryan et al., 2020). Further, gender stereotypes stigmatize female employees as being more naïve, more communal (i.e. helpful and gentle), less rational, less competent and having less business sense compared to male employees (Coward & Darke, 2014; Hill, Upadhyay, & Beekun, 2015).

At the individual level, stigma of women at work may result in ostracism in the workplace, discrimination, diminished well-being, decreased physical and mental

health, limited hiring and promotion opportunities, workplace bullying and even sexual harassment (Johnson, Sitzmann, & Nguyen, 2014; Li, Kokkoris, & Savanic, 2020; Madera & Hebl, 2012). At the organizational level, gender stigma can lead to systematic pay inequality (pay gap for women performing equal work compared to men), toxic organizational culture and the lack of women in leadership positions. These stigma consequences can be long-lasting and detrimental for women's careers as well as contribute to systemic inequality (Lamont, 2018). At the societal level, gender stigma leads to heavily biased policies and enforcement practices, enforces gender inequality, strengthens gendered institutions and increases economic inequality (see Table 1).

Having a gender identity that differs from one's sex assigned at birth is perceived as 'being other' in the modern society, while cisgender people are seen as the norm (Link & Phelan, 2006). Stigma attached to transgender and gender diverse individuals has been well documented at the individual level. For example, gender diverse individuals can be denied employment and promotion opportunities, experience high levels of discrimination and harassing behaviours, are often exposed to hate speech, and have increased levels of psychological stress, fear, and anxiety (Puckett, Maroney, Wadsworth, Mustanski, & Newcomb, 2020). In addition, intersectionality plays a significant role in the process and experience of stigmatization. For instance, transgender women of colour experience higher levels of discrimination compared to their White counterparts (James, Brown, & Wilson, 2017). At the societal level, the systemic long-term oppression of gender minorities through the laws, policies and community mores reflects stigma toward gender diverse people (White Hughto et al., 2015). The consequences of this stigma include a restricted access to healthcare for transgender and gender diverse people, a lack of trained medical professionals to tend to their needs, and a lack of equal protections under the law (White Hughto et al., 2015).

### ***Race and Ethnicity***

As many individuals consciously or unconsciously use specific markers of racial classification (one's skin colour, hair texture or facial bone structure) in their social interactions with others, racial stigma is a common experience for representatives of culturally or historically underrepresented groups (Harris, Evans, & Beckett, 2011; Loury, 2005). The consequences of racial stigma at the individual, organizational and societal level are perpetuated by the historic development and negative stereotypes about racial and ethnic minority groups prevalent in our society (Loury, 2005). Overall, women of colour experience multiple stigmas in the workplace, which limits their access to work opportunities and makes moving up to roles of leadership even more difficult. Similarly, ethnicity can be a source of stigma for women in the workplace. For example, women applicants with a migration background are less likely to be invited for a job interview (Weichselbaumer, 2020).

At the individual level, racial and ethnic stigma has been associated with negative outcomes, such as bullying in the workplace, everyday discrimination,

Table 1. Sources of Stigma and Its Consequences.

Sources of Stigma	Consequences of Stigma		
	At the Individual Level	At the Organizational Level	At the Societal Level
Gender	Ostracism, discrimination, diminished well-being, decreased physical and mental health, limited hiring and promotion opportunities, workplace bullying, mental health	Discrimination, lack of underrepresented groups, structural pay inequality, biased organizational policies, toxic organizational culture	Biased policies and enforcement practices, gender inequality, social inequality
Race and ethnicity	Ostracism, workplace bullying, everyday discrimination, racism, physical and mental health	Discrimination, lack of underrepresented groups, limited opportunities for promotion and hiring, and structural pay inequality, biased organizational policies, toxic organizational culture, lack of resources and trainings on diversity and inclusion	Biased policies, gender inequality, social inequality, structural racism
Age	Discrimination, harassing behaviour towards younger women, patronizing behaviour towards older women	Discrimination, “girling” phenomenon for younger women, beauty standards imposed on older women, aging out of upper	Social inequality, underrepresentation of older workforce, increase in mental health conditions

Table 1. (Continued)

Sources of Stigma	Consequences of Stigma		
	At the Individual Level	At the Organizational Level	At the Societal Level
Childbearing-age	Stereotyping, discrimination, decreased work-life balance, lower performance evaluations, lack of resources for childcare, opting out of workforce	management for older women, toxic organizational culture Discrimination, lack of policies for parental leave, toxic organizational culture	Social inequality, lack of work-life balance unattainable, mothers opting out of workforce
Physical appearance	Social exclusion, increased objectification, self-objectification, decreased self-esteem	Discrimination, toxic organizational culture	Social inequality
Mental health	Decreased self-esteem and self-efficacy, decreased job performance, discrimination, social decreased quality of life, physical health	Discrimination, fear, isolation, lack of resources, pay inequality	Social inequality, strain on healthcare systems, increase in deaths (suicide)
Flexibility	Discrimination, lower performance evaluations, compounded discrimination for working mothers	Discrimination, increased stressors, isolation, toxic organizational culture	Social inequality, gender pay gap

social exclusion, low job performance, poor mental health, high levels of stress and poor cardiovascular health (Frost, 2011; Hatzenbuehler, 2009; Smart Richman, Pek, Pascoe, & Bauer, 2010). At the organizational level, racial and ethnic stigma lead to the lack of underrepresented groups in leadership roles, intersectional discrimination, limited opportunities for promotion and hiring and structural pay inequality. The implications of racial and ethnic stigma at the societal level contribute to systemic inequality, structural racism and even mass genocide (Harris et al., 2011; Lamont, 2018). Although recent movements (e.g. Black Lives Matter) aimed to make racial stigma more visible, racism and structural inequality remain one of the major barriers for advancement of people of colour and other ethnic minorities in the workplace (Zhang et al., 2021) (see Table 1).

The process of stigmatization is influenced by the intersection of gender and race. Black, Hispanic and Asian American women experience stigma differently depending on the stereotypes activated in context for each demographic (Mohr & Purdie-Vaughns, 2015). For example, in a recent review by Hall et al. (2015), Black women applicants were marked as more suitable for masculine-typed jobs, such as security officer, and less suitable for feminine-typed jobs, such as a librarian position. The effect was the opposite for Asian women applicants, despite the fact that the Asian and Black applicants in this study had identical resumes. Thus, the gender of a person's race – known as gendered race (Galinsky et al., 2013) – affected perceived fit in stereotypically masculine and feminine jobs.

Williams (2014) investigated women of colour working in STEM and found out that each demographic group (Black women, Asian women and Hispanic women) held distinctive concerns based on perceived stigmas. While Black and Hispanic women were more concerned about proving their competence, Asian women did not report any concerns about this stigma. This can be due to the stereotype that Asians are primarily considered to be competent in STEM (Shih, Pittinsky, & Ambady, 1999; Steen, 1987). In contrast, Blacks and Hispanics are stereotyped as being unintelligent in STEM (Steele, 1997; Williams, 2014). Asian and Hispanic women expressed having more difficulty with the expression of their femininity in the workplace, while Black women did not report this. This can be explained by the stigma that Asian and Hispanic women are considered to be more servile and submissive. Lastly, Hispanic and Black women were concerned about balancing career and motherhood, while Asian women did not report this concern. The stigma attached to Hispanic and Black women as having large families and more children compared to Asian women may serve as an explanation here.

### *Age*

Age stigma and ageism appear to be factors gaining increased attention in businesses and organizations given the demographic trend of a rapidly aging workforce in western societies (Jyrkinen, 2014). Age stigma become increasingly relevant in terms of recruitment, selection, training, promotion, evaluation and retainment of employees (Perry & Parlamis, 2006). According to Goffman (1963),

there are three categories of stigma: physical marks, blemishes of individual character, and group membership. Chasteen and Cary (2015) define age stigma by clarifying how each of these categories of stigma is relevant to older adults. In particular, signs of physical aging (grey hair, wrinkles, age spots, etc.) may be perceived as physical marks and judged negatively in today's youth-driven culture (Schoemann & Branscombe, 2011). Stereotypes against older adults as a group are common (e.g. the stereotype of incompetence) (Kite, Stockdale, Whitley, & Johnson, 2005; Krings, Sczesny, & Kluge, 2011) and forgetfulness in older workers may be stigmatized as a sign of dementia or mental incompetence (Erber, Szychman, & Rothberg, 1990; Richeson & Shelton, 2006).

Although age stigma is usually associated with older people, it can also relate to younger individuals, especially to younger women in the workplace. Previous research suggests that women experience more age-based discrimination compared to men (Duncan & Loretto, 2004). In addition, Granleese and Sayer (2006) find that employed women have to deal with multiple types of discrimination, based on the intersection of age, gender and physical appearance. Jyrkinen (2014) conducted a qualitative study by interviewing senior-level female managers in Finland and found that many of them have been treated like 'girls' early on in their careers by male colleagues and superiors and were passed over for chances at career advancement while being childbearing-aged, even if they were not pregnant. Those that were pregnant were looked over and opportunities were instead rewarded to younger male colleagues. In addition, older female managers reported the need to look young compared to their male counterparts. While older, grey-haired men were considered to be competent, distinguished and wise, older women needed to look young in order to be perceived as a competent and qualified senior-level manager (Jyrkinen, 2014).

Due to age stigma, older workers are often perceived to be less employable, less capable to perform the task at a high level, even though there is little evidence to support this idea (Cebola, dos Santos, & Dionísio, 2021; Posthuma & Campion, 2009). At the individual level, age stigma can lead to lower performance, a heightened cardiovascular response, decreased self-esteem, declined well-being, discrimination, patronizing behaviour towards older women, and harassing behaviour towards younger women (Latcheva, 2017; Levy, Hausdorff, Hencke, & Wie, 2000; Richeson & Shelton, 2006). At the organizational level, the consequences of age stigma include discrimination, pay inequality, 'beauty standards' imposed on older women, and aging out of job positions for older workers (Cebola et al., 2021; Jyrkinen, 2014). At the societal level, age stigma can have long-lasting effects and contribute to social inequality, reduction in presence of a female workforce, and increase in mental health conditions due to unattainable requirements.

### ***Childbearing Age***

Bringing a child into the world is thought to be one of life's most precious gifts. However, stigmatization of working women of childbearing age seems



unavoidable (Gonçalves, 2019). According to Greenberg, Ladge, and Clair (2009), women who decide to have a child and take time away from work are stigmatized as being less serious about their career, limiting themselves from achieving work success, and even committing career suicide. Visibly pregnant women applying for jobs tend to face greater hostility and be evaluated as less hireable and promotable compared to non-pregnant applicants (Cunningham & Macan, 2007; Hebl, King, Glick, Singletary, & Kazama, 2007; King & Botsford, 2009). Remarkably, the stigma of childbearing age is applied not only to women who have children or are pregnant, but also to those who do not choose to have children, but remain of childbearing age (Lisle, 2014).

Trump-Steele, Nittrouer, Hebl, and Ashburn-Nardo (2016) conducted a study on childbearing-age workers and their associated stigmas by investigating women who are (1) not pregnant and do not plan to have children, (2) not pregnant but plan to have children, (3) pregnant with their first child, (4) pregnant and have at least one child and (5) have at least one child with no plans of more children. Their results suggest that each group experiences stigma in different ways. Women in the first group were stigmatized as being cold, less sensitive, less loving and less likely to have fulfilling lives compared to women with children (Jamison, Franzini, & Kaplan, 1979; Vinson, Mollen, & Smith, 2010). Although women in the second group faced uncomfortable questions in regards to their family plans, they were most likely to be hired and promoted (Cuddy, Fiske, & Glick, 2004). This group was perceived to be more flexible, more able to work longer hours, and take on more responsibility compared to women with children. Women in the third and fourth groups faced the most discrimination in the workplace (Trump-Steele et al., 2016). Women in the fifth group were perceived as warmer and more communal but less competent compared to women without children.

Notably, the stigma of menstruation or the stigma of menopause can also be a reason for discrimination, embarrassment and inappropriate humour (Hardy, Griffiths, Thorne, & Hunter, 2019; Zaman & Mohiuddin, 2021). This is especially applicable in the male-dominated workplace environment (Hardy et al., 2019). Table 1 illustrates the consequences of the stigma of childbearing age and includes discrimination against pregnant and working mothers, a lack of policies for parental leave, a lack of resources for childcare, social inequality, decreased work-life balance and opting out of workforce.

### *Physical Appearance*

On the one hand, physically attractive professional women can be stigmatized due to their appearance, especially when applying for stereotypically masculine jobs, which is known as ‘the beauty is beastly’ (Johnson et al., 2014, 2018). In addition, the stigma of physical attractiveness may lead to greater same-sex competition and thus to lower evaluations in different contexts, such job interviews, performance reviews and salary negotiations (Agthe & Spörrle, 2009; Agthe, Spörrle, & Maner, 2011). Physical attractiveness of a professional woman may also increase her likability to become a target of objectification, self-objectification and sexual

harassment (Johnson, Keplinger, Kirk, & Chan, 2018). On the other hand, professional women who are overweight or obese can be stigmatized as unhealthy, less competent and lazy (van Amsterdam & van Eck, 2019). The consequences of stigma of physical appearance include decreased self-esteem, discrimination and social exclusion (see Table 1).

### ***Mental Health***

Mental health stigma is a form of social stigma attached to individuals having a mental illness (Sickel, Seacat, & Nabors, 2014). The pandemic of COVID-19 has substantially worsened mental health conditions, where some countries have seen a two-fold increase of workers experiencing depression and anxiety (Mental Health-OECD, 2021). Depression is a common mental disorder and is estimated to affect 5% of adults globally, with women being more affected than men (GHDx, 2019). Although one in every two people may experience mental illness in their lifetime, 67% of people say they are not receiving the mental health support they need (Mental Health-OECD, 2021). This could be largely due to the attached mental health stigma, which makes it difficult for individuals to disclose or even seek help in fear of being ‘outed’ and discriminated against.

At the individual level, mental health stigma decreases one’s self-esteem and self-efficacy, interferes with a worker’s ability to perform and function within the workplace, increases the likability of everyday discrimination and social exclusion, decreases one’s quality of life, and negatively impacts physical health (Adewuya, Owoeye, Erinfolami, & Ola, 2011; Bahm & Forchuk, 2008; Fung, Tsang, Corrigan, Lam, & Cheung, 2007; Lundberg, Hansson, Wentz, & Bjorkman, 2008; Thornicroft, Brohan, Rose, Sartorius, & Leese, 2009). At the organizational and societal level, the consequences of mental health stigma include discrimination, pay inequality, unfair employment practices, lack of resources, social inequality, strain on healthcare systems and increase in deaths (suicide) (see Table 1).

### ***Flexibility***

When people think of a high-status professional or someone who works in the C-Suite, one could imagine that their work requires around-the-clock availability. To demonstrate a high level of commitment and performance, executives invest a lot of time in their work (Stone & Hernandez, 2013). A stereotypical model for work is structured around gender, with men being the breadwinners and women being the stay-at-home caregivers (Stone & Hernandez, 2013; Williams, 2000). However, businesses and organizations now offer flexible work schedules, aimed primarily at women and working mothers, due to the nature of their added caregiving responsibilities. The pandemic of COVID-19 accelerated the development of this new working model. Although the flexible model is perceived as beneficial for women in the workplace, it has created a new stigma. Flexibility stigma refers to negative evaluations received by workers who use flexible

working schedules to manage work and family responsibilities as they are perceived as less productive and less committed to the workplace (Chung, 2020).

Epstein, Seron, Oglensky, and Saute (1999) conducted a study on part-time working lawyers and found that law firms use billable hours as proxies for workers' ambition, competence, and commitment. The results suggest that female lawyers were stigmatized due to the flexible working model deemed to violate professional norms and due to their gender (Epstein et al., 1999). Previous research shows that workers using flexible schedules are perceived to generate more work for others in the workplace and to have a lower chance for promotion (Chung, 2020). In addition, a recent study on flexibility stigma with workers in the UK suggests that men are likely to discriminate against flexible workers, while women, especially working mothers, are more likely to suffer from this discrimination (Chung, 2020). Working mothers face a double jeopardy of stigma. If they choose a flexible schedule in order to care for their children, they are perceived to be not committed to their work and burdensome to their colleagues. However, if they choose to work full-time, they are perceived as being cold and putting career before their children.

The consequences of flexibility stigma include lower performance evaluations, discrimination, increased stress, and decreased mental health at the individual level. At the organizational level, flexibility stigma may contribute to the lack of women in top leadership positions, deficient policies for parental leave, and difficulties to re-entry the workforce after staying at home with children. At the societal level, flexibility stigma may enforce social inequality and gender pay gap (see Table 1).

## Conclusion

Social stigma matters, especially for women in the workplace. This chapter offers a unique contribution by analysing the most common sources of stigma for professional women as well as possible intersections of different types of stigma. The consequences of stigma are long-lasting and encompass all areas of women's lives: from physical and mental health through work commitment and job performance to one's quality of life. A more nuanced understanding of stigma consequences at the individual, organizational and societal level will help researchers and practitioners to come up with better strategies on how to reduce negative impact of stigma on particular demographic groups in the workplace.

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