



A mediation model analyses of employment discrimination against people living with HIV/AIDS in south western Nigeria

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Thesis submitted for the degree Doctor of Philosophy in Health Sciences with Psychology at the North-West University

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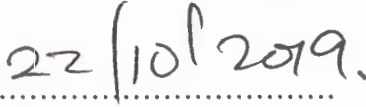
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CERTIFICATION

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DECLARATION

I declare that this thesis, titled “A mediation model analyses of employment discrimination against people living with HIV/AIDS (PLWHA) in South Western Nigeria” has not been submitted by me for any degree at this or any other university; that it is my own work in design and execution, and that all materials contained in this work have been duly referenced and acknowledged.

I further declare that the ethical principles and procedures specified in the North West University Human Research Ethics document on Human Research and Experimentation have been adhered to in the presentation of this thesis.

Name and Signature MA Ofili Date 22/10/19

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANOVA	Analysis of Variance
EI	Emotional intelligence
HIV	Human Immunodeficiency Virus
NACA	National Agency for the Control of AIDS
PLWHA	People Living with HIV/AIDS
UNAIDS	United Nations Programme on HIV/AIDS

ABSTRACT

OBJECTIVE: This study, titled A mediation model analyses of employment discrimination against people living with HIV/AIDS(PLWHA) in South western Nigeria investigated the relationship between each of independent variables(Personality type, Emotional Intelligence and demo-organizational factors) and the dependent variable of employment discrimination and also the mediating influence of stigma on on these independent variables while predicting employment discrimination of PLWHA in South Western Nigeria. It further investigated the relationship between psychosocial variables of personality traits based on the Big Five model comprising of extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience and emotional intelligence and demo-organizational factors comprising of gender, age, and marital status.

METHOD: The study utilized a cross-sectional survey research design adopting proportionate and simple random sampling techniques, 1112 workers (employers) from public and private sector organizations in the region of interest were selected. The participants had mean age of 38.7 (SD 9.89), 50.54% of the respondents were females while 49.46% were males, 68.26% of respondents were married, 27.79% of the respondents were single while 3.96% were divorced. For the ranks/positions of respondents within the organization, figures show that 58.72% belongs to the management cadre/rank, 31.83% belongs to the junior cadre/rank, while 9.44% belong to the executive cadre/rank (C-suite). For the state/location of work, the figure shows that 36.51% were from Lagos State, 16.55% from Ogun State, 10.52% from Ondo State, 10.97% from Osun State, 16.01% from Oyo State, and 9.44% from Ekiti State.

Eleven hypotheses were tested using process macro, univariate analysis of variance, simple linear regression and Pearson's Product Moment Correlation coefficient. SPSS version 25 was deployed in the analysis of the research data

RESULTS: From the result of this study, it was observed that openness to experience has a moderate positive significant linear relationship with emotional intelligence ($r = .30$, $p < .000$), conscientiousness has a weak significant linear relationship with stigma ($r = .20$, $p < .001$) and perceived discrimination ($r = .22$, $p < .001$). Agreeableness has a strong weak significant linear relationship with emotional intelligence ($r = .20$, $p < .000$), and strong but negative significant linear relationship with perceived discrimination, extraversion has a weak positive significant linear relationship with emotional intelligence ($r = .22$, $p < .000$), neuroticism has a weak positive significant linear relationship with stigma ($r = .20$, $p < .000$),

The result also showed significance $F(1, 1110) = 56.50, p < .001$ in testing whether conscientiousness exert effect on employment discrimination against PLWHA and further showed that main effect of conscientiousness on employment discrimination is statistically significant ($\beta = 1.356; t = 7.517; p = < .0001$). The result furthermore showed significant effect of agreeableness on perceived employment discrimination; $F(1, 1110) = 7.410, p < .001$ and that agreeableness has a statistically significant effect (negative) on perceived discrimination ($\beta = -0.519; t = -2.722; p = < .0001$). Neuroticism equally has a significant effect on employment discrimination $F(1, 1110) = 63.28, p < .001$ and a statistically significant effect (negative) on employment discrimination ($\beta = 1.468; t = 7.955; p = < .0001$). Emotional intelligence also has a significant effect on employment discrimination and a statistically significant effect (negative) on perceived discrimination ($\beta = -0.039; t = -2.274; p = < .0001$).

On the mediating effect of stigma on employment discrimination, for a' path, the predictive effect of conscientiousness on stigma is significant ($\beta = 1.45, p < .001$) while neuroticism is not significant ($\beta = 0.45, p = ns$). On the b' path, the predictive effect of stigma on employment discrimination is significant ($\beta = 1.58, p < .001$) and for the c' paths, the predictive effect of conscientiousness on employment discrimination is significant ($\beta = 1.58, p < .001$), agreeableness is significant but negative ($\beta = 0.854, p < .001$), neuroticism is also significant ($\beta = 1.382, p < .001$) but emotional intelligence on employment discrimination is not significant ($\beta = -0.024, p = ns$). There was no significant difference in employment discrimination on the basis of gender $F(1, 1110) = 0.575, p = ns$ and based on marital status: $F(2, 1109) = 0.906, p = ns$.

CONCLUSION: The outcome of this study indicates that stigma mediates in the relationship between some psychosocial variables and that these psychosocial variables independently influence employment discrimination against PLWHA. The result also indicated that demo-organizational factors such as rank, location of workplace and organizational policy predict employment discrimination against PLWHA.

Key words: Employment discrimination, personality type, emotional intelligence, demo-organizational factors and people living with HIV/AIDS, Stigma and mediation.

**TERMS COMMONLY USED WITH REGARD TO HIV STIGMA AND
DISCRIMINATION**

Term	Definition	Example(s)
Stigma	A personal attribute, mark, or characteristic that is socially devalued and discredited	HIV, drug use, sex work, sexual minority, racial/ethnic minority, female gender, poverty
Prejudice	Negative emotions and feelings felt toward stigmatized people	Feelings of disgust, anger, and fear toward PLWHA
Stereotype	Group-based beliefs about stigmatized people that are applied to stigmatized individuals	Beliefs that PLWHA are promiscuous, dangerous, self-inflicting, and immoral
Discrimination	Behavioural expressions of prejudice directed toward stigmatized people	Social rejection of, violence toward, refusal to employ, and refusal to medically treat PLWHA
Enacted stigma	Experiences of prejudice, stereotyping, and discrimination by stigmatized people	Experiences of social rejection, violence, employment discrimination, and medical discrimination by PLWHA
Anticipated stigma	Expectations of experiencing prejudice, stereotyping, and discrimination in the future by stigmatized people	Expectations of social rejection, violence, employment discrimination, and medical discrimination by PLWHA
Internalized stigma	Endorsement of negative beliefs and feelings associated with stigma by stigmatized people	Feelings and beliefs of PLWHA that they are disgusting and immoral

(Earnshaw & Kalichman 2013).

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

HIV/AIDS is a global phenomenon, and there is a growing body of scientific evidence that discrimination in various contexts of everyday life represents the reality for many people living with HIV/AIDS. Individuals living with HIV/AIDS not only have to live with their primary health condition but may also face discrimination in terms of finding employment, keeping jobs and career progression. In workplaces, employers (here referred to as recruitment managers) are considered to be a key power group whose practices can significantly impact the adjustment and recovery of people living with HIV/AIDS (PLWHA), thus actions taken by workplace recruitment managers against staff or applicants living with HIV/AIDS have a great impact on the labour force and in the fight to mitigate the impact of the disease condition.

Discrimination can be described as forms of negative actions against an individual based on his/her sexual orientation, membership of a race, gender, religious belief, nationality, disability, and age (Allport, 1954; Dovidio & Gaertner, 2004). Employment discrimination occurs when individuals, institutions, or governments treat people differently because of their personal characteristics such as race, gender, health status (HIV positive) or sexual orientation rather than their ability to perform their job. These actions have a negative impact on access to jobs, promotions, or compensation (Mor-Barak, 2005).

People living with HIV/AIDS face discrimination within the workplace on a daily basis; during the recruitment process, for promotion to new positions or benefitting from welfare packages. In many cases, they are denied access to benefits such as housing loans, insurance policies and medical benefits because of their HIV status. In workplaces, PLWHA are also discriminated against by their employers and their co-workers, and this is prevalent in societies around the world. Employment discrimination at work against PLWHA can take the form of being fired when a person's HIV status is discovered, not given promotion, or denied the same benefits that HIV negative employees enjoy. Sometimes workplace managers may even refuse to accept applications from or employ PLWHA.

Employment discrimination against PLWHA is one of the most pervasive of human rights violations, denying PLWHA equity, security, dignity, equality, the right to enjoy

fundamental freedoms, and damage to their psychological well-being (Betrand & Duflo, 2016; Monjok, Smesny, & Essien, 2009; National Agency for the Control of AIDS [NACA], 2016; Olley, Adebayo, Ogunde, Ishola, & Ogar, 2017; Sedibe & Goosby, 2013; Sprague, Simon, & Sprague, 2011; Vetter, 2009). Employment discrimination against PLWHA is widespread globally and it includes termination of appointment, pre-employment medical testing requirement, or tactical forceful disclosure of status and segregation in the workplace, and this most likely affects the full integration of PLWHA into society and ultimately the inability to gain employment, which has an impact on their ability to take care of their needs and those of their dependants (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012).

Nigeria is not exempt from this global crisis of employment discrimination against PLWHA in the workplace. Scholars and victim advocates indicate that many PLWHA in Nigeria are victims of employment discrimination. In Nigeria, many PLWHA experience difficulty in acquiring employment when their HIV status is disclosed. The available statistics indicate that 45% of PLWHA in Nigeria had lost their job or source of income during the previous 12 months as a result of their HIV status alone (GNP+, 2012).

HIV/AIDS spreads throughout the world, and despite the increasing awareness that discrimination in any form against PLWHA must be addressed in policies and programmes aimed at reducing HIV/AIDS, employment discrimination continues to be a prominent issue facing PLWHA in many countries across the globe (Deacon & Boule, 2006). Such discriminating attitudes and responses can be a formidable problem for PLWHA in employment and work settings. At present, the extant solution to the problem of employment discrimination against PLWHA in workplaces in Nigeria has been sought in areas such as National Workplace Policy on HIV/AIDS, HIV/AIDS Anti-Discrimination Act, national orientation programmes, employment policies aimed at encouraging full employment of PLWHA and eradicating all forms of discrimination in workplaces (Omiunu, 2014), legal provisions etc. However, the researcher felt that the answer may lie in another field – the personal characteristics (i.e., personality traits and emotional intelligence) of workplace managers who are empowered on behalf of the organisations to employ and determine organisational policies, because the behaviour of individuals is partly a product of their personal characteristics (Beer & Brooks, 2011).

It is a truism that human capital is a nation's most important and valuable asset in sustaining its competitiveness in the increasingly globalized economy. Hence, full participation of all citizens from diverse backgrounds in the workforce is, therefore, critical to building a strong economy and a nation's prosperity. Unfortunately, the high jobless rate of PLWHA in Nigeria constitutes serious evidence of the existence and persistence of employment discrimination. Researchers (Betrand & Duflo, 2016) have attributed the persistence of employment discrimination against PLWHA and its negative impact on employability to a variety of factors. For many people, HIV positive status is associated with fear of infecting others, low or no energy to work, falling sick regularly and needing permission for medication, attributions that translate in employers' minds to outcomes such as poor performance, absenteeism, and unsafe personal contact. Workplace managers may also have the concern about the perceived high costs of maintaining PLWHA and the reactions of co-workers demanding special consideration, resulting in loss of control by front-line supervisors.

If many PLWHA have limited employment opportunities due to discrimination, it becomes extremely important to understand the dynamics of such a phenomenon in more detail. Although workplace managers are considered to be key stakeholders when it comes to employment-related matters, and their practices can significantly impact the employment opportunities of PLWHA, their disposition towards hiring PLWHA in Nigeria have rarely been studied. For this reason, this investigation addressed the disposition towards employment discrimination against PLWHA among workplace managers in South West Nigeria. Moreover, little attention has been focused on the influence of the Big Five Personality traits and emotional intelligence on employment discrimination against PLWHA among workplace managers in South West Nigeria. Nevertheless, there is limited evidence of the perception of employees and employers regarding HIV/AIDS-related stigma and discrimination in the workplace. Also, there are sparse studies, if any, that investigate the mediatory role of stigma in the relationship between Big Five Personality traits (openness to experience, conscientiousness, extraversion, agreeableness, and emotional stability) and employment discrimination against PLWHA among workplace managers in South West Nigeria. There are limited empirical studies that investigate the mediatory role of stigma in the relationship between emotional intelligence and employment discrimination against PLWHA among workplace managers in South West Nigeria. Therefore, understanding the personal characteristics of workplace managers that influence their

behavioural intentions towards employment discrimination against PLWHA is necessary, because excluding PLWHA from the work settings can have a significant impact on the economy of the societies in which PLWHA live, and poses a threat to their full integration into social life and their general well-being.

1.2 Personality traits and employment discrimination against PLWHA

Personality refers to a combination of qualities or enduring pattern of traits and characteristics that make one person different from others, as shown by the way the person thinks, feels, and behaves (American Psychological Association). McCrae and Costa (1990) defined personality as an individual's unique, relatively enduring pattern of thoughts, feelings, motives, and behaviours. The Big Five Factor Model of personality indicates the five basic traits of human personality. These five traits classify personality into Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to experience. Extraversion pertains to the tendency to be self-confident, dominant, active, and excitement-seeking, talkative, and sociable (Costa & McCrae, 1992). Individuals high in extraversion tend to be spontaneous, enjoy social interaction, outspoken, energetic, enthusiastic, talkative, assertive, and gregarious. They take pleasure in activities that involve large social gatherings, such as parties, community activities, public demonstrations, and business or political groups. Those low on this trait are predominantly concerned with and interested in their own mental life. They tend to be more reserved and less outspoken in large groups. They often take pleasure in solitary activities such as reading, writing, music, drawing, playing video games, watching movies and plays and using computers, along with some more reserved outdoor activities such as fishing. They are more analytical before speaking. Based on the individual differences in extraversion, and particularly because employment discrimination occurs in social settings, extroverts who are impulsive, seeking novelty, carefree and emotionally expressive, and less self-conscious are more likely to exhibit employment discrimination against PLWHA.

Agreeableness refers to the extent that an individual is likeable, understanding, and diplomatic (Pervin, 1993). Individuals who are high on agreeableness tend to exhibit traits such as self-sacrifice, helpfulness, caring, tenderness, politeness, flexibility, generosity, supportiveness, mercifulness, kindness, open-mindedness, calmness, and sincerity while those low in agreeableness tend to show hostility, indifference to others, self-centeredness, and non-compliance. Regarding employment discrimination, individuals who are low in

agreeableness are more likely to behave in ways that will discriminate against PLWHA in terms of employment. This explanation points to the negative relationship between agreeableness and employment discrimination.

Conscientiousness is the personality trait of a person who shows an awareness of the impact that their own behaviour has on those around them. Conscientious individuals are generally more goal-oriented in their motives, ambitious in their academic efforts and at work, and feel more comfortable when they are well prepared and organised (McCrae & Costa, 1991). Individuals scoring high on this trait tend to be more empathic towards other people (Melchers et al., 2016). People who are low in conscientiousness trait tend to engage in impulsive behaviour and are more disorganised. Instead of thinking through an action to its conclusion, they may act spontaneously. With regard to employment discrimination against PLWHA, it can be argued that because highly conscientious people are mindful of those around them, from friends and family to co-workers and even strangers or job applicants, and they feel a sense of duty towards others, they are conscious of the first impression that they make on others when they meet new people, and aware of the effect that their words and actions have on people in everyday situations, thus highly conscientious people will take care not to inadvertently offend or upset PLWHA by either their words or discriminatory actions. Therefore, in the present study, it is expected that conscientiousness will be negatively related to employment discrimination against PLWHA among recruitment managers

Neuroticism signifies individual tendency to experience negative, distressing emotions and to possess associated behavioural and cognitive traits. Those high in neuroticism have traits such as being easily annoyed, stressed, resentful, unsociable, nervous, embarrassed, uncertain, doubtful, apprehensive, and irritable, have low self-esteem, social anxiety, poor inhibition of impulses, and helplessness (Costa & McCrae, 1987). In general, individuals who are high in neuroticism tend to set extremely high goals for themselves and tend to underestimate their own performance (Eysenck, 1947). Individuals who are low in neuroticism are usually calm, even-tempered, and relaxed. They can handle stressful situations without getting upset (Costa & McCrae, 1992). It is expected that those individuals who are low in neuroticism will be more relaxed and tolerant towards PLWHA. This trait can make them be more tolerant of PLWHA and discriminate less against them.

Thus, a negative relationship will exist between neuroticism and employment discrimination against PLWHA among workplace recruitment managers.

Openness to experience trait relates to a propensity of individuals to adjust beliefs and behaviours when exposed to new types of information (John, 1990). Those high on this dimension are cultured, more broad-minded and open to new ideas (McCrae, 1987), creative, urbane, inquisitive and motivated to seek variety and external experience. Individuals scoring low tend to be less inclined to consider alternative opinions and are more steadfast in their own beliefs (John, 1990) making them more likely to rely upon information that is familiar and conventional (McCrae & Costa, 1997). Therefore, based upon the nature of the openness to experience trait and the processes involved in employment discrimination, it can be hypothesised that individual differences in openness to experience will influence a behavioural intention to discriminate employment against PLWHA among recruitment managers. Specifically, the decline in a willingness to try new things of those individuals low in openness to experience trait will influence their behavioural intention to discriminate employment against PLWHA whereas those individuals high in this trait will have more flexible, imaginative, and intellectually curious approach in dealing with information regarding PLWHA, and will be more willing to adjust their beliefs and behaviours when it comes to issues or new types of information regarding PLWHA.

1.3 Emotional Intelligence and employment discrimination against PLWHA

Emotional Intelligence (EI) refers to the ability or capacity to be aware of, control, express one's emotion, monitor people's feelings and emotions, differentiate among them, and to use this information to guide one's thinking and actions, and to handle interpersonal relationships judiciously and empathetically (Salovey & Mayer, 1990). Law, Wong, and Song (2004) also defined EI as the ability to express the individual's emotions in a natural way and to perceive and understand the emotions of other people around them. Emotional intelligence can help an individual to manage relationships in the workplace and function effectively as a team player. People with low emotional intelligence have difficulties working in a team, they have difficulties managing relationships, or handling emotions. They are sensitive, always think people are talking about them or people hate them or are planning evil for them. Therefore, people with low emotional intelligence are more likely to discriminate employment against PLWHA because they have a tendency to externalise their emotions and do not have a sophisticated understanding of how other people think and

feel whereas high levels of emotional intelligence can help people to curb employment discrimination against PLWHA.

1.4 Stigma mediating between personality traits and employment discrimination against PLWHA

Stigma is defined as a distinguishing mark establishing a demarcation between the stigmatized person and others who are attributing negative characteristics to this person (World Health Organisation, 2008). Nolan, McCarron, McCallion, & Murphy-Lawless, (2006) also defined stigma as a sign of disgrace or discredit which sets a person apart from others, or a societal reaction which singles out certain attributes, evaluates them as undesirable and devalues the person who possesses them, or some attributes or characteristics, that convey a social identity that is devalued in a particular social context. These definitions suggest that stigmatization is the process that can be attributed to rejection and disbelieving an individual on the basis of the devalued identity (Dovidio, Major, & Crocker, 2000; Hereck, 1999).

Stigma can be classified as an internalised and social or public stigma. An individual can internalize stigma when the person starts feeling that the negative perceptions of the people about him/her are right and that the individual deserves all this discrimination due to the stigmatised attribute that becomes personal identity (Link & Phelan, 2001). For instance, when PLWHA self-label themselves, internalize these labels and behave consonant with the label. Social or public stigmatisation is the process of developing the perception regarding a group of people due to some intolerable distinctiveness (like HIV/AIDS) by the common people. According to Pryor, Reeder, Yeadon and Hesson-McInnis (2004), there are implicit and explicit responses towards a stigmatized individual like the stigmatized condition of the PLWHA, then the non-stigmatized person gives the implicit response that is the impulsive reaction; but afterwards the person will show an explicit response towards the stigmatized condition that basically results after the thinking process that can further enhance the devaluation or create empathy for the stigmatized individual. Public stigma initiates the internalized stigma by the devaluation of the individuals who have the stigmatized attribute so that they feel as worthless as perceived (Vogel, Bitman, Hammer, & Wade, 2013).

Stigmatization has both internal and external consequences and has a critical effect on peoples' quality of life, social and psychological well-being, as well as far-reaching

implications for the government and society. It causes stress, anxiety, discrimination, rejection and social exclusion, avoidance and difficulty in seeking employment and access to healthcare services (McKeever, 2006). HIV/AIDS stigma is attached to PLWHA and it must be noted that stigmatization enhances fear, prejudice and is a key factor in discriminatory and negative attitudes towards PLWHA. It can result in insults, rejection, being gossiped about and excluded from all social activities (Nkuna, 2016).

This study explores how stigma could be important for determining how personality traits could be related to employment discrimination against PLWHA among workplace recruitment managers. PLWHA often confront stigma related to their health condition, which manifests itself in employment or housing discrimination, emotional or physical abuse, abandonment, rejection, loss of intimacy, and the inability to form and sustain relationships (Adimora & Ayerbach, 2010). Modellers of the relationship of dispositional factors with stigma and perceived discrimination usually consider the main effects of personality variables on these outcomes (e.g., Sutin, Stephan, & Terracciano, 2017; Yuan et al., 2018).

Main effects of personality could occur because certain personality types may predispose individuals to react negatively to a stigmatized person and decrease the chance of employment, and the opposite may be true as well, in that certain personality traits may help prevent people from exhibiting such discriminatory intent against PLWHA. In this study, it is theorized that when workplace managers attribute negative stereotypes (i.e., HIV/AIDS stigma) to PLWHA, these negative stereotypes become undesirable characteristics which set PLWHA apart, which may evoke implicit (unconscious) negative attitudes, such as employment discrimination against PLWHA (Pryor & Reeder, 2011).

Although personality traits may emerge as influencing employment discrimination against PLWHA, this influence may depend in part on the undesirable characteristics (i.e., HIV/AIDS stigma) associated with PLWHA. This is because bearers of perceived stigma (e.g., PLWHA) are believed to display undesirable visible characteristics (Crocker, Major, & Steele, 1998; Goffman, 1963; Jones & French, 1984) which can cause the perceivers (e.g., workplace managers or employers) to feel a sense of uncertainty, discomfort, anxiety or even danger during social interactions (Blascovich, Mendes, Hunter, Lickel & Kowai-Bell, 2001), and eventually motivates employment discriminatory practices against PLWHA. In the present study, the mediating hypothesis of the role of stigma in the relationship between

personality traits and employment discrimination against PLWHA among workplace is plausible.

1.5 Stigma Mediating between Emotional Intelligence and employment discrimination against PLWHA

Emotional intelligence is defined as the ability to express the individual's emotions in a natural way and to perceive and understand the emotions of other people around them (Law et al., 2004). It encompasses an individual's ability to perceive, interpret, and regulate others' and one's own emotions (Augusto-Landa, Pulido-Martow, & Lopez-Zafra, 2011). By its definition, EI is expected to be related to social functioning (Kotsou et al., 2011), such that individuals with increasing EI are able to tolerate negative emotions that are often associated with HIV/AIDS and PLWHA. EI is expected to influence stigma; when workplace managers are presented with the stimulus of HIV/AIDS-related stigma of PLWHA, they are expected to first perceive their own emotional responses to HIV/AIDS, and then to then correctly interpret the emotional responses from PLWHA. After that, workplace managers are then expected to regulate their emotional responses in order to successfully navigate interactions with PLWHA.

Although EI may influence employment discrimination against PLWHA, people from stigmatized groups, such as PLWHA, may encounter employment discrimination among workplace managers despite their levels of emotional intelligence because of less familiarity and misconception of the prognosis of HIV/AIDS, resulting in workplace managers conveying an unoptimistic view about PLWHA who are employees or applicants.

1.6 Statement of the Problem

Despite the increasing awareness that discrimination in any form against PLWHA must be addressed in policies and programmes aimed at reducing the HIV/AIDS pandemic (Oshiname & Dipeolu 2011; Dipeolu & Oshiname 2012; Nwanna, 2011; Olalekan, Akintunde & Olatunji, 2014; Parker & Aggleton, 2002), and substantial changes in government workplace policies on HIV/AIDS, literature has shown that people living with HIV/AIDS continue to remain excluded from the world of work, and they are often viewed more negatively than normal people when a hiring decision is to be made (Lokulo-Sodipe, 2012). This implies that negative stereotypes of PLWHA abound in organizations and is an

unfortunate outcome of the HIV/AIDS scourge that is generating problematic consequences for both the organizations and PLWHA across varying societies.

Available evidence (e.g., Deacon & Boule, 2006) shows that PLWHA are more likely to be discriminated against than people with most other health conditions. Such discriminating attitudes and responses can be a formidable problem for PLWHA and have a constricting effect on the opportunities of people living with HIV/AIDS to achieve important life goals such as community living, ability to take care of their needs and those of their dependents (FMOH, 2003; Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012).

In Nigeria, the extant solution to the problem of employment discrimination against PLWHA in workplaces has been sought in areas such as the National Workplace Policy on HIV/AIDS, HIV/AIDS Antidiscrimination Act, national orientation programmes, employment policies aimed at encouraging full employment of PLWHA and eradicating all forms of discrimination in workplaces (Omiunu, 2014). However, Heineck and Anger (2010) reported the influence of an individual's personality on labour market outcomes (e.g., employment discrimination) but there are very limited studies that address the personal characteristics of employers that are related to employment discrimination against PLWHA. Thus it is very important to study the link between personal characteristics of employers and employment discrimination against PLWHA. Hence the first knowledge gap the study is going to address is a comprehensive analysis of the relationship of Big Five personality traits, and emotional intelligence, with employment discrimination against PLWHA among recruitment managers

According to Dovidio, Major, and Crocker (2000) and Hereck (1999), stigmatization is the process that can be attributed to rejection and disbelieving an individual on the basis of the devalued identity. Stigma is directed at people living with HIV/AIDS (PLWHA) because those with HIV or AIDS are perceived to be different, and therefore undesirable. Due to their HIV/AIDS status, PLWHA have often been associated with immorality and other practices. This perceived "difference has been manifested in various acts of discrimination that often accompanies stigma, thereafter directed towards specific groups or individuals who are perceived to be living with HIV/AIDS" (Parker & Aggleton, 2002).

Although the prevalent stigma against PLWHA is high, which has severe consequences on the physical, emotional and psychological well-being of PLWHA (Judge & Cable, 2011; White & Carr, 2005), there is still a dearth of literature on the mediatory role of HIV/AIDS

stigma between personal characteristics and employment discrimination against PLWHA among workplace managers, especially when it comes to PLWHA in Nigeria, because very little attention has been given towards this issue. It has been argued that more research on stigma is needed due to advancements and dynamism. Paetzold, Dipboye and Esbach (2008) and Judge and Cable (2011) reported in their study that there are very destructive effects of stigma in the work environment both for the organization and the people, yet the research on this issue has been neglected, which results in the dearth of knowledge about the impact of stigmatization in the workplace (Bento, White, & Zacur, 2012).

Extant literature on personal characteristics and employment discrimination against PLWHA among workplace managers has many omissions. This includes less research on the relationships of Big Five personality traits and emotional intelligence with employment discrimination against PLWHA among workplace managers in Nigeria. In addition, the literature has also not clearly delineated the mediatory role of stigma in the relationships of Big Five personality traits and emotional intelligence with employment discrimination against PLWHA among workplace managers in Nigeria. Moreover, the majority of existing studies focused on samples from developed countries, while employment discrimination against PLWHA is a problem of organizations in developing countries like Nigeria, but surprisingly the literature does not specifically provide a solution to the problem being faced by PLWHA in countries like Nigeria.

Therefore, this study aims to investigate predicting variables of employment discrimination against PLWHA among workplace managers in order to inform interventions to reduce such stigma and discrimination in employment settings in Nigeria.

According to the Americans With Disabilities Act of 1990 (ADA), which classified PLWHA among persons with disabilities and qualified them for detailed services, the same as other people living with disabilities, this was not limited to the provision of employment services through public vocational rehabilitation services (ADA, 1990) but with the improvement in longevity of PLWHA and disability standing of PLWHA, more PLWHA began to seek for employment, and successes in the job search may have enhanced the salient beliefs of PLWHA toward employment. Employment helps PLWHA to meet societal expectations and it rejuvenates self-respect and self-importance with an opportunity to increase one's skills, abilities, and confidence (Hergenrath, Rhodes & Clark, 2006).

1.7 Aims and Objectives of the Study

The first aim of this study is to examine the relationships of the Big Five personality traits and emotional intelligence, with employment discrimination against PLWHA among recruitment managers. The second aim of the study is to investigate the mediatory role of stigma in the relationships of the Big Five personality traits and emotional intelligence, with employment discrimination against PLWHA among recruitment managers

Specifically, the study sought:

1. To investigate the relationship of Emotional Intelligence (EI), personality traits, and perceived stigma with employment discrimination against PLWHA.
2. To examine the mediating role of perceived stigma in the relationship between Emotional Intelligence (EI) and employment discrimination against PLWHA.
3. To examine the mediating role of perceived stigma in the relationship between extraversion and employment discrimination against PLWHA.
4. To examine the mediating role of perceived stigma in the relationship between neuroticism and employment discrimination against PLWHA.
5. To examine the mediating role of perceived stigma in the relationship between agreeableness and employment discrimination against PLWHA.
6. To examine the mediating role of perceived stigma in the relationship between conscientiousness and employment discrimination against PLWHA.
7. To examine the mediating role of perceived stigma in the relationship between openness to experience and employment discrimination against PLWHA.

1.8 Relevance of the Study/Expected Contribution of the Study.

The present research is relevant in three areas. Firstly, this study is conducted on employment discrimination against PLWHA at the workplace so it will help in exploring the personal characteristics of the workplace managers that are drivers of employment discrimination against PLWHA. Also, the study will explore the mediatory role of stigma

in the relationship between personal characteristics and employment discrimination against PLWHA among recruitment managers. As indicated earlier, stigma is a challenge for PLWHA, so awareness of HIV/AIDS stigma is essential to support PLWHA so that they can be integrated into the world of work. All the people have the right to work in the appropriate setting, which includes fairness, safety and self-respect (Lloyd & Waghorn, 2007). By making the workplace managers more aware of these issues, stigmatization can be controlled at the workplace (Beatty & Kirby, 2006). So this study will help in understanding the associations of personal characteristics with employment discrimination and stigma against PLWHA among recruitment managers. Important findings emerging from this study have the potential to provide guidance on how specific issues and concerns pertaining to personal characteristics, employment discrimination and stigma against PLWHA can be appropriately addressed.

Secondly, the study will generate empirically based, locally relevant knowledge, which can help institutional environments, corporate organizations and relevant stakeholders in HIV/AIDS care prevent employment discrimination and stigma against PLWHA among workplace managers in South-West Nigeria, and by extension, other contexts with similar problems, and can be used to support employment of PLWHA.

Thirdly, in context, the mediatory role of stigma in the relationship between personal characteristics and employment discrimination against PLWHA is being studied for the first time in South-West Nigeria, specifically among recruitment managers. Social-cultural context is a very important factor in contributing to discriminatory behaviour and stigma process (Parker & Aggleton, 2003). Culture plays a very important role in shaping the stigma mechanism, because the stigma is culture-specific, and it varies across the different cultures of the world (Parker & Aggleton, 2003; Ogden & Nyblade, 2005; Vogel et al., 2013; Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011). The trend of characteristics causing stigmatization varies from culture to culture means that in one culture the factors causing stigma may not be considered as the cause in another culture (Clair, Beatty & Maclean, 2005). To understand the mediatory role of stigma in the relationship between personal characteristics and employment discrimination against PLWHA among workplace managers, and developing interventions for its control, a culturally specific study of stigma is required (O'Connor & Earnest, 2011). As this study is carried out in Nigeria, which is an African country, so it will be an addition in the context of stigma research.

Theoretical Contribution

Apart from the contribution of this dissertation to methodology and practice, the study also makes a contribution to the development of the extent of employment discrimination and stigma against PLWHA among workplace managers in Nigeria. Findings from the study will provide an understanding of how workplace managers' employment discrimination tendencies and stigma are influenced by their personal characteristics. This helps advance the literature on employment discrimination and stigma in Nigeria by paying attention to the subjective predictors of employment discrimination against PLWHA among recruitment managers

In addition, the result of this study will be of immense benefit to the field of psychology, especially research on employment discrimination against PLWHA among workplace managers as it will provide the missing link in the integration into the world of work-life and satisfactory career development of PLWHA, a model that has not been explicitly investigated by previous studies.

1.9 Scope of the Study

The scope of this study will be limited to the private and public sector employers, drawn from Human Resources/Administration/Personnel departments and other management and executive staff members involved in recruitment and selection of staff in their respective organizations in South-Western Nigeria. Nigeria is chosen because it is a fast-growing economy and because of its importance in Africa. Nigeria, as a country, is made up of thirty-six states and the federal capital territory, with an estimated population of one hundred and ninety-one million (World Fact Book, 2017). The population of South-Western, Nigeria is estimated at 27.8m with a working population of 9.8m (Nigeria Population Commission census of 2006).

CHAPTER TWO

LITERATURE REVIEW

THEORETICAL FRAMEWORK and THEORETICAL PERSPECTIVES

2.1 Introduction

This chapter of the study consists of sections on theoretical frameworks, review of theoretical perspectives, and the conceptual framework for the study.

2.2 Theoretical Framework

The theories that were used as the framework to explain the study are the Schemata theory, Attribution Theory, and Person Perception Theory.

2.2.1 Schemata Theory

Schemata theory focuses on “schemas,” which are cognitive structures that organise knowledge and guide information processing. They take the form of generalised beliefs that can operate automatically and lead to biases in perception and memory. Social cognition research suggests that people and interaction in the social world are facilitated by cognitive representation in their mind called schemas- mental or cognitive structures that contain general expectations and knowledge of the world.

A schema contains both abstract knowledge and specific examples about a particular social object e.g., HIV/AIDS, and provides hypotheses about incoming stimuli, which includes plans for interpreting and gathering schema-related information (Taylor & Crocker, 1981). According to the schemata theory, workplace managers are more likely to discriminate against PLWHA regarding employment and stigmatise them, because the organised knowledge or their schema of PLWHA in their minds is that they are “polluted” individuals that should be avoided in the workplace. Therefore, for many PLWHA employed in an organisation or those applying for employment, the negative stereotypes about PLWHA exist in the managers’ cognition, and merely seeing the person who is living with HIV or AIDS automatically activates the schema. This schema may be directly linked to employment discrimination and stigmatisation against PLWHA. In other words, based on the cognitive schema theory, workplace managers may develop pre-conceived negative

stereotypes about PLWHA, and this may influence or affect the way they view PLWHA at the workplace or act toward PLWHA in terms of employment.

2.2.2 The MODE Model

The MODE model sees motivation and opportunity as causal factors of the attitude-behaviour association and seeks to understand why sometimes people's attitudes predict their behaviour and sometimes otherwise. Most people, for example, have a positive attitude toward PLWHA, but they don't tend to hire them during recruitment of employees. Similarly, many White individuals harbour a negative prejudice toward Blacks, but often treat many black individuals they meet with kindness and value them. Why do people's behaviours seem to naturally flow from their attitudes on some occasions but not on others?

According to the MODE model, one's attitude toward an object, such as a person living with HIV, is an association in memory between the attitude object (PLWHA), and one's assessment of it, whether positive or negative. Therefore, for many items in a person's memory, there exists an evaluation directly linked to it, but the strength of this connection differs. Sometimes evaluation is weak and sometimes the link in memory between an object and its evaluation is very strong, but at other times the link between an object and its evaluation is so strong that merely seeing the object automatically activates the attitude.

The MODE model posits that attitudes, particularly strong attitudes, are functional; they push people towards positive behaviours and pull people away from negative behaviours. The MODE model equally argues that strong attitudes, especially those that are automatically activated, are more likely to influence behaviour. However, sometimes people's attitudes, even very strong ones do not predict their behaviour directly. For example, a recruiter's attitude toward PLWHA might be automatically activated when he/she sees a person in the recruitment process and feels like engaging him/her immediately, or can equally decide to refer him/her to another employer.

The model indicates that not every action is planned and intentional considering that we often behave impulsively, without wilfully meditating on our actions, and this is often due to our hard-held prejudices. When our behaviour is unplanned, the theory of planned behaviour may not reveal our possible actions, and to help understand how attitudes influence impulsive behaviours, the MODE model suggests that if individuals are well-

motivated and they have the relevant opportunity, they can base their behaviour on a planned and deliberative assessment of available information but when either the motivation or the opportunity to make a reasoned decision is low, only strong attitudes will predict behaviour. Contextually, employers may reject or refuse employment to PLWHA due to spontaneous motivation based on stereotypes.

The spontaneous process highlights a mechanism by which attitudes can predict behaviour without the involvement of any conscious intention on the part of the individual. Instead, by virtue of its automatic activation from memory at any encounter with attitude object, the attitude influences how the object is perceived in the immediate situation – either directly, as when the activated evaluation forms the immediate appraisal. On activation, attitude impacts on perceptions of the object, and behaviours are a spontaneous reaction to these immediate perceptions. Thus, without any conscious consideration of one's attitude and without any necessary appraisal of its influence, an individual's response to an object can be predicted by the attitude through a process initiated by its unintended activation (Fazio, 2003).

The MODE model states that the probability of activating an attitude upon simple observation of the attitude object is largely reliant on the extreme accessibility of the attitude. An attitude is considered as an association in memory between an object and the individual's evaluation of that object. This definition implies that, like any other construct, the strength of an attitude based on associative learning can vary. The model also suggests that the effect of attitudes on behaviour often involves mixed processes, implying one that comprises a combination of involuntary and intentional components.

Theorists might be tempted to analyse the correctness of impulsive behaviours, and spontaneously triggered attitudes. But, if a person is fatigued or cognitively depleted, or if there is an urgent need for an immediate response, then there will be limited opportunity to engage in motivated consideration. Then behaviour is likely to be influenced by the automatically activated attitude, regardless of any relevant motivational concerns (Fazio & Olson, 2007).

2.2.3 Attribution Theory

Attribution theory is concerned with the ways in which people explain (or attribute) the behaviour of others. Heider (1958) differentiated the way people attribute causes of events or behaviours into two types– internal/personal and external/situational. External or “situational” attribution refers to outside factors, such as the weather. Internal or “personal/dispositional” attribution refers to factors within the person, such as motivation, effort, ability and personality characteristics. Heider (1958) was the first to propose a psychological theory of attribution. In a similar vein, Jones and Davis (1965) postulated that people tend to make a correspondent inference about another when they are looking for the cause of their behaviour. In other words, people infer that the behaviour, and the intention that produced it, correspond to some underlying stable quality e.g., personal characteristics. Weiner and colleagues (e.g., Jones et al., 1972; Weiner, 1974, 1986) also developed a theoretical framework that has become a major research paradigm of social psychology. Attribution theory assumes that people try to determine why people do what they do, i.e., attribute causes to behaviour. A person seeking to understand why another person did something may attribute one or more causes to that behaviour. A three-stage process underlies an attribution: (1) the person must perceive or observe the behaviour, (2) then the person must believe that the behaviour was intentionally performed, and (3) then the person must determine if they believe the other person was forced to perform the behaviour (in which case the cause is attributed to the situation) or not (in which case the cause is attributed to the other person). Jones and Nisbett (1972) observed that people tend to attribute other people’s behaviour to dispositional factors, and they tend to attribute their own behaviour to situational factors. This is called the actor-observer effect. For example, in explaining their own socially undesirable behaviour (such as employment discrimination and stigma against PLWHA), workplace managers are more likely to attribute their behaviour to extenuating external factors, such as a high level of unemployment in the country.

2.2.4 Person Perception Theory

Person perception is a process of forming impressions of people. Mechanisms of person perception include ways of forming impressions about the other person. For this, people use whatever obvious physical cues and behaviour role of the other person are available to them. Individuals also developed mental shortcuts by forming schemas and heuristics and further categorise other people according to some rules of thumb. A glance at someone’s picture or

at an individual passing by on the street gives us an idea about what kind of person s/he is. In fact, when two people meet, if only for a moment, they start forming impressions of each other. With more contact, they form fuller and richer information of that person. In forming impressions of another person, individuals depend on i) Roles/traits, ii) Physical cues and iii) Saliency to help them form an impression about a person.

i) Roles/traits: If roles are informative, rich, and well-articulated, it can help in summarising a lot of information across a wide range of situations. Roles are more distinctive than traits. Moreover, role schemas are more useful than traits for recall. For example, try to recall information about PLWHA, the names of all the people you met in a seminar and next try to recall rude and stubborn people you met: which task is easier? I am sure it is the first task, because people tend to think of others within a 'role context' first, and only then according to their personality traits.

ii) Physical cues: The other person's physical appearance and behaviours are usually taken together to form an impression about that person. The observation that a person is wearing traditional clothes helps us infer that the person might be from a rural background. People even infer personality traits from a person's behaviour; a person who is helping others is inferred as kind, or a chubby-faced person is thought to be warm etc.

iii) Saliency: People's attention is so drawn to those aspects or characteristics of the person which stand out. This is termed as 'figure-ground' principle. A more outstanding feature or salient feature like fair skinned, handicapped, HIV-positive, high pitched voice etc., is used to form the overall impression of the person as a whole. Salient behaviours draw more attention than do less obvious ones. It also influences the perception of causality. But a disadvantage here is that saliency can also produce 'extreme evaluative judgement'.

People do not stop at just forming impressions from observable information such as appearance, behaviour, but they move on to quickly form inferences about personality traits about the person from this information. Referring to trait is a more economical and general way of describing a person that is referring to behaviour – if someone asked you about what your roommate is like, instead of describing about his each and every behaviour in detail, it is easier to say that 'he is cool' or 'he is good natured'. This process of inferring also occurs spontaneously, even automatically. These traits can act as bases for predicting future behaviour.

2.3. Theoretical Perspectives

Different theorists are likely to view the same phenomenon from different approaches or perspectives. Based on this assumption, in this section, an overview of the main theoretical perspectives on employment discrimination, personality, emotional intelligence, and stigma are presented. This is by no means intended to be an exhaustive or a comprehensive account of all perspectives.

2.3.1 Concept and Meaning of Discrimination

The term discrimination has evolved over time in social psychology, specifically in the area of racial discrimination. There is a two-part definition of racial discrimination: differential treatment on the basis of race that disadvantages a racial group, and treatment on the basis of inadequately justified factors other than race that disadvantages a racial group (differential effect). The definition of discrimination encompasses both individual behaviours and institutional practices regarding racial discrimination.

To be able to measure the existence and extent of racial discrimination of a particular kind in a particular social or economic domain, it is necessary to have a theory (or concept or model) of how such discrimination might occur and what its effects might be. The theory or model, in turn, specifies the data that are needed to test the theory, appropriate methods for analysing the data, and the assumptions that the data and analysis must satisfy in order to support a finding of discrimination. Without such a theory, analysts may conduct studies that do not have interpretable results and do not stand up to rigorous scrutiny.

Basically, there are four types of discrimination and the various mechanisms that may lead to such discrimination. The first three types involve behaviours of individuals and organisations: intentional discrimination, subtle discrimination, and statistical profiling. The fourth type involves discriminatory practices embedded in an organizational culture.

2.3.2 Types of Discrimination

Most people's concept of racial discrimination involves explicit, direct hostility expressed by whites toward members of a disadvantaged racial group. Yet discrimination can include more than just direct behaviour (such as the denial of employment or rental opportunities); it can also be subtle and unconscious (such as nonverbal hostility in posture or tone of voice). Furthermore, discrimination against an individual may be based on overall assumptions about members of a disadvantaged racial group that are assumed to apply to that individual (i.e., statistical discrimination or profiling). For example, as a result of holding negative beliefs (stereotypes) and negative attitudes (prejudice) about a particular racial group, people often treat the target of stereotypes and prejudice poorly, such as excluding them from employment opportunities or their circle of friends (Allport, 1954; Dovidio & Gaertner, 2004). Discrimination may also occur as the result of institutional procedures rather than individual behaviours.

Intentional, Explicit Discrimination

Allport (1954) articulated the sequential steps by which an individual behaves negatively toward members of another racial group: verbal antagonism, avoidance, segregation, physical attack, and extermination. Each step enables the next, as people learn by doing. In most cases, people do not get to the next step without receiving support for their behaviour in the earlier ones.

Verbal antagonism includes casual racial slurs and disparaging racial comments, either in or out of the presence of the target. By themselves, such comments may not be regarded as serious enough to be unlawful (balanced against concerns about freedom of speech), but they constitute a clear form of hostility. Together with nonverbal expressions of antagonism, they can create a hostile environment in schools, workplaces, and neighbourhoods (Essed, 1997; Feagin, 1991).

Verbal and nonverbal hostility are the first steps on a continuum of interracial harm-doing. In laboratory experiments, verbal abuse and nonverbal rejection are reliable indicators of discriminatory effects, in that they disadvantage the targets of such behaviour, creating a hostile environment. They also precede and vary with more overtly damaging forms of treatment, such as denial of employment (Dovidio et al., 2002; Fiske, 1998; Talaska et al., 2003). For example, an interviewer's initial bias on the basis of HIV/AIDS status will likely

be communicated nonverbally to the interviewee by such behaviours as cutting the interview short or sitting so far away from the interviewee as to communicate immediate dislike (Darley & Fazio, 1980; Word et al., 1974). Such nonverbal hostility reliably undermines the performance of otherwise equivalent interviewees. In legal settings, verbal and nonverbal treatments are often presented as evidence of a discriminator's biased state of mind; they may also constitute unlawful discriminatory behaviour when they rise to the level of creating a hostile work environment.

Avoidance entails choosing the comfort of one's own racial group (the "in-group" in social psychological terms) over interaction with another racial group (the "outgroup"). In settings of discretionary contact—that is, in which people may choose to associate or not—members of disadvantaged racial groups may be isolated. In social situations, people may self-segregate along racial lines. In work settings, discretionary contact may force out-group members into lower-status occupations (Johnson & Stafford, 1998) or undermine the careers of those excluded from informal networks.

Becker (1971) describes a classic theory about how aversion to interracial contact—referred to as a "taste for discrimination"—can affect wages and labour markets. Laboratory experiments have measured avoidance by assessing people's willingness to volunteer time together with an out-group individual in a given setting (Talaska et al., 2003). Sociological studies have measured avoidance in discretionary social contact situations by report or observation (Pettigrew, 1998b; Pettigrew & Tropp, 2000). In legal settings, avoidance of casual contact can appear as evidence indicating hostile intent.

Avoidance may appear harmless in any given situation but, when accumulated across situations, can lead to long-term exclusion and segregation. It may be particularly problematic in situations in which social networking matters, such as employment hiring and promotion, educational opportunities, and access to health care. Avoiding another person because of race can be just as damaging as more active and direct abuse.

Segregation occurs when people actively exclude members of a disadvantaged racial group from the allocation of resources and from access to institutions. The most common examples include denial of equal education, housing, employment, and health care on the basis of race.

Physical attacks on racial outgroups have frequently been perpetrated by proponents of segregation (Green et al., 1999) and are correlated with other overt forms of discrimination (Schneider et al., 2000). Hate crimes are closely linked to the expression of explicit prejudice and result from perceived threats to the in-group's economic standing and values (Glaser et al., 2002; Green et al., 1998).

Extermination or mass killings based on racial or ethnic animus do occur. These are complex phenomena; in addition to the types of individual hostility and prejudice described above, they typically encompass histories of institutionalized prejudice and discrimination, difficult life conditions, strong (and prejudiced) leadership, social support for hostile acts, and socialization that accepts explicit discrimination (Allport, 1954; Newman & Erber, 2002; Staub, 1989).

Subtle, Unconscious, Automatic Discrimination

Although prejudicial attitudes do not necessarily result in discriminatory behaviour with adverse effects, the persistence of such attitudes can result in unconscious and subtle forms of racial discrimination in place of more explicit, direct hostility. Such *subtle prejudice* is often abetted by differential media portrayals of non-whites versus whites, as well as de facto segregation in housing, education, and occupations.

The psychological literature on subtle prejudice describes this phenomenon as a set of often unconscious beliefs and associations that affect the attitudes and behaviours of members of the in-group (e.g., non-Hispanic whites) toward members of the out-group (e.g., blacks or other disadvantaged racial groups). Members of the in-group face an internal conflict, resulting from disconnect between the societal rejection of racist behaviours and the societal persistence of racist attitudes (Dovidio & Gaertner, 1986; Katz & Hass, 1988; McConahay, 1986). People's intentions may be good, but their racially biased cognitive categories and associations may persist. The result is a modern, subtle form of prejudice that goes underground so as not to conflict with anti-racist norms while it continues to shape people's cognitive, affective, and behavioural responses. Subtle forms of racism are indirect, automatic, ambiguous, and ambivalent.

Indirect prejudice leads in-group members to blame the out-group—the disadvantaged racial group—for their disadvantage (Hewstone et al., 2002; Pettigrew, 1998a). The blame takes a 'Catch-22' form: The out-group members should try harder and not be lazy, but at

the same time they should not impose themselves where they are not wanted. Such attitudes on the part of in-group members are a manifestation of indirect prejudice. Differences between the in-group and out-group (linguistic, cultural, religious, sexual, etc.) are often exaggerated, so that out-group members are portrayed as outsiders' worthy of avoidance and exclusion. Indirect prejudice can also lead to support for policies that disadvantage non-whites.

Subtle prejudice can also be unconscious and *automatic*, as in-group members unconsciously categorise out-group members on the basis of race, gender, or age (Fiske, 1998). People's millisecond reactions to out-groups can include primitive fear and anxiety responses in the brain (Hart et al., 2000; Phelps et al., 2000), negative stereotypic associations (Fazio & Olson, 2003), and discriminatory behavioural impulses (Bargh & Chartrand, 1999). People have been shown to respond to even subliminal exposure to out-groups in these automatic, uncontrollable ways (Dovidio et al., 1997; Greenwald & Banaji, 1995; Greenwald et al., 1998; Kawakami et al., 1998). However, the social context in which people encounter an out-group member can shape such instantaneous responses. Out-group members who are familiar, subordinate, or unique do not elicit the same reactions as those who are unfamiliar, dominant, or undifferentiated (Devine, 2001; Fiske, 2002). Nevertheless, people's default automatic reactions to out-group members represent unconscious prejudice that may be expressed nonverbally or lead to racial avoidance, which, in turn, may create a hostile, discriminatory environment. Such automatic reactions have also been shown to lead to automatic forms of stereotype-confirming behaviour (Bargh et al., 1996; Chen & Bargh, 1997).

The main effect of subtle prejudice seems to favour the in-group rather than to directly disadvantage the out-group; in this sense, such prejudice is *ambiguous* rather than unambiguous. That is, the prejudice could indicate greater liking for the majority rather than greater disliking for the minority. As a practical matter, in a zero-sum setting, in-group advantage often results in the same outcome as out-group disadvantage but not always. Empirically, in-group members spontaneously reward the in-group, allocating discretionary resources to their own kind and thereby relatively disadvantaging the out-group (Brewer & Brown, 1998). People spontaneously view their own in-group (but not the out-group) in a positive light, attributing its strengths to the essence of what makes a person part of the in-group (e.g., genes). The out-group's alleged defects are used to justify these behaviours.

These ambiguous allocations and attributions constitute another subtle form of discrimination.

According to theories of ambivalent prejudice (e.g., for race, Katz & Hass, 1988; for gender, Glick & Fiske, 1996), the *ambivalence* of subtle prejudice means that out-groups are not necessarily subjected to uniform antipathy Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). Out-groups may be disrespected but liked in a condescending manner. At other times, out-groups may be respected but disliked. White reactions to black professionals can exemplify this behaviour. Some racial out-groups elicit both disrespect and dislike. Poor people, welfare recipients, and homeless people (all erroneously perceived to be black more often than white) frequently elicit an unambivalent and hostile response.

The important point is that reactions need not be entirely negative to foster discrimination. One might, for example, fail to promote someone on the basis of HIV/AIDS status, race, perceiving the person to be deferential, cooperative, and nice but essentially incompetent, whereas a comparable in-group member might receive additional training or support to develop greater competence. Conversely, one might acknowledge an out-group member's exceptional competence but fail to see the person as sociable and comfortable—therefore not fitting in, not “one of us”—and fail to promote the person as rapidly on that account.

All manifestations of subtle prejudice—indirect, automatic, ambiguous, and ambivalent—constitute barriers to full equality of treatment. Subtle prejudice is much more difficult to document than more overt forms, and its effects on discriminatory behaviour are more difficult to capture. However, “subtle” does not mean trivial or inconsequential; subtle prejudice can result in major adverse effects. For example, Bargh and colleagues (1996) demonstrated how categorisation by race can activate stereotypes and lead to discriminatory behaviour.

Statistical Discrimination and Profiling

Another process that may result in adverse discriminatory consequences for members of a disadvantaged racial group is known as *statistical discrimination* or *profiling*. In this situation, an individual or firm uses overall beliefs about a group to make decisions about an individual from that group (Arrow, 1973; Coate & Loury, 1993; Lundberg & Startz, 1983; Phelps, 1972). The perceived group characteristics are assumed to apply to the individual. Thus, if an employer believes PLWHA will make unsatisfactory employees,

compared with HIV/AIDS negative people, and cannot directly verify an applicant's HIV/AIDS status, the employer may judge such a person on the basis of group averages rather than solely on the basis of his or her own qualifications.

When beliefs about a group are based on racial stereotypes resulting from explicit prejudice or on some of the subtler forms of in-group versus out-group perceptual biases, then discrimination on the basis of such beliefs is indistinguishable from the explicit prejudice discussed above. Statistical discrimination or profiling, properly defined, refers to situations of discrimination on the basis of beliefs that reflect the actual distributions of characteristics of different groups. Even though such discrimination could be viewed as economically rational, it is illegal in situations such as hiring because it uses group characteristics to make decisions about individuals.

Why might employers or other decision-makers employ statistical discrimination? There are incentives to statistically discriminate in situations in which information is limited, which is often the case. For example, graduate school applicants provide only a few pages of written information about themselves, job applicants are judged on the basis of a one-page resume or a brief interview, and airport security officers see only external appearance. In such situations, the decision-maker must make assessments about a host of unknown factors, such as effort, intelligence, or intentions, based on highly limited observation.

Why is information limited in such cases? The decision-maker typically views an individual's own statements about himself or herself as untrustworthy (e.g., "I will work hard on this job" or "I am not a terrorist") because they can be made as easily by those for whom they are not true as by those for whom they are true. Instead, decision-makers look for signals that cannot easily be faked and are correlated with the attributes a decision-maker is seeking. Education is a prime example. If an employer checks a job applicant's education credentials and finds that he or she has a degree from a top-rated college and a 4.0 grade point average, that individual likely has a proven track record of intellectual ability and effort. It is difficult to "fake" this information (short of outright lying about one's education credentials) because it really does take effort to accumulate such a record.

Only so much information can be transmitted, however, and many aspects of a person's record and qualifications are difficult to document even if the individual should be committed to doing so truthfully. Hence, decision-makers must regularly make judgments

about people based on the things they do know and decide whether to invest in acquiring further information (Lundberg, 1991). In the face of incomplete information, recruitment managers may consider knowledge about differences in average group characteristics that relate to the individual characteristics being sought and this result is statistical discrimination thereby leading to an individual being treated differently because of information associated with his or her racial group membership (Blank, Dabady & Citro, 2004). The concept of associative memory plays a fundamental role in pattern knowledge and eventual discriminative behaviour, as this recognition based on stored information about a group affects a wide range of human aspects including recruitment of personnel by organizations. Associative memory is important as its study relates to the functional behaviour of the human mind (Kohonen, 1988)

Faced with the possibility of statistical discrimination, members of disadvantaged racial groups may adopt behaviours to signal their differences from group averages. For example, non-white businesspeople who want to signal their trustworthiness and belonging to the world of business may dress impeccably in expensive business suits. Non-white parents who want their children to get into a first-rate college may signal their middle-class background by sending their children to an expensive private school. An implication of statistical discrimination is that members of a disadvantaged racial group for whom group averages regarding qualifications are lower than white averages may need to become better qualified than non-Hispanic whites in order to succeed (Biernat & Kobrynowicz, 1997). This situation is aptly captured by the Symbolic Self-Completion Theory (Wicklund & Gollwitzer, 2013). The theory proposes that when an individual is committed to a self-defining goal, such as a role as a businessman or an intelligent person, that individual will seek symbols of completeness, socially acknowledged indicators that he or she has achieved that goal. For example, ownership of a business conglomerate is one symbol of being a successful businessman, and high scores on a National Examination is a symbol of intelligence. When an individual has an ample supply of symbols regarding a particular self-defining goal, he or she will not need to seek additional symbols of completeness. However, if the individual perceives a deficit in symbols, efforts will be made to display symbols that restore completeness. Thus, the practice of statistical discrimination can impose costs on members of the targeted group even when those individuals are not themselves the victims of explicitly discriminatory treatment.

Moreover, statistical discrimination may be self-perpetuating, since today's outcomes may affect the incentives for tomorrow's behaviour (Coate & Loury, 1993; Loury, 1977; Lundberg & Startz, 1998). If admissions officers at top-ranked colleges believe, on the basis of group averages to date, that certain groups are less likely to succeed, and admit fewer members of those groups as a result, incentives for the next generation to work hard and acquire the skills necessary to gain admittance may be lessened (see Loury, 2002:32–33, for a more extensive discussion of this example). Similarly, if black Americans are barred from top corporate jobs, the incentives for younger black men and women to pursue the educational credentials and career experience that lead to top corporate jobs may be reduced. Thus, statistical discrimination may result in an individual member of the disadvantaged group being treated in a way that does not focus on his or her own capabilities. It can affect both short-term outcomes and long-term behaviour if individuals in the disadvantaged group expect such discrimination will occur.

Organisational Processes

Organisations also tend to reflect many of the same biases as the people who operate within them. Organisational rules sometime evolve out of past histories (including past histories of racism) that are not easily reconstructed, and such rules may appear quite neutral on the surface. But if these processes function in a way that leads to differential racial treatment, or produce differential racial outcomes, the results can be discriminatory. Such an embedded institutional process—which can occur formally and informally within society—is sometimes referred to as *structural discrimination* (e.g. Lieberman, 1998; Sidanius & Pratto, 1999). One clear example of this phenomenon occurs in the arena of housing.

In the past, overt racism and explicit exclusionary laws promoted residential segregation. Even though these laws have been struck down, the process by which housing is advertised and housing choices are made may continue to perpetuate racial segregation in some instances. Thus, real estate agents may engage in subtle forms of racial steering (i.e., housing seekers being shown units in certain neighbourhoods and not in others), believing that they are best serving the interests of both their white and their non-white clients and not intending to do racial harm. Likewise, banks and other lending institutions have a variety of apparently neutral rules regarding mortgage approvals that too often result in a higher level of loan refusals for persons in lower-income black neighbourhoods than for equivalent white applicants. Research also suggests that ostensibly neutral criteria are often applied

selectively. Credit history irregularities that are overlooked as atypical in the case of white mortgage applicants, for example, are often used to disqualify blacks and Latinos (Squires, 1994; Squires & O'Connor, 2001).

Another example of this sort of biased institutional process that has been debated in the courts is the operation of hiring and promotion networks within firms. Many firms hire more through word-of-mouth recommendations from their existing employees than through external advertising (Waldinger & Lichter, 2003). By itself, such a practice is racially neutral, but if existing (white) employees recommend their friends and neighbours, new hires will replicate the racial patterns in the firm, systematically excluding non-whites. Such practices do not necessarily entail intentional discrimination, but they provide a basis for legal action when the outcome is the exclusion of certain groups. Seniority systems that give preference to a long-established group of employees can produce similar racially-biased effects through promotion or layoff decisions.

Institutional processes that result in consistent racial biases in terms of who is included or excluded can be difficult to disentangle. In many cases, the individuals involved in making decisions within these institutions will honestly deny any intent to discriminate. In dealing with such cases in the courts, weighing the benefits to an organisation of a long-established set of procedures against the harm such procedures might induce through their differential racial outcomes is a complex and difficult process. Thus the panel does not wish to condemn any specific organizational process. In most cases, each situation needs to be analysed with regard to the particular history and reasonable organizational needs of a specific institution. But we do want to emphasize that organizational processes which seem neutral on the face of things may function in ways that can be viewed as discriminatory, particularly if differential racial outcomes are insufficiently justified by the benefits to the organization. We noted above that large and persistent racial differentials, although not direct evidence of discrimination, may provide insight on where problems are likely to exist. In this way, persistent racial differences in access to or outcomes within institutions (e.g., hiring or promotions) can be used to provide information on which processes and which institutions may deserve greater scrutiny.

Legal Definition of Discrimination

The legal definition of discrimination includes two standards: disparate treatment discrimination, whereby an individual is treated less favourably because of race, and disparate impact discrimination, whereby treatment on the basis of non-racial factors that lack sufficiently compelling justification has an adverse impact on members of a disadvantaged racial group. The quintessential case of disparate treatment discrimination involves intentional behaviour motivated by explicit racial animus. However, disparate treatment applies in other types of discrimination as well. For instance, a black cab driver who refuses to pick up blacks may be acting without racial animus but may be engaging in statistical discrimination by making probabilistic predictions about the risk of being victimized by crime, of receiving a lower tip, or of ending up in a distant neighbourhood from which the prospect of receiving a return fare is small. Employers and police officers who profile job candidates or security risks can be motivated by similar beliefs or concerns, and their probabilistic assessments may be correct or completely inaccurate. In any event, as noted above, this type of statistical discrimination is considered intentional differentiation on the basis of race and falls squarely in the category of unlawful disparate treatment discrimination. In evaluating a job applicant, for example, it is unlawful to consider what the “average” black worker would be like and then to treat individual blacks in conformity with this stereotypical prediction.

In short, although vexing issues of proof complicate real-world cases, the law has clearly identified the theoretically prohibited discriminatory actions that emanate from either racial animus or the rational calculation of risk using race as a proxy. Subtler types of discrimination, however, are more difficult to deal with legally.

Domains in Which Discrimination Operates

Discrimination operates in specific domains such as labour markets and employment, education, housing and mortgage lending, criminal justice, and health care. There are a variety of other domains, such as civic participation, in which racial differences in outcomes are large, and discrimination is a valid social concern. This section briefly reviews some of the key points at which discrimination types delineated above may operate.

Discrimination might operate across the five domains of labour markets, education, housing, criminal justice, and health care at three broadly defined points. The first point is

discrimination in access to the institutions within a domain; examples are racial differentials in hiring in the labour market, racial steering in housing, financial aid for schooling, arrest rates or policing activity within communities, and access to certain medical institutions or procedures. The second point is discrimination while functioning within a domain; examples are racial differentials in wages, mortgage loan pricing, placement into special education programmes, assignment of pro bono legal counsel, and quality of health care. Closely related is discrimination in movement or while progressing within a domain from one activity to another; examples are racial differentials in job promotions, home resale value, grade promotion in schools, sentencing or parole rates, and medical referrals or follow-up health care. Of course, such discrimination often follows discriminatory behaviour at an earlier point in time. Finally, there are possible actors within each domain who may discriminate on the basis of race and these actors include employers, customers, and co-workers in the labour market; teachers, administrators, and students in schools; landlords, sellers, lenders, and neighbours in housing; police officers, judges, and juries in criminal justice; and health care professionals, insurance companies, and administrators in the health care system.

2.3.2 Personality Theories

School of thoughts in psychology differ in their understanding of personality and its structure, based on their theoretical approaches. The major perspectives/theories include psychodynamic, humanistic, biological, behavioural, social learning, evolutionary, and trait or dispositional perspectives.

2.3.2.1 Psychoanalytic Perspective of Personality

The Psychoanalytic theory of personality was developed by Freud (1920), and it emphasizes the influence of the unconscious, the importance of sexual and aggressive instincts, and early childhood experience on a person. The theory further argues that human behaviour is the result of the complex interactions among three component parts of the mind: the id, ego, and superego.

Id: It is the unconscious, irrational part of personality. It is the primitive part controlled by the ego and demands of the external world. It follows the pleasure principle, and seeks instant gratification or immediate satisfaction.

Ego: It is involved with the workings of the real world. It operates on the reality principle. It is the conscious and rational part of personality that regulates thoughts and behaviours. It teaches the person to balance demands of external world and needs of the person.

Super Ego: It is the internal representation of parental and societal values. It works as the voice of conscience, which compels the ego to consider not only the real but also the ideal. It judges one's behaviours as right or wrong, good or bad. Failing to live up to moral ideals brings about shame, guilt, inferiority and anxiety in the person.

2.3.2.2 Humanistic Perspective of Personality

Humanistic perspective proposes that within each individual is an active creative force, often called "self". This force seeks expression. It develops and grows. This perspective, also known as the third force, emphasizes human potential and characteristics like self-awareness and free will. It views human beings as innately good. The conscious and subjective perception of self is considered very important. Carl Rogers and Abraham Maslow are the main proponents of the humanistic perspective.

Abraham Maslow proposed the idea of self-actualized people. He proposed that human motives are arranged in a hierarchy of needs. Human needs are organized from physiological needs to self-transcendence. Maslow notes that self-actualized people have realistic perception, are spontaneous, easily accept self and others, are creative, and enjoy and appreciate positive aspects of life, like privacy and independence.

Carl Rogers thinks that the basic human motive is the actualizing tendency. It is the innate drive to maintain and enhance the human organism. Rogers observed that people are motivated to act in accordance with their self-concept. They deny or distort the experiences that are contrary to their self-concept. The ideal condition for development is unconditional positive regard. His notion of a fully functioning individual is that the self-concept is flexible and evolving. It holds an optimistic view of human beings.

2.3.2.3 Biological Perspective of Personality

The biological perspective of personality emphasises the internal physiological and genetic factors that influence personality. It focuses on why or how personality traits manifest through biology and investigates the links between personality, DNA, and processes in the brain (Boundless, 2016; DeYoung, 2010).

2.3.2.4 Behavioural Perspective of Personality

The behaviourists' view of personality is an abstract, hypothetical concept that is best conceptualised as the sum of a person's behaviours in various situations. Personality should be viewed not as part of the mind, but as observable behaviour. The theory postulates that all behaviour is learned, and like behaviour, personality can be learned. The behaviourists were like physicists attempting to uncover the fundamental natural laws of behaviour, one experiment at a time, while ignoring the mind altogether. Their leader was B. F. Skinner (1904–1990), a brilliant experimentalist. The cornerstone idea of behaviourism is that behaviour is learned, and that behaviour might or might not be consistent from one situation to another. If extraverted behaviour is reinforced in one set of conditions but not in another, the person will come to demonstrate extraverted behaviour in situations that are similar to the first but not in situations similar to the second. Skinner's answer provides us with the fundamental argument made by behaviourism: as far as we know, a person's behaviour at any moment is the result of (1) his or her heredity, (2) the situation he or she is in, and (3) that person's previous experiences in the environment.

2.3.2.5 Social Learning Perspective of Personality

Personality is based on learning, and it goes beyond traditional behaviourism. The theory emphasises the importance of the cognitive aspects of behaviour. This perspective was developed by Albert Bandura. It views behaviour as influenced by the interaction between a person and the social context. It is proposed that our thoughts and actions originate in the social world, but it is essential to note that human beings have the capacity for self-regulation and engage in active cognitive processes.

2.3.2.6 Trait Perspective of Personality

The trait perspective of the study of human personality addresses the importance of different dimensions or variables of personality. According to the trait theorists- Allport, Cattell (1990), Eysenck (1947) - personality consists of relatively stable and consistent characteristics (i.e., traits) that are unique for each individual. To these theorists, traits are a mental set or readiness of individuals to respond to the different variety of situations in a constituent and stable way. According to trait theorists, personality can be described by an individual's unique profile, made from different positions of each of the trait dimensions.

The trait approach in describing and understanding personality has a long and rich history. Ancient Greek and Roman philosophers were trying to describe personality and organize it into types. The Greek physician Hippocrates and later Roman physician Galen proposed four personality types, viz., sanguine (cheerful, enthusiastic), melancholic (sad, depressive), choleric (angry, hostile) and phlegmatic (stolid, apathetic) that are corresponding with four kind of fluids (called humours) in the human body (blood, black bile, yellow bile, and phlegm) (Boeree, 2006).

Allport, one of the first trait theorists, proposed that personality can be described by the combination of traits. Allport divided all personality traits into three major categories: cardinal, central and secondary. Cardinal traits are the traits that some people have, but not all, as relatively few people develop these traits, and which practically define their life. Central traits are prominent traits of personality, and secondary traits are traits that are exhibited in some situations. Cattell (1990) is a trait theorist who divided traits into surface and source traits. Surface traits are traits that can be recognized by behaviour, while source traits are the traits that determine behaviour. Eysenck offered another model of the trait structure of personality. He described personality by two, later expanded to three, basic traits: neuroticism, extraversion and psychoticism. These major aspects of personality, according to Eysenck, are largely genetically determined and can be explained by differences in functions of the autonomic nervous system. Analysing all previous research findings and a list of possible traits of personality, researchers concluded that some traits were repeated from study to study. Despite the various names for these traits, they were similar factors. Psychologists reached the agreement that personality can be described by these fundamental traits. These include five basic traits—openness to experience, neuroticism, extraversion, agreeableness and conscientiousness. These five dimensions of

personality (often called the Big Five) formed the basis for the Five Factor Model, a theory that describes and explains personality in terms of the Big Five traits. The Big Five were introduced in 1963 by Warren Norman; in 1990, R. R. McCrae and P. T. Costa, Jr., presented their version, called The Five Factor Theory (Boeree, 2006).

The Five Factor Theory of Personality

Traits, according to the Five Factor Theory, are stable structures of personality that are not changing with time and circumstances (Costa & McCrae, 2006). According to the Five Factor Theory, traits must be distinguished from other personality attributes such as attitudes, habits, beliefs, and values. All these attributes (Characteristic Adaptations) can and do change over time or with circumstances, while personality traits (Basic Tendencies) stay relatively stable throughout one's life. Basic Tendencies, or basic traits, shape the development of Characteristic Adaptations and it is important to know the individual's trait profile for understanding and predicting his or her behaviour (Costa & McCrae, 2006).

The five major personality dimensions involve five different self-determining dimensions - Neuroticism, Extraversion, Openness to experience, Conscientiousness and Agreeableness. It has also been identified that the Big Five provide an adequate pedestal for understanding and explaining personality configuration globally because the Big Five personality traits are self-regulating personality factors that describe five major personality dimensions inclusive of Extraversion, Neuroticism, Conscientiousness, Agreeableness, and Openness to Experience.

Extraversion has in its domain features of expressiveness, outgoing, companionship, sociable, confident, and determination. Individuals high on this dimension tend to be spontaneous, communicative, energetic, positive, and enthusiastic. They are craving for appreciation, societal acknowledgment, control, and command. Extraversion is also an effective analyst of job performance for professions like administration, social relations, and sales (Barrick & Mount, 1991).

Neuroticism signifies an individual tendency to experience suffering. Those high on this dimension tend to be emotionally insecure and unstable. They have traits such as being easily annoyed, stressed, resentful, unsociable, nervous, embarrassed, uncertain, doubtful, apprehensive, awful, and unhappy. Those high on this dimension lack belief and faith in others and are bereft of social expertise to handle the assignments that they take.

Conscientiousness contains features such as diligence, attentiveness, structured vigilance, inclusiveness, responsibility, and doggedness. Conscientious people tend to be logical, reliable, and low in risk-taking. They are equally thorough and most likely to focus on positive results, and this is relevant for performance at work (Barrick & Mount, 1991).

Agreeableness identifies with features on two levels. Persons high on agreeableness tend to exhibit traits such as self-sacrifice, helpfulness, caring, tender, and good emotional support while on the other side, they show enmity, indifference to others and self-interest. Generally, individuals high on this dimension tend to be polite, flexible, generous, truthful, helpful, supportive, merciful, kind, open-minded, calm, trusting, and sincere.

Openness to Experience relates to traits leaning towards technical and innovativeness, opposing approach, and political self-control. Those high on this dimension tend to be creative, urbane, inquisitive, progressive and good intellectuals. They tend to like aesthetics, diversity and they are mostly sensitive.

2.3.3 Emotional Intelligence Theories/Models

2.3.3.1 Ability Model of Emotional Intelligence (Salovey and Mayer, 1990)

Salovey and Mayer (1990) theorized that there exists a unitary intelligence behind those other skill sets and they coined the term “emotional intelligence”. They categorized the construct into four unique “branches;” these are; identifying emotions on a nonverbal level, using emotions to guide cognitive thinking, understanding the information emotions convey and the actions emotions generate, and regulating one’s own emotions, for personal benefit and for the common good.

The ability model of emotional intelligence refers to the ability of an individual to perceive emotion, assimilate emotion and stimulate emotion to promote personal growth. This model suggests that EI comprises four distinct forms of ability and these are emotional perception, use of emotion, understanding emotions and managing emotions

Emotional perception suggests that through facial expression, body language, pictures, voices, and so on, an individual can recognize the emotions of others, and it also suggests that through emotional perception, a person is also able to recognize and identify his own emotions.

Use of emotion relates to a person's ability to use either his own emotions or another person's emotions in order to achieve the desired goals and objectives. It is believed that during

problem-solving, emotions often must be considered, and a person skilled at using emotions can typically make decisions based primarily on the emotions or moods of themselves or others.

Understanding emotions refers to the ability to understand emotions, recognize emotions and predict emotions while understanding the complexities of emotional relationships. A lower ability to understand emotions may present itself in someone who struggles with understanding why living with HIV/AIDS or unemployment may result in seemingly conflicted emotions all at the same time.

Managing emotions relates more specifically to people's ability or otherwise to regulate emotions in both themselves and others. It indicates that someone with high emotional intelligence would be expected to be able to positively manipulate the moods of themselves or others, essentially harnessing the mood and managing it to achieve their goals. In this type of situation, the emotional manipulation is positive for both the individual being manipulated or affected, as well as solving the problem of having an effective person.

The model views emotions as a critical tool useful in accomplishment of set goals while suggesting that being high on emotional intelligence correlates with capacity control and use of own emotions, as well as the emotions of others. The model centres on the intellectual facets of how emotion can be used, rather than an individual's ability to recognize and appreciate emotions as their own reasonable experience outside of the intellectual function.

2.3.3.2 Mixed Model of Emotional Intelligence (Reuven Bar-On and Daniel Goleman)

2.3.3.2.1 Bar-On Mixed Model of Emotional Intelligence

Bar-On is the creator of the term 'emotion quotient' (EQ). Bar-On (as cited in Rhodes, 2008) defines EQ as being concerned with understanding oneself and others, relating to people, and adapting to and coping with the immediate surroundings to be more successful in dealing with environmental demands.

2.3.3.2.2 Goleman Mixed Model of Emotional Intelligence

It should be noted that Daniel Goleman was not the first to introduce the model, but he made the elements of emotional intelligence open to general segments of the society. He contributed to change how some businesses interact with clients, how some managers recruit employees, and learning.

According to Goleman, IQ was still important but not only a guarantee of adeptness in identifying one's own emotions or the emotional expressions of others, as it takes a special kind of intelligence, Goleman said, to process emotional information and utilize it effectively — whether to facilitate good personal decisions, to resolve conflicts or to motivate oneself and others.

Goleman extended Mayer's and Salovey's four-branch classification into five vital elements of emotional intelligence. These are emotional self-awareness, self-management, motivation, social awareness (empathy) and social skills. Self-awareness refers to the understanding of oneself, ranging from knowing strengths and weaknesses as an individual as well as understanding feelings and the composition of feelings. It also helps the person to understand the impact of his/her emotions on other persons.

Self-Management refers to being in control of one's actions and inactions while striving against the temptation of making hasty decisions by always being in charge of your actions and therefore reducing the chance of compromising your values.

Social awareness refers to the element that enables a person to acknowledge the emotions of the persons around them and fully understand the make-up of other persons' emotions. Treating other people on the basis of empathy and seeing things from other people's viewpoints is very vital. Strictly, this element of emotional intelligence talks about sound knowledge of others' emotional composition as well as the demands of the environment and reacting consonant with the understanding.

Motivation involves ability to stimulate oneself to achieve for the sake of achievement and motivate others by meeting their emotional needs through relevant communication approaches. This branch entails the emotional positive manipulation of both the individual manipulating and the person being manipulated.

Social skills refer to the ability of an individual to manage other people's emotions in order to align them to the desired direction. This element suggests that there is a strong link between Leadership and Emotional Intelligence while also suggesting that leaders high on Social Skills tend to be excellent communicators, good at conflict resolution, good at selling a group's vision to its members and good at motivating team members to perform.

2.3.3.2.3 Trait Model of Emotional Intelligence (Petrides & Furnham, 2001)

However, measurement of EI is complicated by the fact that there is no universally agreed definition of the term, but one that seemingly broadly acknowledged conceptualization of EI was by Petrides and Furnham (2001), who argued that EI can largely be categorized into trait EI and ability EI, with the trait EI referring to “a collection of behavioural dispositions and self-perceptions concerning one's ability to recognize, process, and utilize emotion-laden information,” while ability EI refers to “one's actual ability to recognize, process, and utilize emotion-laden information” (Petrides, 2004). Trait EI is sometimes referred to as emotional self-efficacy or what an individual believes about his or her ability to control his or her emotions. Trait EI is typically considered to be a flexible feature which can change over time and be predisposed through intervention programmes and training.

2.3.4 Stigmatisation Theories

2.3.4.1 Social Stigma Theory by Ervin Goffman (1963)

Stigma is a term derived from the Greek language, and it means a bodily mark that was engraved on the skin of criminals, slaves, or traitors as a way of identifying them. In 1990, Herek observed that “the mark signified social ostracism, disgrace, shame or condemnation”. The Agency for Cooperation and Research Development (ACORD, 2004) define stigma and discrimination as follows: HIV/AIDS stigma is a real or perceived negative response to a person or persons by individuals, communities or society. It is characterized by rejection, denial and discrediting, disregarding, underrating and social distance. It frequently leads to discrimination and violation of human rights. According to Goffman (1963), stigmatised persons were considered “polluted” and persons to be avoided in the minds of the society. Emile Durkheim was the first author to discuss the notion of stigma in 1895 (cited in Herek & Glunt, 1988), and demonstrated how society justifies the treatment it accords to those who violate the societal norms.

Goffman (1963) in his book ‘Stigma: Notes on the management of spoiled identity,’ defined stigma as “an attribute that is deeply discrediting”. He noted that “persons who possess certain characteristics are considered socially undesirable and acquire a ‘spoiled’ identity”. He further states discredited persons are considered different from others and are therefore perceived to be “bad, dangerous or weak”. Consequently, they are “reduced in our minds from a whole and usual person to a tainted one and other associate with such person(s) based on the label. In fact, any person possessing a stigma is considered ‘not quite human’ because

the person deviates from what is perceived as 'normal' (Goffman, 1963). Herek (1990) noted that the difference between social expectations and the reality is more apparent during social interactions when the individual's attribute fails to meet social normative expectations. To illustrate the occurrence of this difference, Herek provided a couple of examples. He argued that "being black" may be a source of stigma in the company of whites only. Additionally, PLWHA may feel stigmatised in the company of non-infected persons but feel more comfortable in a social network with others who share similar stigma. These scenarios make the individuals feel inferior and they may experience a sense of discrimination.

While stressing the role of discrepancy in relation to how one is perceived by others, Goffman (1963) warned that stigma as an attribute should be understood "as a language of relationships" that occurs as persons interact with each other. He pointed to the fact that language plays a key role in day-to-day discourses during which stigma is defined and a specific stigma ascribed to those perceived to bear the "attribute". As a follow up, stigma then "legitimizes" the treatment we accord those bearing the mark of difference. As Goffman (1963) indicates, we treat them in "less humane ways than those without the mark".

Goffman (1963) argued that people who bear a stigma fall into two categories- discredited and discreditable attributes, which the stigmatized individual has to contend with. Being discredited implies that the stigmatized individual assumes his differentness is known or is evident, while discreditable is where the person assumes that his/her stigma is not immediately perceived by those around him. Goffman (1963) identified three different stigma types that define those possessing the "mark": First there are abominations of the body-the various physical deformities. Next there are the blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicide attempts, and radical political behaviour. Finally, there are the tribal stigmas of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all the members of a family.

Using these stigma types, Goffman (1963) made distinctions between the "normals", who did not bear the stigma, and the stigmatized. Expounding on these stigma types, Campbell

and Deacon (2006) added that, first, the “overt or external deformities” may refer to chronic illness like leprosy, which was dreaded by the society and resulted in stigmatization. Second, the stigma of known personal traits or deviations similar to those Goffman (1963) cited is associated with the already negatively stereotyped groups, such as individuals who engage in injecting drugs and homosexuality. Third, the tribal stigma illustrates national, religious, or race affiliations, Islam, being black, the castes of India. Following Campbell and Deacon (2006), the stigma associated with HIV/AIDS can be said to add to other types of stigma in our contemporary world.

An important component of stigma theory is labelling and ascribing labels to those supposed to be different. Becker (1963) referred to the labelled as “outsiders” because of their involvement in acts of deviance. Similarly, Falk (2001) acknowledged that labels could cast individuals with a common stigma into a group membership or category. To illustrate further, Goffman (1963) emphasised that when a stigmatized group meet “they may both modify their treatment of each other by virtue of believing that they each belong to the same ‘group’”. Link and Phelan (2001) proposed four specific components of the labelling process:

In the first component, people distinguish and label human differences. In the second dominant cultural beliefs link labelled persons to undesirable characteristics—to negative stereotypes. In the third, labelled persons are placed in distinct categories so as to accomplish some degree of separation of “us” from “them.” In the fourth, labelled persons’ experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination.

Questions have been raised as to why certain chronic conditions are not subjected to the same stigma as HIV/AIDS. Jones et al. (1984) correlated Goffman’s two types of stigma namely: discredited and discreditable, by developing six dimensions of stigma that explains why some individuals face stigmatization, and in particular those with conditions such as HIV/AIDS that are:

Concealable -the extent to which others can see the stigma; Course of the mark - whether the stigma becomes more prominent over time; Disruptiveness - the degree to which the

stigma gets in the way of social interactions; Aesthetics - other's reactions to the stigma; Origin - whether others think the stigma is present at birth and accidental, or deliberate; Peril - the apparent danger of the stigma to others (Jones et al., 1984).

Herek and Glunt (1988, cited in USAID, 2001) acknowledged that the stigma attached to HIV/AIDS as illness is layered upon pre-existing stigma, for example, social behaviours that contravene social norms, including 'promiscuous' people in general (Deacon, 2006). In an attempt to apply the six dimensions to HIV/AIDS, Jones et al. (1984) summarised the six dimensions to four characteristics to explain why stigma is highly stigmatised: Stigma is often attached to a disease whose cause is perceived to be the bearer's responsibility. The disease is associated with the risk of death. Perceptions of danger and fear of contagion have surrounded HIV/AIDS since the beginning. The disease is concealable to others (it disrupts or hinders social interactions).

Using the social stigma lens could shed light on workplace managers' perceptions of PLWHA. Assuming that their condition is known, workplace managers may consider PLWHA as "discredited" and therefore blame them for bringing a dangerous disease to the organisation. In short, they may be considered a disgrace to the organisation and in this case viewed as a "rotten apple", which could raise fears of contagion among co-workers, and subsequently result in segregation. This knowledge may cause employment discrimination to occur, particularly during the hiring stages, while applying for organisation benefits, or during workplace social interaction. During these times physical marks (skin rashes) resulting from the disease may be exposed to workplace managers or co-workers, triggering rejection and animosity. Similarly, workplace managers and co-workers' perception of the disease may not differ from the common social beliefs held by the society. It is possible that workplace recruitment managers could use these beliefs to discriminate against PLWHA regarding employment or other organisational benefits.

2.3.4.2 The Social Identity Theory (SIT)

The theory states that individuals start discrimination when they develop a sense of identity in their minds that some individuals belong to a certain classification, category or group which is different from the other on some grounds or standards (Tajfel & Turner, 1985) and this category or classification reflects the identity and position in the particular social setting. This happens because individuals develop shortcuts by classifying things and people into groups. The complication of the environment is condensed through the process of the

standard of prominence. This explains the phenomenon whereby the similarities within a group and the differences between groups are overstated or emphasised. The perception of the social group is illustrated by an evaluative (positive or negative) and an emotional (feeling) component. According to Turner, Hogg, Oakes, Reicher and Wetherell (1987), in social identity theory, a person classified others in a manner that the individuals are separate from the societal or other classification.

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

So SIT mainly elicits that when there is the differentiation between the identity of the individual from the acceptable or perceived criteria to be considered as a valuable and honourable individual of the society, then stigma will originate (Stone-Romero & Stone, 2007). This theory supports that individuals with HIV/AIDS have a separate identity as compared to the people who are uninfected. And the infected individual's identity has been perceived negatively due to the nature of the infection as HIV/AIDS is a disease that can be transmitted to other people. So prejudice and discriminatory attitudes are exhibited towards the PLWHA.

Social identity theory is applicable to the stigma process which considers how people use social constructs to judge or label the out-group members. It attempts to explain how and why society or large groups within a society appraise other people outside their group to determine if they fit the social standards. Social identity theory was applied by Goffman (1963) where he stressed how stigmatised people such as PLWHA form a virtual social identity when they become disfavoured in the eyes of society, and then become outcasts in employment, healthcare, education and in other spheres. He also conceptualised what he termed spoiled collective identity to describe people who were stigmatised, whose identity was brought into question and are also judged by society with rejection, exclusion and

denials. With spoiled collective identity, the stigmatised person is reduced in the minds of the majority groups.

Goffman identified three preliminary types of stigmatisation which carry all forms of discrimination, and these are abominations of the body which involve obvious physical disabilities, imperfections in peoples' characters which cast aspersions on them, and tribal stigma that is due to one's membership of a particular grouping. Goffman further claims that stigmatisation results in the disfavoured persons learning to accept their perceived deviance and internalising the classification.

Goffman further assumed that individuals can be socialised if they were born with stigma and raised with that awareness of the differences with other persons, if their neighbourhoods are stigmatised and if the individuals acquired the stigma elements post-birth such as HIV/AIDS. Furthermore, once stigmatisation occurs, two groups are likely to be formed. The group of stigmatised individuals referred to as "the owner", and the victims of stigmatization probably form an enclave. These will likely have understanding and compassion amongst another group known as "the wise" which may also be formed from these people who are not stigmatised but are sympathetic towards those who are stigmatised. The 'wise' may likely employ PLWHA, all things being equal.

2.3.4.3 The Modified Labelling Theory (MLT)

To explain the phenomena of stigma, most researchers apply the labelling theory (Schlosberg, 1993). The Modified labelling theory proposed that people attach certain labels to distinguish the individual identity. This sort of labelling can result in negative outcomes, as the labelling can result in stigma because there are certain negative labels attached to people with diseases, which results in the negative responses towards the people having the disease that leads to discrimination (Link, Cullen, Struening, Shrout, & Donrhenwend, 1989). According to Sontag (1978), the society tagged or labelled any disease which is characterised by a negative or pessimistic description, and these results in the stigmatisation and prejudice reactions.

It has been argued that the labelling of people basically involves the social audience, which means that the society tagged certain behaviours with a label; those behaviours either can be positive or negative. Similarly, society labels certain attributes and characteristics; the negativity or the positivity depends upon the label that is given to the characteristic or attribute. If the person gets that characteristic that is labelled as negative because it is not

according to the norms and standards of the society then the person will be categorised as a worthless and devalued person of the society. Such devaluation will trigger the stigma, so the person has to face the discrimination and biases due to the label attached to him/her (Goffman, 1963). So it can be inferred that when the person gets labelled due to an unacceptable or negative characteristic in the opinion of the society, then the person has to face the stigma because that characteristic becomes the stigmatised one. By implication, this theory supports that certain negative labels are attached to chronic and transmittable diseases such as HIV/AIDS, as a result of which stigma emerged and the infected individuals have to face the discriminatory behaviour.

2.4 Summary of Theories

This thesis adopted several theoretical backgrounds because of the multivariate nature of the variables under investigation, and these theories include the meaning and conceptualisation of discrimination, personality theories, emotional intelligence theory, and stigmatisation theories. These theories have widespread recognition and were deemed appropriate for use in the present research.

2.5 Conceptual Framework

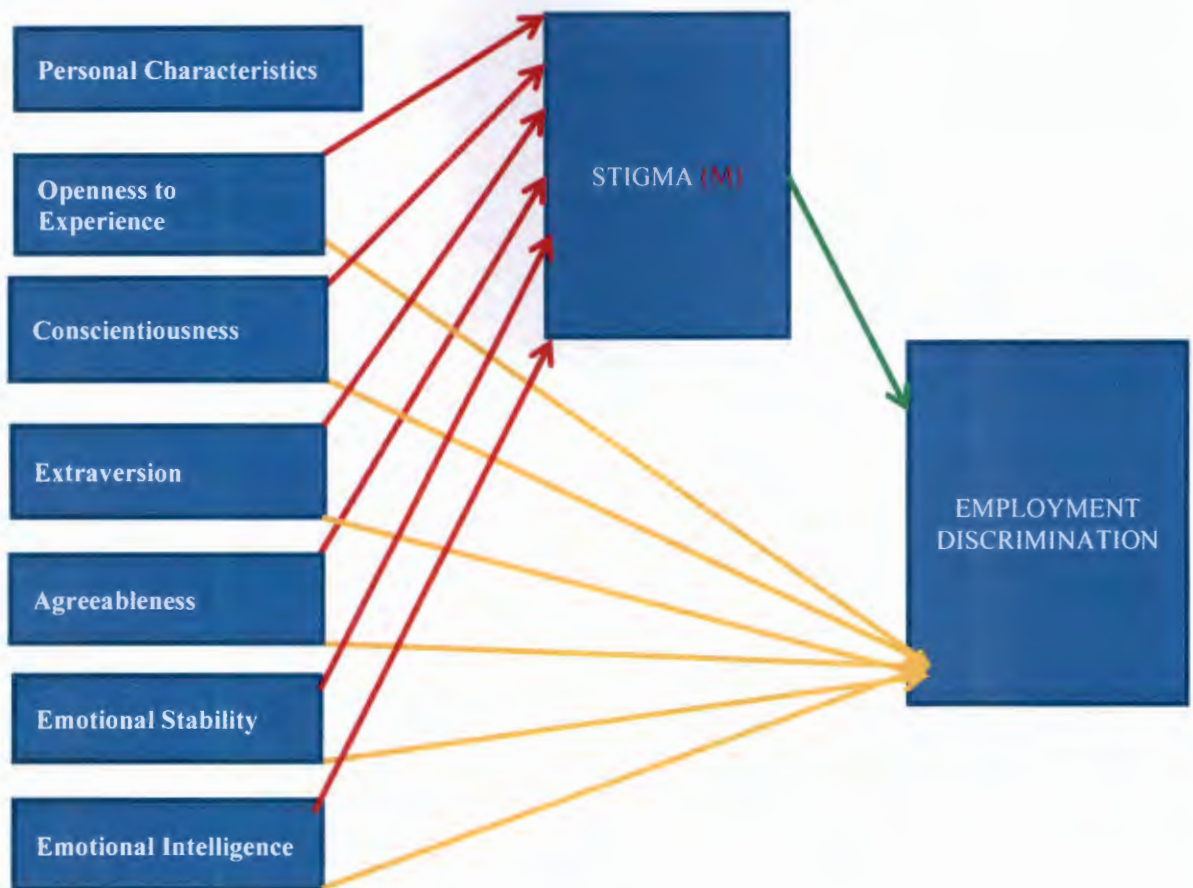


Figure 2.1: Conceptual Framework for the study

The conceptual framework consists of independent variables of psychosocial factors (extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience and emotional intelligence). The mediating variable is stigma, while the dependent variable is employment discrimination.

CHAPTER THREE

REVIEW OF LITERATURE

3.1 Introduction

A variable may function as a mediator if it intervenes in a relationship between the independent variable and the dependent variable. Mediator (Stigma) in this study explains how personality type, emotional intelligence and demo-organizational factors predict employment discrimination through its influence. Variable functions as a mediator when it meets the under listed set of conditions:

- (a) Variations in levels of the independent variable significantly account for variations in the mediator variable (i.e., IV and contextually stigma).
- (b) Variations in the mediator significantly account for variations in the dependent variable (i.e., mediator and contextually employment discrimination), and
- c) When Independent and dependent are controlled the mediator as previously significant relationship between the independent and dependent variables is no longer significant, with the strongest demonstration of mediation occurring when stigma is involved, (Baron, & Kenny,1986).

In this chapter relevant literature relating to this study will reviewed.

3.2 Prevalence of employment discrimination against PLWHA in Africa

In studies that focused on employment discrimination against PLWHA, indications are the prevalence is high. Sprague (2011) reveals that in a survey conducted in Kenya and Zambia, there is employment discrimination against PLWHA, and this has generated negative consequences and conflicts. Dipeolu (2014) found that there is massive employment discrimination against PLWHA, and this includes exclusion, forced disclosure, denial of promotion, hiring refusal and even termination of appointment on the discovery of HIV status, and knowledge of employers of the status of employees. Dos Santos et al. (2014) reported the negative effect of employment discrimination against PLWHA and this has implication for their quality of life. Consequences such as termination of appointment, exclusion, restrlction of benefits, forced disclosure of status to pre-employment screening were reported. Workplace discrimination and stigma against PLWHA have been identified

as a factor in the minority stress theories, and these have a link to psychological distress. Dos Santos et al. (2014) posited that employment discrimination and stigma may be linked to negative psychological outcomes. In South Africa, this is confirmed by a study using the PLWHA Stigma Index with 57 respondents. It was reported in the study that PLWHA still face significant stigma and discrimination that impacts across a broad spectrum of their daily lives. The researchers reported that 11.7% of participants indicated that they had lost their jobs within 12 months of their organizations knowing their HIV status; of these, more than half indicated it was at least partially due to their HIV status. The result of a survey conducted in the North West sub-region of Nigeria with a total of 56 307 men and women aged 15–49 years, with the majority of the participants aged 21–30 years, resident in rural areas, showed that younger persons, males, those with less education and those in the lower wealth index tended to agree more that people with HIV should be ashamed of themselves, and that people with HIV should be blamed for bringing the disease into the community. This report also revealed that age of participants also had a significant effect on stigma and discrimination against PLWHA, as participants aged 21–30 years showed more discriminatory behaviour towards PLWHA than those ages 31–49 (Dahlui et al., 2015).

The prevalence rate of employment discrimination against PLWHA was investigated by Sprague, Simon, and Sprague (2011) in a research involving 1,086 and 1,708 PLWHA in Kenya and Zambia respectively. It was reported that there existed significant barriers to employment, including discrimination in hiring, loss of promotion, and job termination because of HIV status. Eighty-five percent or more of the respondents in each country were of prime employment age but remained unemployed due to their HIV/AIDS status. The findings also indicated that relatively few respondents were formally employed and currently unable to re-enter employment, with only 21–27% working either fulltime or part-time for an employer, and an additional 12–19% self-employed. The remaining 56–68% were either unemployed or had casual or part-time employment.

Research by Ulasi et al. (2009) in Ghana on attitudes and behaviours of people towards PLWHA show that a majority of the 104 respondents agreed that PLWHA must be treated fairly like non-PLWHA (89%), that PLWHA should be provided with free healthcare or medications (87%) and should be treated with compassion (92%). The study also reported that, concerning children of PLWHA, 23% of the

participants preferred that children of PLWHA should be attended to differently from other children because they have HIV/ AIDS in their family. 14% indicated that PLWHA should not be allowed to participate in team sports, and 36% indicated that they would not let their child or children play with a child with HIV. In addition, 59% of participants agreed that PLWHA should disclose their HIV/AIDS status to other people, 28% agreed that PLWHA *should* be isolated in certain villages or towns while 12% indicated that they would rather request a job change if any of their co-workers, with *whom* they *work* closely in a team, became HIV positive. The study showed that workplace discrimination exists in Ghana and constitutes an obstacle to the employment of PLWHA. Regrettably, this discriminatory behaviour was more likely to be demonstrated by people who attained a higher educational status and were expected to be well-informed. While this suspicion has not been observed in any notable study, it is believed that the higher rate of discrimination among educated individuals may indicate that the level of education may not change behaviours (Ulasi et al., 2009).

In Nigeria, the consequences of employment discrimination against PLWHA are expected to be very high, considering the disadvantages of poor human capital development which in itself may constitute a significant stressor. In Nigeria, HIV/AIDS stigmatisation conveys several connotations such as the disease being dangerous, contagious and incurable; an outcome of immorality, and PLWHA deserved punishment for their sinful acts (Olalekan, Akintunde, & Olatunji, 2014). This was confirmed in a study conducted by Olalekan et al. (2014) on the perception of societal stigma and discrimination towards PLWHA. In the study, the PLWHA reported that they experience employment challenges. Olalekan et al. (2014) noted that when PLWHA are unemployed, this would further decrease their financial status, and ultimately their nutrition and feeding patterns, which are crucial to the reviving of an already depleted immune system. In another study among employers in both China and Nigeria, it was found that there was a strong reluctance to employ or retain employees with HIV (Dray-Spira, Gueguen, Lert, & Vespa Study Group, 2008). Fatoki (2016) also observed that HIV/AIDS-related discrimination and stigma from employers/colleagues complicate the management of the HIV/AIDS chronic condition and work schedules all at the same time.

Employment has also been implicated in improved psychological well-being, better psychosocial functioning, enhanced self-esteem, and better life satisfaction of PLWHA. In

studies by Hayward and Schmidt-Davis (2003) and Velten et al. (2014), it was indicated that employed PLWHA reported less psychological distress, anxiety, depression, suicidal propensity, and greater life satisfaction and general mental health. Another survey in the USA by the National Working Positive Coalition –Vocational Development and Employment Needs Survey (NWPCVDENS) reported that of the population of PLWHA who were hired, after a period of unemployment, 46% of respondents showed increases in their CD4 count (37% reported no change and 18% reported a decrease), 49% reported increased self-care (40% reported no change and 10% reported decreased self-care), 21% reported an increase in medication adherence, 71% reported no change, and 8% reported a decrease in taking medications as prescribed while more than one third reported a decrease in their amount of alcohol use, drug use, unprotected sex, and number of sex partners.

According to another report, too many PLWHA in New York, USA feel ensnared in poverty, with restricted opportunities to build futures that are economically secure. However, some of them believe that their unemployment status allowed them to focus more on improving their health and well-being as they feel that they would not get help to secure suitable jobs for self-sustenance, building financial security, and improving quality of life. Employment also impacts on the physical and neurological health of PLWHA especially in improved cognitive functioning, perceived health, and in general physical functioning. It has been found in a study that employed PLWHA showed better ability to perform daily activities, experienced fewer chronic illnesses, had better immune functioning, had lower mortality and performed at same level as non-PLWHA in physically and mentally demanding jobs (Conyers, 2011; Velten et al., 2014).

3.3 Personality Traits and employment discrimination

Personality types influence our attitudes and perceptions, what is called “Characteristic Adaptations” as they are a result of our genetic traits. It seems logical then that personality traits would play a role in the influence that stigma exerts on attitudes towards PLWHA and subsequent discrimination during a job search. It is believed that an individual’s personality determines his/her perception as well his/her pattern of reaction to the environment, and this assumption has been found consistent over time. Personality is an individual’s unique and relatively enduring pattern of thoughts, attitudes, feelings, motives, and behaviours. It may be right to assume therefore that an individual’s personality type will likely affect how

he/she reacts to a stimulus in their environment; simply put, people react differently to stimuli in their environment due to their different personality traits (Miller, 2009).

While there are studies that implicate certain personality characteristics (e.g., anger, self-esteem and hostility) in discriminatory experience, there is a dearth of empirical examinations on the role of personality traits in stigma and employment discrimination against PLWHA among recruitment managers. However, in a study, Hunte et al. (2013) examined whether personality characteristics influenced the relationship between interpersonal discrimination and depressive symptoms in a sample of 250 homosexual and bisexual men. They found that hostility and neuroticism were both significant predictors of the relationship between perceived anti-gay discrimination and depressive symptoms which accounted for 42% of the relationship. Bahman, Nadez, and Hasan (2016) investigated the relationship between personality traits and Acquired Immunodeficiency Syndrome (AIDS) among PLWHA in Iraq. Results showed that AIDS patients scored higher on novelty seeking, harm avoidance, reward dependence, and self-transcendence traits, and scored lower on persistence, self-directedness and cooperativeness traits.

Schmitt, Branscombe, Postmes, and Garcia (2014) reported that experiencing discrimination is mostly connected to neuroticism and conscientiousness, and that perceived discrimination is associated with increases in neuroticism and antagonism, which indicates a decline in agreeableness. An upsurge in negative emotionality was reported to have contributed to neuroticism, and similarly, anger and hostility were typically felt after being discriminated against (e.g., in an employment exercise where the person feels qualified) may most likely contribute to low agreeableness. Individuals who experience discrimination are also most likely to experience negative emotions, particularly anger, and become aggressive (Sutin et al., 2016).

Discrimination is also associated with declines in conscientiousness, and this is associated with rejection which is inherent in employment discrimination and is associated with a reduced ability to self-regulate. Research has proved that experiencing rejection results in the decrease in self-regulation which may involve inability to control one's behaviour and perform a task which hitherto he/she is well able to do, as in the case of PLWHA failing to perform well in the job interview after being discriminated against in other job interviews due to being HIV positive. In addition, it was found in an experimental setting that

individuals who experienced discrimination displayed more risk-taking behaviour such as deciding against searching for a job or not taking treatment (Jamieson, Koslov, Nock, & Mendes, 2013).

A significant part of conscientiousness is about fitting into society and adhering to social norms, but if society rejects some people like PLWHA who, after experiencing consistent improvement in their health and deciding to seek employment, but who are denied by the majority group members through discrimination. Individuals high in neuroticism or low in conscientiousness are less likely to avoid situations where discrimination is likely to occur and may be particularly vulnerable to social attacks from majority group members (Sutin et al., 2016).

3.4 Emotional Intelligence and employment discrimination

This research considered EI as a relevant factor in employment discrimination and has also been used to identify patterns in attitude and behaviour modification programmes (Krishnakumar & Rymph, 2012). For instance, Augusto-Landa, Pulido-Martos, and Lopez-Zafra (2011) identified a positive relationship between emotional regulation which is a component of EI and overall psychological well-being. Other research works suggest that individuals such as PLWHA with higher levels of emotional association are at low risk for developing and internalizing psychopathology, even when facing potential discrimination as a member of a minority group (Hatzenbuehler, 2009). It also aligns with research that suggests that an increase in EI is related to improvements in physical, mental, and social functioning (Kotsou et al., 2011). Emotional intelligence issues were observed, as employees thought and believed that working beside or closely beside PLWHA would make co-workers uncomfortable. People's emotional intelligence is identified as a crucial psychosocial factor for successful adaptation in life situations, including the workplace (Jain, 2012). Dafeeah, Eltohami, and Ghuloum (2015) noted that more experienced workers and those with more contact with PLWHA tend to have more favourable attitudes towards them. It has been indicated that good EI training can reduce aggressive behaviour, negative emotion, stress, depressive conditions, anxiety, sense of incapacity, as well as promotion of empathy, physical and psychological wellbeing, good health and excellent work performance (José Gutiérrez-Cobo et al., 2016).

Workplace interaction within workplace teams, where each worker benefits from other team members' strengths, and the ability of team members to adapt easily to changing circumstances, promotes the unpreparedness of workers or employers to engage someone with health challenges such as HIV/AIDS, as such recognition of HIV status of an added team member may disorganize the team cohesion and ultimately impact on team performance (Deming, 2015). Social skills are critical in the workplace but workers naturally vary in their ability to perform the variety of workplace tasks, as such teamwork increases productivity through comparative advantage (Deming, 2015).

Research on empathy, which is another feature of emotional intelligence, suggests that change in perspective can reduce prejudice, stereotype, and discrimination and it has been shown that empathy training programmes tend to reduce prejudice across all ages, gender, and group of participants in a research (<http://www.understandingprejudice.org> retrieved 2017). Empathy seems easy to adapt to a wide variety of situations as it takes note of the answer to a question such as how would I feel in that situation. Role-playing exercises provide a practical solution on the effective response to discriminatory behaviours.

According to Bradberry, T. & Greaves, J. (2012) highly emotionally intelligent persons are positive, have good emotional vocabulary, are assertive, curious, forgive but do not forget, are joyful, difficult to offend and stop negative self-talk. A study reported that there is a significant relationship between healthcare professionals' attitudes and their emotional intelligence and that the relationship links attitudes and emotions. The result of the study also showed that there is a relationship between emotional intelligence and job performance and that enhancement of EI can consequently improve workers' personal and social capabilities, as well as their productivity (Dafeeah, Eltohami, & Ghuloum, 2015). It perceived that individuals with higher emotional intelligence would use their ability to understand and regulate emotions to maintain a more positive mood and higher self-esteem (Schutte et al., 2002).

3.5 Emotional Intelligence and Stigma

There is a scarcity of research to indicate the possibility of a relationship between emotional intelligence and HIV/AIDS-induced stigma and employment discrimination. However, research has shown that an individual may have high EI but be unable to appropriately apply it in self-regulation, perception, interpretation of emotions (Ermer et al., 2012). It is

important to note that EI helps individuals to build tolerance for negative emotions often directed to PLWHA, and how PLWHA are perceived and devalued (Amstrong, 2015). For instance, individuals who have historically identified those PLWHA and classified them as socially different, and consequently attribute varying degrees of responsibility for contracting such illnesses, will respond to PLWHA with social distancing, isolation, exclusion, fear, and other negative emotions, even to the extent of discriminating against them. Research suggests that extreme mental illnesses such as schizophrenia are also often equated with negative social responses on the same level with living with HIV or AIDS (Corrigan et al., 2001).

3.5 Demo-Organisational Factors and Employment Discrimination

In a study on HIV/AIDS-related stigma and discrimination against PLWHA in the Nigerian population, it was found that younger persons, males, those with less education and those in the lower wealth index tend to agree more that people with HIV should be ashamed of themselves and that people with HIV should be blamed for bringing the disease into the community (Dahlui et al., 2015). Many respondents in the study conducted in Nigeria did not agree that female teachers infected with HIV should be allowed to continue teaching, even when they are not sick, because teachers are respected members of Nigerian communities. When infected with HIV, these teachers, especially the females, seem to lose respect in the community (Dahlui et al., 2015).

It was also found that about two-thirds of the respondents agreed that office colleagues who have HIV/AIDS should not be allowed to continue working. In another study on unemployment, half of the respondents who had lost their jobs in the preceding 12 months reported that it was due to their HIV positive status. Most of the employees with HIV/AIDS suffer prejudiced attitudes in their workplace from supervisors and colleagues in the form of social isolation, ridicule and discriminatory practices (Dahlui et al., 2015).

In another study, a question on willingness to buy vegetables from an HIV-infected vendor was used to assess how people associate themselves with PLWHA outside their domains. Results showed that only half of the respondents indicated willingness to buy vegetables from an HIV-infected vendor (Oyediran, Oladipo, & Anyanti, 2005).

Lau and Wong (2001) concluded in their survey on AIDS-related discrimination in the workplace, conducted in Hong Kong over 3 years, that awareness of legislation and

dismissal of PLWHA from work does not correlate with quantum social interventions deployed to discourage employment discrimination of PLWHA. They recommended that more efforts should be channelled to educate the public on the negative effect of stigma and ultimately discrimination on PLWHA as there is always panic, misconception, apprehension, and worries among co-workers of PLWHA in the event of close contact.

In a survey on factors affecting female workers' perceived discrimination in the workplace, in an analysis using the Korean Longitudinal Survey of Women and Family, the private sector employees were envisaged after employment to complain of greater perceived discrimination than public sector workers since public sector organizations were expected to more strictly adhere to and abide by the labour conditions stipulated by labour law.

The size of an organization also has implications for sensitivity to societal pressure due to their higher visibility and expectations. Therefore, those who work at larger companies were expected to feel less discrimination (Cho Gwang-ja, 2010). According to the findings of the survey, the structural and practical aspects of organizational factors including company size and organization type were related to female workers' discrimination both at the point of and after employment (Jeong & Won, 2013). Larger organizations are more capable in terms of execution of strategies and provision of resources and are better positioned to attract talented workers through higher wages and greater benefits. They attract more interest from prospective workers in an employment search, but these large business concerns prefer to employ male workers over female workers and consequently discriminate on the basis of gender.

A study conducted in Nicaragua on measuring HIV/AIDS-related stigma and discrimination reveal the gender differences in the expression of stigmatizing attitudes towards PLWHA existing at the community level, where female rather than male participants reported a higher level of agreement with statements that reflect stigma (Ugarte et al., 2013).

Employment discrimination on the basis of gender is also more prevalent in private organizations than at public organizations, stemming from the belief that public organizations observe the labour conditions as set out by law more strictly than do private companies because public organizations are obligated to provide equal opportunities to all

citizens regardless of their gender, age, education, health conditions and other personal characteristics.

3.6. Hypotheses

Based on the identified gaps and the conceptual framework, the following hypotheses will be tested.

1. There will be a significant relationship of Emotional Intelligence (EI), personality traits (i.e., extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience), and perceived stigma with employment discrimination against PLWHA.
2. Perceived stigma will mediate the relationship between Emotional Intelligence (EI) and employment discrimination against PLWHA.
3. Perceived stigma will mediate the relationship between extraversion and employment discrimination against PLWHA.
4. Perceived stigma will mediate the relationship between neuroticism and employment discrimination against PLWHA.
5. Perceived stigma will mediate the relationship between agreeableness and employment discrimination against PLWHA.
6. Perceived stigma will mediate the relationship between conscientiousness and employment discrimination against PLWHA.
7. Perceived stigma will mediate the relationship between openness to experience and employment discrimination against PLWHA.
8. Demographic factors such as gender, marital status, and age will influence employment discrimination against PLWHA among recruitment managers

3.7. Operational Definition of Terms

Discrimination: This refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group—in the case of HIV and AIDS, a person's confirmed or suspected HIV-positive status, irrespective of whether or not there is any justification for these measures (UNAIDS, 2000, cited in UNAIDS, 2005).

Acquired Immunodeficiency Syndrome (AIDS): This means a condition characterised by a combination of signs and symptoms, resulting from depletion of the immune system caused by infection with the Human Immunodeficiency Virus (HIV) (The HIV/AIDS Prevention and Control Act, 2006).

Personality Types: This refers to reflection of people's characteristic patterns of thoughts, feelings, and behaviours. This definition is based on the understanding that people differ from one another in terms of where they stand on a set of basic trait dimensions that persist over time and across situations. The Big Five model of the construct has features with the generic acronym, OCEAN: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism.

Emotional Intelligence (EI): This is defined as the ability to perceive accurately, appraise, and express emotion as well as the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth (Mayer & Salovey, 1997).

Stigma: This refers to shared negative evaluation and expression of differences. It is a situation where undesired differentness leads to some restrictions and deprivation in physical and social mobility as well as access to opportunities for development of inherent potentials including employment. These are negative stereotypes faced by PLWHA in the employment settings and can also refer to attitudes or perceptions of shame, disgrace, blame or dishonour associated with HIV/AIDS. Manifestations of stigma have been experienced in the withholding of medical treatment, rejection by families and community, termination of appointment, denial of jobs and housing, loss of the right to education and so on.

AIDS-Related stigma: HIV/AIDS stigma is a real or perceived negative response to a person or persons by individuals, communities or society. It is characterised by rejection, denial and discrediting, disregarding, underrating and social distance. It frequently leads to discrimination and violation of human rights (Agency for Cooperation and Research Development (ACORD), 2004).

Demo-Organisational Factors: These factors refer to organisation size indicating small or large, organization type referring to private or public and organization policy which includes human resources policies, health and safety policies and programmes, employment policy, and medical policy among others as they affect PLWHA. These also include age and gender of the workers as they will affect their propensity for discrimination in employment.

Employer: For the purpose of this study, employer is represented by recruitment managers (i.e., workers) in human resources, administration, personnel departments as well as management and executive cadre staff involved in recruitment and selection processes and decision-making for participating organisations.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

This chapter outlines the research approach and design adopted by the study as well as the population, sampling, ethical matters, research setting, participants, inclusion/exclusion criteria, data collection and analysis.

4.2 Research Design

This study adopted a cross-sectional survey design as the participants were selected from six different states of South West Nigeria comprising Lagos, Ogun, Oyo, Osun, Ondo, and Ekiti. The independent variables are broadly categorized into demo-organizational-comprising gender, marital status, rank/cadre, location of workplace and organizational factors, and psychological factors comprising personality, emotional intelligence, and the mediating variable is stigma, while the dependent variable is discrimination.

4.3 Research Setting

The survey was conducted in South West, Nigeria, comprising Lagos, Ogun, Osun, Oyo, Ondo and Ekiti states. The sample was drawn from workers' population in both public and private sector organizations comprising of male and female respondents with a minimum age of 18years.

South West Nigeria has six states; Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo. It is mainly a Yoruba-speaking area, although there are different dialects even within the same state. The GDP of Nigeria is about N130 trillion Naira (about \$594 billion US dollars) (Wikipedia, list of African countries by GDP (nominal)). The Southwest, one of the six geopolitical regions of Nigeria, has an estimated GDP of about N67 trillion naira (about \$305 billion US dollars), more than half of the GDP of the nation.

Ekiti state

Ekiti is a state in South west Nigeria and it was created out of the Old Ondo in 1996. The state has 16 local government areas, with its capital in Ado-Ekiti, and is divided into four areas; Ekiti Central, Ekiti North, Ekiti South, and Ekiti West. The state is an upland zone rising over 250 metres above sea level and it covers a total of 6,353 square kilometres of

land. It is bordered by Ondo in the South and Kwara in the North. Kogi is to the East and Osun to the West. The major source of occupation and income in the state is agriculture. Agriculture provides income and employment for about 75% of the populace.

Lagos state

Lagos state was created in 1967 and traditionally consists of four islands; Lagos Island, Victoria Island, Ikoyi and Iddo. It has 57 local government areas and was the capital of Nigeria until 1991, when the seat of power relocated to Abuja. It is the commercial nerve-centre of Nigeria, having more than half of the industrial investments of Nigeria. It is a Yoruba-speaking, south-western state, but the population consists of people from all tribes in the country and many different nationalities.

Ogun State

Ogun was created in 1976 with Abeokuta as the capital and is known as the 'gateway state' because of its strategic position as the link by road, rail, air, and sea to the rest of the country. The state covers a landmass of 16,409sqkm, and it shares an international boundary with the Republic of Benin to the west and local boundaries with Oyo state to the north, Lagos and the Atlantic Ocean to the south, and Ondo state to the east. It has a large number of industrial parks, federal and state government establishments and agencies.

Ondo State

Ondo was created in 1976 from the former Western region of Nigeria. It has 19 local government areas with the capital in Akure. Ondo is bordered in the north by Ekiti and Kogi; east by Edo state; west by Oyo and Ogun, and in the south by the Atlantic Ocean. It is an oil-producing state and boasts of several government and private establishments

Osun State

Osun has its capital city at Oshogbo and has 30 local government areas and was created in 1991 from the old Oyo state. The inhabitants are mostly employed in the production of hand-woven textiles, leather-work, and woven mats. The state has many private companies and both federal and state government establishments.

Oyo State

Oyo is in the south-west of Nigeria and it was among the 3 states carved out of the former Western State of Nigeria in 1976. The state has 33 local government areas with Ibadan as the capital city. It has a large number of industries, government establishments and agencies

4.4 Participants

Participants for this study comprised workers in human resources, administration and personnel departments as well as management and executive cadre staff involved in recruitment and selection of personnel for both private and public sector organizations randomly selected from 6 states in South-Western Nigeria. Data on participants' age, gender, and other relevant variables were obtained through a questionnaire.

Table 4.1: Socio-Demographic Characteristics of the Respondents

Study Participants			
Characteristics	F	%	\bar{x} (σ)
Age		38.7	(9.9)
Gender			
Male	550	49.5	
Female	562	50.5	
Marital Status			
Single	309	27.8	
Married	759	68.3	
Divorced	44	4.0	
Rank/position			
Junior	354	31.8	
Management	653	58.7	
Executive	105	9.4	
State of Work			
Ekiti	105	9.4	
Lagos	406	36.5	
Ogun	184	16.5	
Ondo	117	10.5	
Osun	122	11.0	
Oyo	178	16.0	

N = 1112

	Total distributed	Total returned	% returned	Èkiti state	Lagos state	Ogun state	Ondo state	Osun state	Oyo state	Attrition
No of Respondents	900	842	94%	100	230	100	107	95	210	58
Age										
18-25		64	8%	7	23	10	4	7	13	
26-30		141	17%	17	47	17	16	13	31	
31-35		132	16%	12	43	10	15	19	33	
36-40		136	16%	19	35	10	21	16	35	
41-45		148	18%	17	33	22	20	14	42	
46-50		114	14%	17	22	18	9	14	34	
51-55		50	6%	5	8	8	15	4	10	
56+		57	7%	6	19	5	7	8	12	
Gender										
Male		359	43%	47	87	55	47	42	81	
Female		483	57%	53	143	45	60	53	129	
Marital Status										
Single		240	29%	32	80	29	25	28	46	
Married		546	65%	56	136	66	74	63	151	
Divorced		53	6%	12	12	5	8	4	12	
Widowed		3	0%	0	2	0	0	0	1	

Job search Behaviour and employment concerns of PLWHA

Table 4.2: Job search behaviour of PLWHA

Category	Frequency	Percent
low job search	400	47.5
high job search	442	52.5
Total	842	100.0

Descriptive analysis of the job search behaviour of the people living with HIV/AIDS shows that a majority of the respondents (52.5%) are high in job search indicating that many PLWHA want to work and are actually searching for a job.

Table 4.3: Employment Concerns of PLWHA

Category	Frequency	Percent
low employment concerns	444	52.7
high employment concerns	398	47.3
Total	842	100.0

For employment concerns, analysis shows that 52.7% of the respondents have low employment concerns while 47.3% have high employment concerns.

The result of the descriptive statistics above shows that PLWHA in South Western Nigeria have positive job search behaviour and are ready to work and make an effort to secure jobs. They also have low employment concerns implying that they believe that they can work and are healthy enough to do so if given the opportunity of gainful employment.

4.5 Sampling

Multi-stage sampling technique was used to randomly select 1112 participants in the six south western states in Nigeria. Multi-stage sampling technique is considered appropriate because it involves the combination of two or more sampling techniques, which enhanced the method of selecting the study sample. The sampling method was a combination of proportionate and simple random sampling techniques.

Based on the information obtained from the National Population Commission of Nigeria, the worker population in south western Nigeria, as at 2006 census, stood at 9,858,454. Out of this number, Ekiti State had 650,937, Lagos State had 3,579,801, Ogun State had 1,428,641, Ondo State had 1,130,659, Osun State had 1,070,791, and Oyo State had 1,997,625 (National Population Commission 2006). Considering that each state's working population differs, proportionate sampling technique was used to select workers from each of the states.

The Yamane (1967) method of sample selection was used in selecting the sample size for this study. The formula from Yamane is $n = \frac{N}{1+N(e)^2}$ The method is used in determining the minimal sample size for a given population (Yamane, 1967).

$$n = \frac{N}{1+N(e)^2} . \text{ Where } N = \text{Target population/population size} \quad 1 = \text{constant, and } e = 0.05$$

level of significance or level of precision.

Applying the figures into the formula, $N = 9,858,454$, $1 = 1$ and $e = 0.05$

$$n = \frac{9,858,454}{1+9,858,454(0.05)^2} = \frac{9,858,454}{24.645.13} = n = 399.9 \approx 400$$

The minimum sample size using Yamane's (1967) method is 400. The researcher planned to use 1200 participants for this study in order to enhance the external validity of the results but ended up with 1112 even though 1500 questionnaires were distributed, as it was not possible to retrieve all the distributed questionnaires. Proportionate sampling technique was used to calculate the number of questionnaire to be distributed in each state. The analysis of the planned, distributed and retrieved number of questionnaires per state is presented below.

Ekiti State	$= \frac{650,937}{9858454} \times 100 = 6.6\%$	of 1500=100
Lagos State	$= \frac{3,579,801}{9858454} \times 100 = 36.3\%$	of 1500= 544
Ogun State	$= \frac{1,428,641}{9858454} \times 100 = 14.4\%$	of 1500 = 216
Ondo State	$= \frac{1,130,659}{9858454} \times 100 = 11.4\%$	of 1500 = 171
Osun State	$= \frac{1,070,791}{9858454} \times 100 = 10.9\%$	of 1500 = 164
Oyo State	$= \frac{1,997,625}{9858454} \times 100 = 20.3\%$	of 1500 = <u>305</u>
Total		= <u>1500</u>

Table 4.4: Data collection table for employers (Recruitment Managers) in South Western Nigeria

State	Planned	Distributed	Retrieved/used	Attrition
Ekiti	100	140	105	+5
Lagos	544	650	406	138
Ogun	216	300	184	32
Ondo	171	200	117	54
Osun	164	200	122	42
Oyo	305	350	178	127
Total	1500	1840	1112	388

Following is the graphical presentation and description of each of the variables

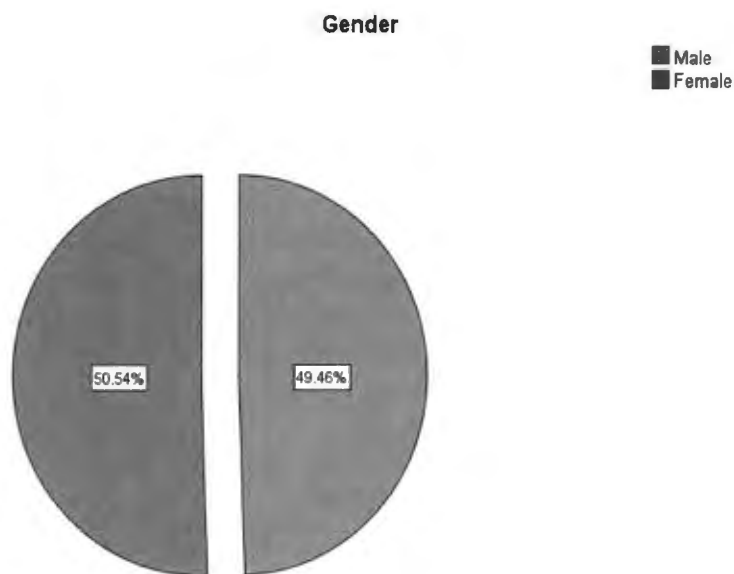


Figure 4.1: Distribution of the Respondents by Gender

Figure 2 describes the categories of gender of the study participants. The exploded pie chart shows that 50.54% of the respondents were females while 49.46% were males.

Marital Status

The distribution of the respondents by marital status is as contained in Figure 4.2. The exploded pie chart shows that the majority of the respondents were married at 68.26%. The figure further shows that 27.79% of the total respondents were single while 3.96% were divorced.

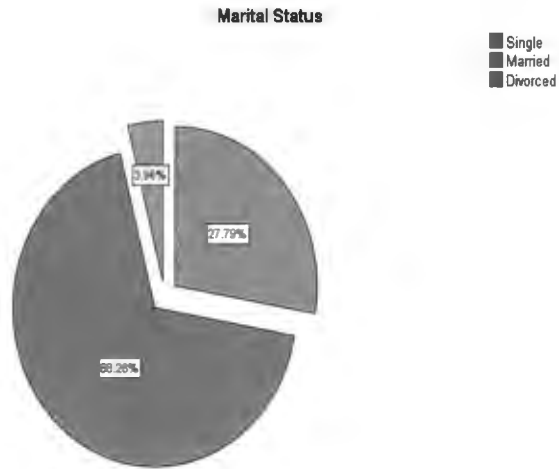


Figure 4. 2: Distribution of the Respondents by Marital Status

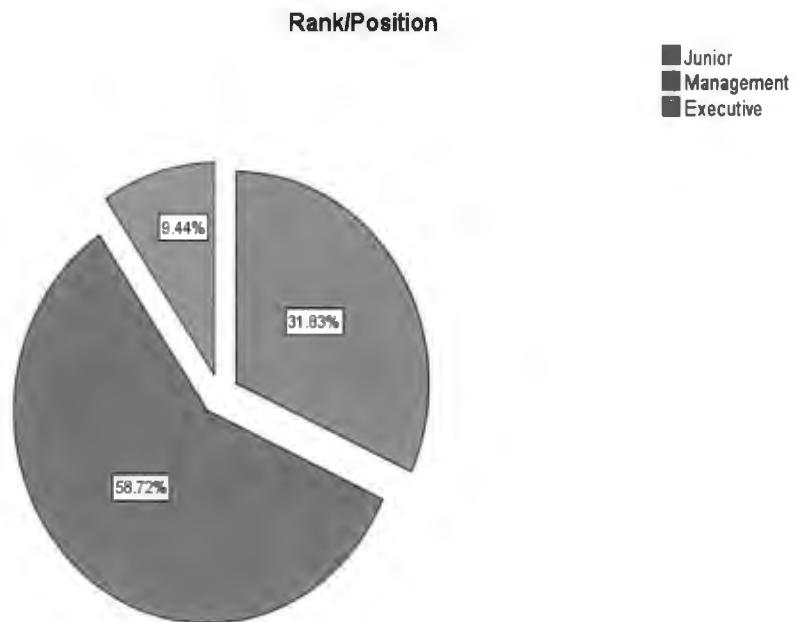


Figure 4.3: Distribution of Respondents Rank/Position within the Organization

Figure 3 describes the distribution of the respondents by their rank/position within the organization. The figure shows that 58.72% of the study respondents belong to the management cadre, 31.83% belong to the junior cadre, while 9.44% belong to the executive cadre.

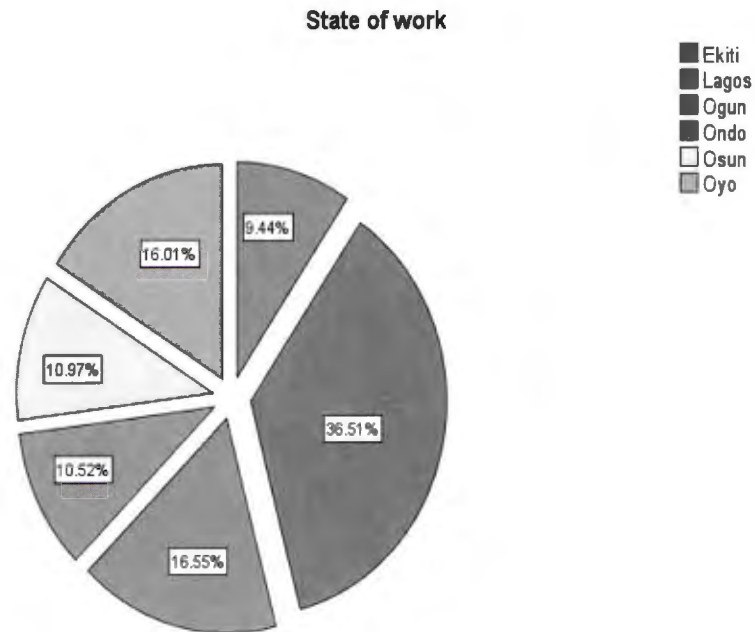


Figure 4.4: Distribution of Respondents by State of Work

The distribution of the respondents by their state of work (location of workplace) is as presented in Figure 4. The exploded pie chart shows that 36.51% of the participants were from Lagos State, 16.55% from Ogun State, 10.52% from Ondo State, 10.97% from Osun State, 16.01% from Oyo State, and 9.44% from Ekiti State.

4.6 Research instruments

The method of data collection was quantitative, which involved the use of self-report questionnaires to extract responses from the participants. The self-report questionnaire consisted of measures of psychological factors (personality types, stigma and emotional intelligence) demo-organizational factors (gender, age, cadre, marital status, location of workplace, type and size of organizations) in relation to employment discrimination.

Personality: Ten -tem personality measure (TIPI) was used to investigate the Big Five model of personality. In this study, a 10-item measure of the Big Five dimensions is appropriate as personality trait is a variable of interest. The five domains under consideration are openness to experience, agreeableness, neuroticism, extraversion and conscientiousness.5 items were reverse-coded in this 10- items scale. In the current study, the Cronbach's alpha coefficient for the Big Five Personality scale is 0.27.

Emotional Intelligence: The Schutte Self-Report Emotional Intelligence Test (SSEIT) model scale was used to measure emotional intelligence. The scale measures general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self-relevant emotions, and managing others' emotions. It is a 33-item scale and 3 items were reverse-coded. In the current study, the Cronbach's alpha coefficient for emotional intelligence (EI) is 0.93.

Stigma and Discrimination: Stigma and discrimination were assessed using the HIV/AIDS Stigma and Discrimination scale developed and used by Becky L. Genberg, Surinda Kawichai, Alfred Chingono, Memory Sendah, Suwat Chariyalertsak, Kelika A. Konda and David D. Celentano. It is a 22-item scale with a three-component structure, and the perceived stigma of HIV/AIDS scale by Westbrook and Bauman (1996).

The scale has three main components which are (1) shame, blame, and social isolation, (2) discrimination and (3) equity. The first component represents three components of stigma as Link and Phelan proposed, relating, labelling, devaluing and isolation of PLWHA with 10 items in the scale (Link & Phelan, 2006)

The second component, which is discrimination, has 8 items in the scale and they address the manifestation of stigma and the discrimination that community members perceive PLWHA face in their communities. Participants were asked to report on the types of discrimination that they perceive PLWHA are forced to deal with in their lives.

The third component is equity and consists of 5 items which focuses on the endorsement of views that PLWHA should be considered equal members of society as those who are HIV/AIDS-free. The questions focused on restrictive policies, freedoms and whether or not PLWHA should receive equal treatment. This factor is related to Link and Phelan's fifth component which is concerned with the ability of the stigmatized to exercise power in social situations (Link & Phelan, 2006).

The items were phrased positively and negatively, and respondents indicated the level of agreement or disagreement. All stigma questions that were framed positively were reverse-coded to maintain a consistent interpretation of the final score. 5 items were reverse-coded in the 22-item scale. In the current study, the Cronbach's alpha coefficient for stigma is 0.9 and perceived discrimination is 0.73.

4.7 Procedure for data collection

Pilot Study

As a prelude to the main study, a pilot study was conducted on job search and employment concern behaviours of PLWHA in South West Nigeria. The survey sample was drawn from a population of PLWHA in the six states of the region comprising Lagos, Ogun, Ondo, Oyo, Osun and Ekiti States. Eight hundred and forty-two PLWHA (842) were randomly selected.

Access to conduct the study was sought from respective organizations, institutions and labour organizations (private and public) in South Western Nigeria. Participation in the study was voluntary, as participants were at liberty to discontinue with the research whenever they felt uncomfortable with any aspect of it. Data was collected during office hours, which are officially 8am to 5pm. Research assistants were on the ground to retrieve the questionnaires after completion and ensure respondents answered all questions.

900 questionnaires were distributed and 842 were correctly completed, leaving 58 incomplete questionnaires, representing about 6% attrition rate for PLWHA across the 6 states.

This pilot study is an effort to understand the behaviour of PLWHA in employment search as a way of enhancing the result of this mediation study. The researcher included PLWHA in the population sample to enable him to extract valid information on this class of the sample.

The purpose here is to understand the employment-seeking behaviour of PLWHA as an indication of self-confidence in their ability to work, applying for a job and seeking relevant help to acquire a job, as employers will only consider those that applied. This approach is to rule out and control the possibility of recruitment managers and employers of labour suggesting that PLWHA do not apply for jobs or are not qualified for jobs and should not have been discriminated against.

A scale developed by Vetter (2009) was used to assess search behaviour and discrimination concerns of PLWHA. It assesses concerns of accommodation at work, concern of disclosure and anticipated discrimination, job search concerns, concerns of impact of works on benefits (free financial benefits accorded to PLWHA by governments, donor agencies etc) and other health related concerns.

Items were organized into 5 sub-scales based on the 5 types of employment-related concerns and potential employment barriers that have been previously identified in qualitative studies. The following five types of concerns have been identified: financial and medical benefits, health, requesting necessary accommodation at place of employment, discrimination, and job-search skills

4.8 Inclusion/Exclusion Criteria

Since stigma involves sensing attitudes (beliefs) and actions (discrimination), instruments measuring both aspects of perceiving entailed the use of multiple-item and self-report instruments that: (a) measure at least one aspect of perceiving stigma, (b) measure perceived discrimination due to HIV/AIDS, and (c) have scales or subscales that have been factor analysed in one or more studies. Excluded were single-item measures of perceived stigma and discrimination

4.9 Data Analysis

SPSS version 25: The Statistical Package for the Social Science (SPSS) was used to examine data patterns of this research.

4.10 Ethical considerations

In the course of carrying out this research, the following research ethics were considered. First, participation in the study was voluntary as only participants who were willing participated in the study. The participants were assured of the confidentiality of their responses. To achieve this, their names and departments were not included. Confidentiality was maintained in all activities of the research study. Confidentiality means a person knows but will not tell, and anonymity means that a person's name is not known and is not made public. According to Terre Blanche, Durrheim and Painter (2009) and Gallagher and Zahavi (2014) information obtained from the research must be confined to certain well-defined scientific uses that should be clear to the participants at the time of giving informed consent. To ensure that both confidentiality and anonymity were not compromised, the researcher did not request for names and departments of the workers and this preserved participants' anonymity.

The principles of research ethics were strictly adhered to by the researcher. This was done by informing the participants that the research poses no physical, psychological, or emotional harms. However, health care professionals were made available by the researcher

to attend to any participants who exhibited adverse reactions to any of the sensitive aspects of the study, especially with PLWHA during the pilot study. Any participant who felt uncomfortable with the research at any point was free to discontinue with it. In addition to all these, permission to conduct the study was obtained from the ethics committee of the North-West University, Mafikeng campus

CHAPTER FIVE

RESULTS

5.1 Overview of results

The previous chapter discussed the variety of research methods used by the researcher in the execution of this research work. The present chapter presents the results from the data analysis. Pearson Product Moment Correlation Co-efficient was used to determine the linear relationships among the study variables. Linear regression was used to determine the predictive effect of the independent and mediating variables on the dependent variables. Lastly, univariate ANOVA was used to determine the influence of selected socio-demographic variables on the dependent variables, and Tukey HSD was used for post hoc analysis where the result was significant. Furthermore, a normal plot of the standard residuals was used to test for normality. Results indicate that the data did not deviate from normality. Data was also checked for outliers, homoscedasticity, and auto-correlation with outcomes, suggesting that the required assumptions were met.

5.2 Hypotheses Testing

Hypothesis 1: There will be a significant relationship of Emotional Intelligence (EI), personality traits (i.e., extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience), and perceived stigma with employment discrimination against PLWHA. To test this hypothesis, Pearson's Product Moment Correlation Coefficient was used and the summary of the outcome is presented in Table 5.2.1. From the table, it could be observed that openness to experience has a moderate positive significant linear relationship with emotional intelligence ($r = .30, p < .000$), conscientiousness has a weak significant linear relationship with stigma ($r = .20, p < .001$) and perceived discrimination ($r = .22, p < .001$). Agreeableness element has a weak significant linear relationship with emotional intelligence ($r = .20, p < .000$), and strong but negative significant linear relationship with perceived discrimination. Also, extraversion has a weak positive significant linear relationship with emotional intelligence ($r = .22, p < .000$), neuroticism has a weak positive significant linear relationship with stigma ($r = .20, p < .000$), while stigma has a strong positive significant linear relationship with perceived discrimination.

Table 5.2.1: Pearson Product Moment Correlations (r) and Significant Probabilities for Relationship between Personality, Emotional Intelligence, Stigma, and Discrimination

Variables	1	2	3	4	5	6	7	8
1. Openness	1							
2. Conscientiousness	.066*	1						
3. Agreeableness	.179**	.048	1					
4. Extraversion	.367**	-.004	.071*	1				
5. Neuroticism	.015	.296**	.243**	.018	1			
6. EI	.255**	-.040	.195**	.215**	.029	1		
7. Stigma	-.013	.197**	-.025	.050	.109**	.025	1	
8. PD	-.052	.220**	-.081**	.027	.232**	-.068*	.740**	1
Mean	9.05	8.29	9.08	9.70	8.83	164.63	55.75	73.28
SD	2.83	2.78	2.69	2.65	2.71	29.85	22.30	17.13
Skewness	-0.36	0.45	-0.51	0.07	-0.16	-0.96	0.86	0.98
Kurtosis	0.13	-0.45	0.10	-0.54	-0.22	0.62	0.24	0.22

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 2: Perceived stigma will mediate the relationship between emotional Intelligence (EI) and employment discrimination against PLWHA.

Table 5.2.2: Multiple Regression Showing Stigma Mediating between Emotional Intelligence and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	S.E	B	t	P
Step 1					
Constant	53.266	3.782	-	14.083	< .001
Emotional Intelligence	0.099	0.023	0.131	4.398	< .001
R	0.131				
R ²	0.017				
AdjR ²	0.016				
ΔR ²	0.017				
F	19.340***				
ΔF	19.340***				
Dependent variable = Employment Discrimination					
Step 2					
Constant	46.062	3.842	-	11.990	< .001
Emotional Intelligence	0.066	0.023	0.087	2.893	< .01
R	0.087				
R ²	0.007				
AdjR ²	0.007				
ΔR ²	0.007				
F	8.370**				
ΔF	8.370**				
Dependent variable = Stigma					
Step 3					
Constant	24.997	1.117	-	23.373	< .001
Stigma	0.783	0.018	0.791	43.142	< .001
R	0.791				
R ²	0.626				
AdjR ²	0.626				
ΔR ²	0.626				
F	1861.237***				
ΔF	1861.237***				
Dependent variable = Employment Discrimination					
Step 4					
Constant	17.446	2.466	-	7.074	< .001
Emotional Intelligence	0.048	0.014	0.063	3.430	< .001
Stigma	0.778	0.018	0.786	42.891	< .001
R	0.794				
R ²	0.630				
AdjR ²	0.630				
ΔR ²	0.613				
F	945.528***				
ΔF	1839.679***				
Dependent variable = Employment Discrimination					

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.131, p < .001$) can be directly predicted by emotional intelligence. In Step 2, emotional intelligence had a significant positive influence on HIV/AIDS stigmatisation ($\beta = .087, p < .001$), with participants who scored higher on emotional intelligence more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = .791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, as expected, emotional intelligence and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.630, F(1, 1109) = 945.528, p < .001$, and observing the indirect paths, which is the testing of a mediation, emotional intelligence showed a significant positive direct influence on employment discrimination ($\beta = 0.063, p < .001$), as did HIV/AIDS stigmatisation ($\beta = 0.786, p < .001$). Given the significant positive direct influences of both emotional intelligence and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediate the relationship between emotional intelligence and employment discrimination. There was a partial mediation because the beta coefficient for emotional intelligence on employment discrimination was reduced (from $\beta = 0.131$ in Step 1 to $\beta = 0.063$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of emotional intelligence on employment discrimination. The reduction was $0.131 - 0.063 = 0.068$. The results imply that emotional intelligence had an indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression model is presented in Figure 5.

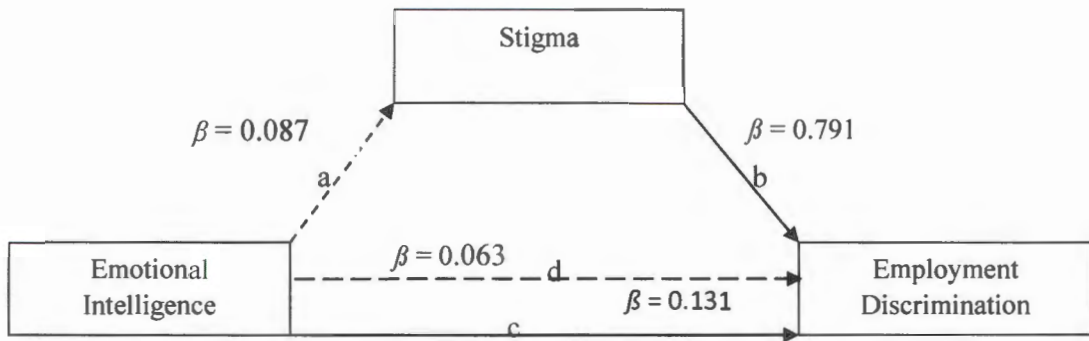


Figure 5. Model for the mediating role of HIV/AIDS stigmatisation in the relationship between emotional intelligence and employment discrimination.

Note. Emotional intelligence is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of emotional intelligence on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of emotional intelligence on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of emotional intelligence on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the paths with broken lines are the indirect effects when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_b = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 0.066^2 = 0.004356$$

$$s_a^2 = 0.023^2 = 0.000529$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square = \sqrt{0.783(0.000529) + 0.004356(0.000324)}$$

$$\square = 0.000414207 + 0.000001411344$$

$$\square = \sqrt{0.000415618344}$$

$$\square = 0.0203867$$

In applying the Sobel test to confirm the significance of the indirect contribution of HIV/AIDS stigmatisation on employment discrimination when controlled for emotional intelligence (Sobel, 1982), the difference between coefficients was significant ($Z = 0.0203867$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between emotional intelligence and employment discrimination. These results suggest that HIV/AIDS stigmatisation influences the relationship between emotional intelligence and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 3: Perceived stigma will mediate the relationship between extraversion and employment discrimination against PLWHA.

Table 5.2.3: Multiple Regression Showing Stigma Mediating between Extraversion and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	S.E	B	t	P
Step 1					
Constant	65.098	2.819	-	23.096	< .001
Extraversion	0.474	0.286	0.050	1.656	> .05
R	0.050				
R ²	0.002				
AdjR ²	0.002				
ΔR ²	0.002				
F	2.744				
ΔF	2.744				
Dependent variable = Employment Discrimination					
Step 2					
Constant	47.113	2.836	-	16.612	< .001
Extraversion	1.035	0.288	0.107	3.593	< .001
R	0.107				
R ²	0.011				
AdjR ²	0.011				
ΔR ²	0.011				
F	12.912**				
ΔF	12.912**				
Dependent variable = Stigma					
Step 3					
Constant	24.997	1.117	-	23.373	< .001
Stigma	0.783	0.018	0.791	43.142	< .001
R	0.791				
R ²	0.626				
AdjR ²	0.626				
ΔR ²	0.626				
F	1861.237***				
ΔF	1861.237***				
Dependent variable = Employment Discrimination					
Step 4					
Constant	28.029	1.925	-	14.664	< .001
Extraversion	-0.340	0.176	-0.036	-1.933	< .05
Stigma	0.787	0.018	0.795	43.153	< .001
R	0.792				
R ²	0.628				
AdjR ²	0.627				
ΔR ²	0.625				
F	934.781***				
ΔF	1862.217***				
Dependent variable = Employment Discrimination					

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.050, p > .05$) cannot be directly predicted by extraversion. In Step 2, extraversion had a significant positive influence on HIV/AIDS stigmatisation ($\beta = 0.107, p < .001$), with participants who scored higher on extraversion more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = 0.791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, extraversion and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.628, F(1, 1109) = 934.781, p < .001$, and observing the indirect paths, which is the testing of a mediation, extraversion showed a positive direct influence on employment discrimination ($\beta = -0.036, p < .05$), as did HIV/AIDS stigmatisation ($\beta = 0.795, p < .001$). Given the significant positive direct influences of both extraversion and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediates the relationship between extraversion and employment discrimination. There was a partial mediation because the beta coefficient for extraversion on employment discrimination was reduced (from $\beta = 0.050$ in Step 1 to $\beta = -0.036$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of extraversion on employment discrimination. The reduction was $0.050 - -0.036 = -0.014$. The results imply that extraversion had an indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression model is presented in Figure 6 below:

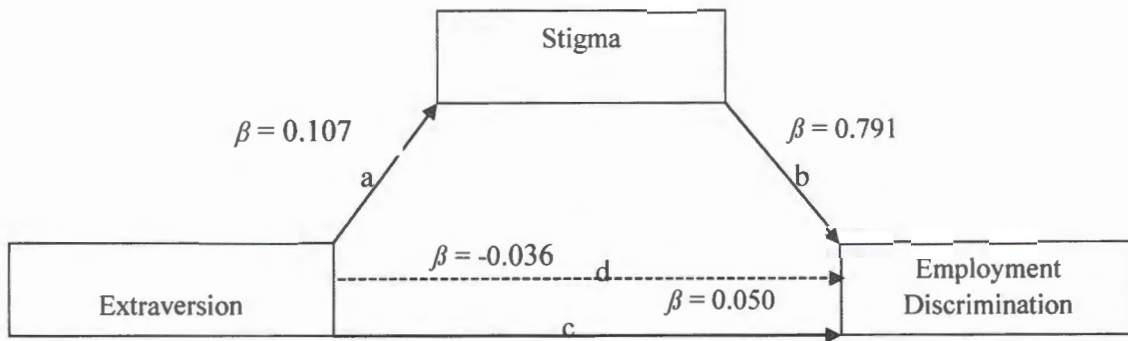


Figure 6. Model for the mediating role of HIV/AIDS stigmatisation in the relationship between extraversion and employment discrimination.

Note. Extraversion is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of extraversion on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of extraversion on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of extraversion on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the paths with broken lines are the indirect effect when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_b = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 0.474^2 = 0.224676$$

$$s_a^2 = 0.288^2 = 0.082944$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square = \sqrt{0.783(0.082944) + 0.224676(0.000324)}$$

$$\square = \sqrt{0.064945152 + 0.000072795024}$$

$$\square = \sqrt{0.065017947024}$$

$$\square = 0.2549861$$

In applying the Sobel test to confirm the significance indirect contribution of HIV/AIDS stigmatisation on employment discrimination when controlled for emotional intelligence (Sobel, 1982), the difference between coefficients was significant ($Z = 0.02549861$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between emotional intelligence and employment discrimination. These results suggest that HIV/AIDS stigmatisation influences the relationship between extraversion and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 4: Perceived stigma will mediate the relationship between emotional stability(neuroticism) and employment discrimination against PLWHA.

Table 5.2.4: Multiple Regression Showing Stigma Mediating between Emotional Stability and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients	t	P
	B	S.E	β		
Step 1					
Constant	62.087	2.733	-	22.717	< .001
Emotional stability	0.809	0.284	0.085	2.850	< .01
R	0.085				
R ²	0.007				
AdjR ²	0.006				
ΔR^2	0.007				
F	8.121**				
ΔF	8.121**				
Dependent variable = Employment Discrimination					
Step 2					
Constant	52.027	2.768	-	18.794	< .001
Emotional stability	0.533	0.288	0.056	1.854	> .05
R	0.056				
R ²	0.003				
AdjR ²	0.002				
ΔR^2	0.003				
F	3.437				
ΔF	3.437				
Dependent variable = Stigma					
Step 3					
Constant	24.997	1.117	-	23.373	< .001
Stigma	0.783	0.018	0.791	43.142	< .001
R	0.791				
R ²	0.626				
AdjR ²	0.626				
ΔR^2	0.626				
F	1861.237***				
ΔF	1861.237***				
Dependent variable = Employment Discrimination					
Step 4					
Constant	21.467	1.921	-	11.173	< .001
Emotional stability	0.393	0.174	0.041	2.256	< .01
Stigma	0.781	0.018	0.789	43.029	< .001
R	0.793				
R ²	0.628				
AdjR ²	0.627				
ΔR^2	0.621				
F	936.593***				
ΔF	1851.525				
Dependent variable = Employment Discrimination					

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.085, p < .01$) can be directly predicted by emotional stability. In Step 2, emotional stability had a significant positive influence on HIV/AIDS stigmatisation ($\beta = 0.056, p > .05$), with participants who scored higher on emotional stability more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = 0.791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, emotional stability and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.628, F(1, 1109) = 936.593, p < .001$, and observing the indirect paths, which is the testing of a mediation, emotional stability showed a positive direct influence on employment discrimination ($\beta = 0.041, p < .01$), as did HIV/AIDS stigmatisation ($\beta = 0.789, p < .001$). Given the significant positive direct influences of both emotional stability and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediates the relationship between emotional stability and employment discrimination. There was a partial mediation because the beta coefficient for emotional stability on employment discrimination was reduced (from $\beta = 0.085$ in Step 1 to $\beta = 0.041$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of emotional stability on employment discrimination. The reduction was $0.085 - 0.041 = 0.044$. The results imply that emotional stability had an indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression models are presented in Figure 7.

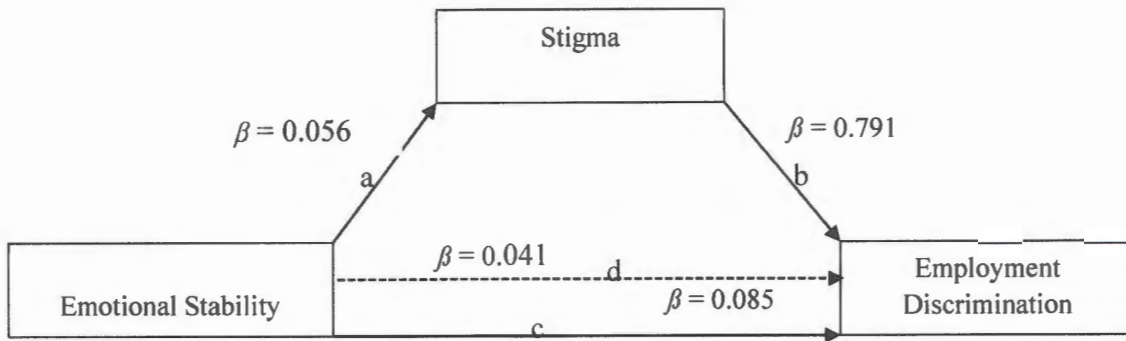


Figure 7. Model for the mediating role of HIV/AIDS stigmatisation in the relationship between emotional stability and employment discrimination.

Note. Emotional stability is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of emotional stability on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of emotional stability on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of emotional stability on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the paths with broken lines are the indirect effects when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_b = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 0.809^2 = 0.654481$$

$$s_a^2 = 0.288^2 = 0.082944$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square = \sqrt{0.783(0.082944) + 0.654481(0.000324)}$$

$$\square = \sqrt{0.064945152 + 0.000212051844}$$

$$\square = \sqrt{0.065157203844}$$

$$\square = 0.2552591$$

In applying the Sobel test to confirm the significance indirect contribution of HIV/AIDS stigmatisation on employment discrimination when controlled for emotional stability (Sobel, 1982), the difference between coefficients was significant ($Z = 0.02552591$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between emotional stability and employment discrimination. These results suggest that HIV/AIDS stigmatisation influences the relationship between emotional stability and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 5: Perceived stigma will mediate the relationship between agreeableness and employment discrimination against PLWHA.

Table 5.2.5: Multiple Regression Showing Stigma Mediating between Agreeableness and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients		t	P
	B	S.E	B			
Step 1						
Constant	65.439	2.376	-		27.540	< .001
Agreeableness	0.466	0.253	0.055		1.844	> .05
R	0.055					
R ²	0.003					
AdjR ²	0.002					
ΔR ²	0.003					
F	3.399					
ΔF	3.399					
Dependent variable = Employment Discrimination						
Step 2						
Constant	55.311	2.405	-		23.002	< .001
Agreeableness	0.187	0.256	0.022		.731	> .05
R	0.022					
R ²	0.000					
AdjR ²	0.000					
ΔR ²	0.000					
F	0.535					
ΔF	0.535					
Dependent variable = Stigma						
Step 3						
Constant	24.997	1.117	-		23.373	< .001
Stigma	0.783	0.018	0.791		43.142	< .001
R	0.791					
R ²	0.626					
AdjR ²	0.626					
ΔR ²	0.602					
F	1861.237***					
ΔF	1853.116***					
Dependent variable = Employment Discrimination						
Step 4						
Constant	22.168	1.765	-		12.561	< .001
Agreeableness	0.048	0.155	0.038		2.069	< .05
Stigma	0.782	0.018	0.791		43.150	< .001
R	0.792					
R ²	0.628					
AdjR ²	0.627					
ΔR ²	0.625					
F	935.509***					
ΔF	1861.920***					
Dependent variable = Employment Discrimination						

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.055, p > .05$) cannot be directly predicted by agreeableness. In Step 2, agreeableness had no significant positive influence on HIV/AIDS stigmatisation ($\beta = 0.022, p > .05$), with participants who scored higher on agreeableness more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = 0.791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, agreeableness and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.628, F(1, 1109) = 935.509, p < .001$, and observing the indirect paths, which is the testing of a mediation, agreeableness showed a positive direct influence on employment discrimination ($\beta = 0.038, p < .05$), as did HIV/AIDS stigmatisation ($\beta = 0.791, p < .001$). Given the significant positive direct influences of both agreeableness and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediates the relationship between agreeableness and employment discrimination. There was a partial mediation because the beta coefficient for agreeableness on employment discrimination was reduced (from $\beta = 0.055$ in Step 1 to $\beta = 0.038$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of agreeableness on employment discrimination. The reduction was $0.055 - 0.038 = 0.017$. The results imply that agreeableness had indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression models are presented in Figure 8 below:

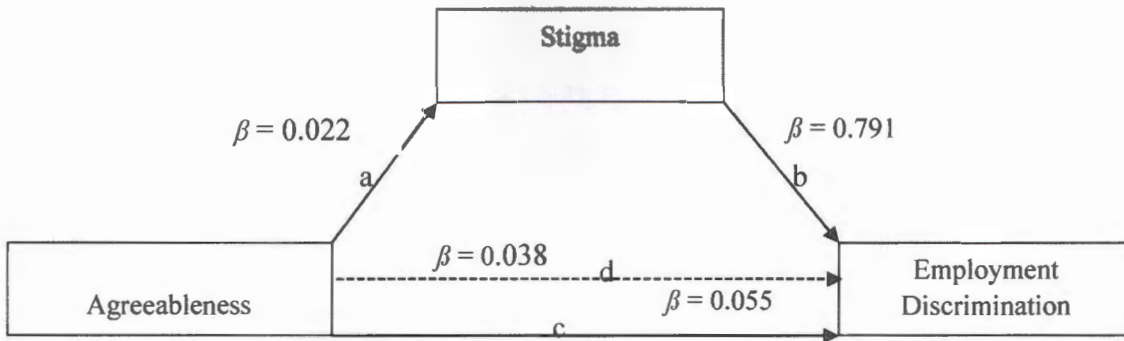


Figure 8. Model for the mediating role of HIV/AIDS stigmatisation in the relationship between agreeableness and employment discrimination.

Note. Agreeableness is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of agreeableness on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of agreeableness on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of agreeableness on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the paths with broken lines are the indirect effects when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_b = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 0.466^2 = 0.217156$$

$$s_a^2 = 0.256^2 = 0.065536$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square_1 = \sqrt{0.783(0.065536) + 0.217156(0.000324)}$$

$$\square_2 = \sqrt{0.051314688 + 0.000070358544}$$

$$\square_3 = \sqrt{0.051385046544}$$

$$\square_4 = 0.2266827$$

In applying the Sobel test to confirm the significance indirect contribution of HIV/AIDS stigmatisation on employment discrimination when controlled for agreeableness (Sobel, 1982), the difference between coefficients was significant ($Z = 0.02266827$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between agreeableness and employment discrimination. These results suggest that HIV/AIDS stigmatisation influences the relationship between agreeableness and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 6: Perceived stigma will mediate the relationship between conscientiousness and employment discrimination against PLWHA.

Table 5.2.6: Multiple Regression Showing Stigma Mediating between Conscientiousness and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	S.E	B	T	P
Step 1					
Constant	55.600	2.153	-	25.823	<.001
Conscientiousness	1.678	0.245	0.202	6.858	<.001
R	.202				
R ²	.041				
AdjR ²	.040				
ΔR ²	.041				
F	47.027***				
ΔF	47.027***				
Dependent variable = Employment Discrimination					
Step 2					
Constant	41.995	2.171	-	19.344	<.001
Conscientiousness	1.795	0.247	0.213	7.277	<.001
R	0.213				
R ²	0.046				
AdjR ²	0.045				
ΔR ²	0.046				
F	52.955***				
ΔF	52.955***				
Dependent variable = Stigma					
Step 3					
Constant	24.997	1.117	-	23.373	<.001
Stigma	0.783	0.018	0.791	43.142	<.001
R	0.791				
R ²	0.626				
AdjR ²	0.626				
ΔR ²	0.626				
F	1861.237***				
ΔF	1861.237***				
Dependent variable = Employment Discrimination					
Step 4					
Constant	23.026	1.552	-	14.835	<.001
Conscientiousness	0.776	0.019	0.034	1.827	>.05
Stigma	0.285	0.156	0.784	41.803	<.001
R	0.792				
R ²	0.628				
AdjR ²	0.627				
ΔR ²	0.587				
F	934.249***				
ΔF	1747.478***				
Dependent variable = Employment Discrimination					

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.202, p < .001$) can be directly predicted by conscientiousness. In Step 2, conscientiousness had a significant positive influence on HIV/AIDS stigmatisation ($\beta = 0.213, p < .001$), with participants who scored higher on conscientiousness more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = 0.791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, conscientiousness and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.628, F(1, 1109) = 934.249, p < .001$, and observing the indirect paths, which is the testing of a mediation, conscientiousness showed a positive direct influence on employment discrimination ($\beta = 0.034, p < .001$), as did HIV/AIDS stigmatisation ($\beta = 0.784, p < .001$). Given the significant positive direct influences of both conscientiousness and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediates the relationship between conscientiousness and employment discrimination. There was a partial mediation because the beta coefficient for conscientiousness on employment discrimination was reduced (from $\beta = 0.202$ in Step 1 to $\beta = 0.034$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of conscientiousness on employment discrimination. The reduction was $0.202 - 0.034 = 0.168$. The results imply that conscientiousness had an indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression models are presented in Figure 9 below:

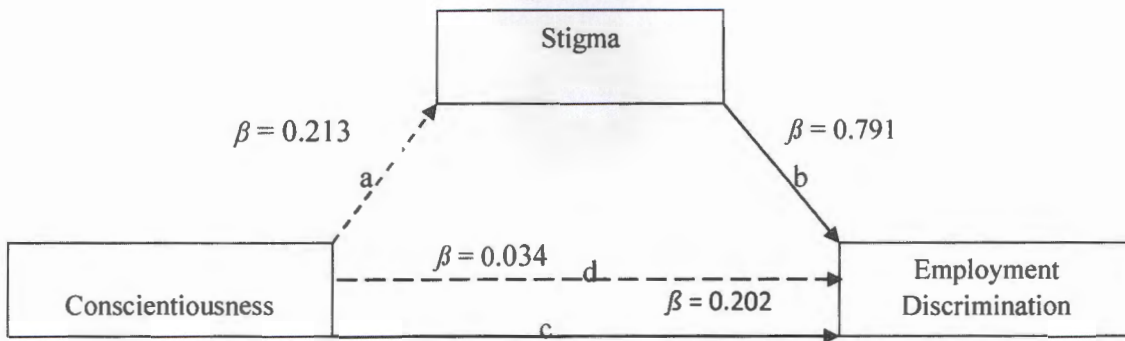


Figure 9. Model for the mediating role of HIV/AIDS stigmatisation in the relationship between conscientiousness and employment discrimination.

Note. Conscientiousness is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of conscientiousness on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of conscientiousness on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of conscientiousness on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the paths with broken lines are the indirect effects when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_h = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 1.678^2 = 2.815684$$

$$s_a^2 = 0.247^2 = 0.061009$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square = \sqrt{0.783(0.061009) + 2.815684(0.000324)}$$

$$\square = \sqrt{0.047770047 + 0.000912281616}$$

$$\square = \sqrt{0.048682328616}$$

$$\square = 0.2206407$$

In applying the Sobel test to confirm the significance indirect contribution of HIV/AIDS stigmatisation on employment discrimination when controlled for conscientiousness (Sobel, 1982), the difference between coefficients was significant ($Z = 0.02206407$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between conscientiousness and employment discrimination. These results suggest that HIV/AIDS stigmatisation influence the relationship between conscientiousness and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 7: Perceived stigma will mediate the relationship between openness to experience and employment discrimination against PLWHA.

Table 5.2.7: Multiple Regression Showing Stigma Mediating between Openness to experience and Employment Discrimination

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	S.E	B	t	P
Step 1					
Constant	60.137	2.321	-	25.910	<.001
Openness to experience	1.088	0.254	0.127	4.278	<.001
R	0.127				
R ²	0.016				
AdjR ²	0.015				
ΔR ²	0.016				
F	18.304***				
ΔF	18.304***				
Dependent variable = Employment Discrimination					
Step 2					
Constant	52.036	2.360	-	22.048	<.001
Openness to experience	0.569	0.259	0.066	2.196	<.05
R	0.066				
R ²	0.004				
AdjR ²	0.003				
ΔR ²	0.004				
F	4.833*				
ΔF	4.833*				
Dependent variable = Stigma					
Step 3					
Constant	24.997	1.117	-	23.373	<.001
Stigma	0.783	0.018	0.791	43.142	<.001
R	0.791				
R ²	0.626				
AdjR ²	0.626				
ΔR ²	0.626				
F	1861.237***				
ΔF	1861.237***				
Dependent variable = Employment Discrimination					
Step 4					
Constant	17.446	2.466	-	7.074	<.001
Openness to experience	0.048	0.014	0.076	3.430	<.001
Stigma	0.778	0.018	0.786	42.891	<.001
R	0.795				
R ²	0.632				
AdjR ²	0.631				
ΔR ²	0.616				
F	952.729***				
ΔF	1856.556***				
Dependent variable = Employment Discrimination					

*** < .001, ** < .01

The results in Step 1 indicated that employment discrimination ($\beta = 0.127, p < .001$) can be directly predicted by openness to experience. In Step 2, openness to experience had a

significant positive influence on HIV/AIDS stigmatisation ($\beta = 0.066, p < .05$), with participants who scored higher on openness to experience more likely to report more HIV/AIDS stigmatisation. Similarly, in Step 3, results showed that HIV/AIDS stigmatisation had a significant positive influence on employment discrimination ($\beta = 0.791, p < .001$), with participants who scored higher on HIV/AIDS stigmatisation likely to report more employment discrimination.

In Step 4, openness to experience and HIV/AIDS stigmatisation accounted for significant variance in employment discrimination, $R^2 = 0.632, F(1, 1109) = 952.729, p < .001$, and observing the indirect paths, which is the testing of a mediation, openness to experience showed a positive direct influence on employment discrimination ($\beta = 0.076, p < .001$), as did HIV/AIDS stigmatisation ($\beta = 0.786, p < .001$). Given the significant positive direct influences of both openness to experience and HIV/AIDS stigmatisation, the mediating hypotheses could be supported. In other words, multiple regression analysis in Model 4 indicated that HIV/AIDS stigmatisation partially mediates the relationship between openness to experience and employment discrimination. There was a partial mediation because the beta coefficient for openness to experience on employment discrimination was reduced (from $\beta = 0.127$ in Step 1 to $\beta = 0.076$), although significant, but not reduced to zero. The results suggest that the inclusion of HIV/AIDS stigmatisation in this equation reduced the influence of openness to experience on employment discrimination. The reduction was $0.127 - 0.076 = 0.051$. The results imply that openness to experience had an indirect influence on employment discrimination through the mediation of HIV/AIDS stigmatisation. The standardized beta coefficients for the multiple regression models are presented in Figure 10 below:

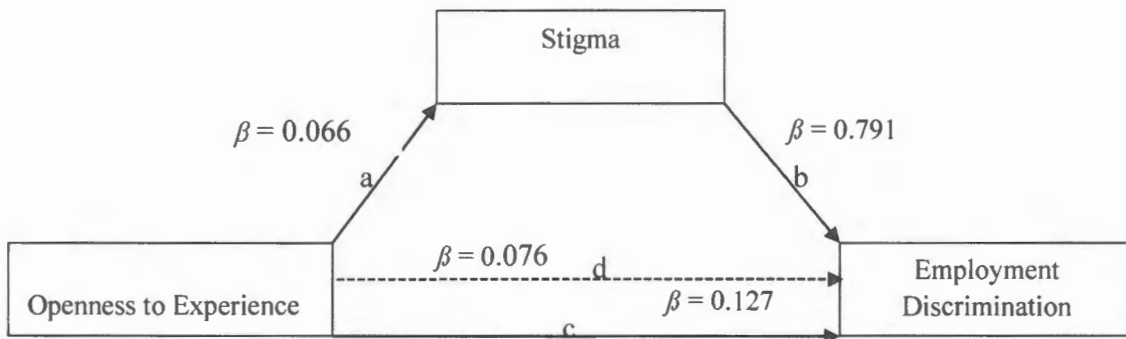


Figure 10. Models for the mediating role of HIV/AIDS stigmatisation in the relationship between openness to experience and employment discrimination.

Note. Openness to experience is the independent variable, employment discrimination is the dependent variable, and HIV/AIDS stigmatisation is the mediator. Path 'a' represents the direct influence of openness to experience on HIV/AIDS stigmatisation (mediator), path 'b' represents the direct influence of HIV/AIDS stigmatisation on employment discrimination, adjusted for the independent variable, path 'c' represents the direct influence of openness to experience on employment discrimination, adjusted for the mediator, and path 'd' represents the indirect influence of openness to experience on employment discrimination when the mediator is included. The paths with solid lines are the direct influences and the path with broken lines are the indirect effects when the mediator is included in the model.

To test whether the indirect effect is significant, the Sobel test was conducted. Sobel (1982) proposed an approximate test of the standard error using the following formula:

$$s_b = \sqrt{b^2 s_a^2 + a^2 s_b^2}$$

Where:

b^2 = unstandardized coefficient for the path designated as b.

a^2 = square of the unstandardized coefficient for the path designated as a.

s_a^2 = square of the standard error for the coefficient for path a

s_b^2 = square of the standard error for the coefficient for path b

Therefore:

$$b^2 = 0.783$$

$$a^2 = 1.088^2 = 1.183744$$

$$s_a^2 = 0.259^2 = 0.00067081$$

$$s_b^2 = 0.018^2 = 0.000324$$

$$\square = \sqrt{0.783(0.00067081) + 1.183744(0.000324)}$$

$$\square = \sqrt{0.00052524423 + 0.000383533056}$$

$$\square = \sqrt{0.000908777286}$$

$$\square = 0.0301459$$

In applying the Sobel test to confirm the significance indirect contribution of HIV/AIDS stigmatisation on employment discrimination when control for openness to experience on (Sobel, 1982), the difference between coefficients was significant ($Z = 0.0301459$, $p < .01$), indicating that HIV/AIDS stigmatisation significantly mediates the relationship between openness to experience and employment discrimination. These results suggest that HIV/AIDS stigmatisation influences the relationship between openness to experience and employment discrimination. The study hypothesis was therefore partially confirmed.

Hypothesis 8: Perceived employment discrimination is significantly different between males and females

Univariate analysis of variance was used to test the hypothesis and the result, presented in Table 5.2.8 showed that there is no significant different between males and females in employment discrimination: $F(1, 1110) = 0.575$, $p = ns$. The partial eta squared (η^2_p) also showed a very poor effect size. The hypothesis is therefore rejected.

Table 5.2.8: Summary of Univariate ANOVA showing gender difference in Perceived Discrimination

Source	SS	Df	MS	F	P	η^2_p
Sex	92.31	1	92.31	0.575	0.575	0.000
Residual	325884.58	1110	293.59			

Note. Type III Sum of Squares

Hypothesis 9: There is significant difference in employment discrimination against PLWHA based on marital status

For this hypothesis, univariate ANOVA was also used, and the outcome is as presented in Table 5.2.9 Results showed that there is no significant difference in employment discrimination based on marital status: $F(2, 1109) = 0.906$, $p = ns$. The hypothesis is therefore rejected.

Table 5.2.9: Summary of Univariate ANOVA showing difference in Perceived Discrimination against PLWHA based on Marital Status

Cases	SS	Df	MS	F	P	η^2_p
Marital Status	532.0	2	266.0	0.906	0.404	0.002
Residual	325444.9	1109	293.5			

Note. Type III Sum of Squares

CHAPTER SIX

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This study was conducted to investigate the influence of certain psychosocial variables and the mediating role of stigmatization on employment discrimination against PLWHA among recruitment managers in selected organisations in Nigeria. Participants were drawn from the human resources, administration, management and executive cadres of private and public sector organizations in Nigeria who have responsibility for recruitment and selection of personnel for their respective organizations.

6.2 Discussion

Within the personality variable, neuroticism describes individuals' conditions of being worried, angry, distracted, easily experiencing frustration and lack of confidence, and being prone to guilt and stress showed significant relationship with employment discrimination directly. Likewise, the conscientiousness dimension, which describes behaviour towards mission and purpose, often associated with being tidy, determined, hardworking, punctual, careful, and self-disciplined. People high in conscientiousness tend to live longer lives because they engage in more health-promoting behaviours, including more physical activity, healthier diets, lower substance use, and fewer risky behaviours and because they have more stable relationships and better integration into their communities (Bogg&Roberts,2004). Although agreeableness significantly predicted employment discrimination against PLWHA, it however had a negative statistically predictive effect.

Emotional intelligence also has a significant predictive effect on perceived employment discrimination against PLWHA. Emotional intelligence has a statistically significant effect (negative) on perceived discrimination. This is in support of a research by Fox and Spector (2000), which posited that the positive emotion of the interviewer has the likelihood of eliciting positive evaluations of employment candidates. This concept identifies competencies that may enable people to use emotions advantageously to achieve desired outcomes. It requires processing of emotional information within the individual. The employment interview is a complex social interaction between candidate and interviewer. Emotions affect the outcomes of this interaction at various stages, with both candidate and interviewer making efforts towards winning the contest through manipulation of the

emotions of the other party. Individuals high on emotional intelligence enjoy various advantages, and these impacts on their decisions, including employment. As evident in this research, the merits of high EI include but are not limited to ability to understand why you take certain actions; this therefore gives you greater control over the decisions you make. You have several options as to how you behave, implying that when you have high emotional intelligence and emotional self-awareness, you can choose how you behave and not be controlled by your negative emotions; you have the ability to identify and understand the influence that your own emotional state has on your thoughts, memory and creativity, so that you can make changes at will. This is very relevant to decisions in the workplace such as employment decisions, feeling of self-mastery of one's course of life and personal desires, likely not to become stuck in decision-making and problem solving when there are contradictory emotions at play, ability of choice to act on potentially destructive emotions quickly and to stop them from accelerating, ability to develop trust between yourself and the people with whom you work, whether stakeholders, executives or clients, and better able to protect yourself from harm (Green, 2015).

The mediating effect of stigma on relationship between the conscientiousness dimension of personality and employment discrimination against PLWHA was evidently significant, while neuroticism significantly predicted employment discrimination but was not impacted by stigma. Stigma mediates in the relationship between personality and employment discrimination and this is the main focus of this study; to explore whether the relationship between the independent variable (personality) and the dependent variable (employment discrimination) would be different when a third variable (stigma) is added. The result supported the hypothesis, and by implication showed the direction of the solution to the challenges being faced by PLWHA in the employment search. The result supported a research by Hunte et al. (2013), which stated that to be considered a mediator, the personality-related characteristic would result (partially or fully) from perceived experiences of stigma and employment discrimination, which in turn, alters the reports of psychosocial factors.

Against the prediction of this hypothesis, gender did not predict employment discrimination against PLWHA. Gender here is the condition of being male or female and this did not influence decision of employers of labour against PLWHA. It supported a study conducted by Aguwa, Arinze-Onyia, Okwaraji and Modebe (2015) on assessment of workplace stigma

and discrimination among people living with HIV/AIDS attending antiretroviral treatment in health institutions in Enugu, South East Nigeria, which reported that gender did not significantly affect stigmatization and discrimination of PLWHA in the workplace. This result contradicts the study by Nwanna (2011), that indicated women are more likely to exhibit discriminatory attitudes towards PLWHA than men. It also supported another research conducted in Nigeria on assessment of workplace stigma and discrimination among PLWHA attending Antiretroviral Clinics in Health Institutions in Enugu, South East Nigeria, which posited that gender did not significantly affect the way PLWHA were stigmatized or discriminated against in their workplaces (Aguwa, Onyia, Okwaraji&Modebe,2015). However, it failed to support a study in Nigeria which reported that younger persons, males, those with less education and those in the lower wealth index tend to agree more that people with HIV should be ashamed of themselves and that people with HIV should be blamed for bringing the disease into the community (Dahlui, Azahar, Bulgiba, Zaki, Oche, Adekunjo&Chinna, 2015) as such stigma will most likely predict discriminatory behaviour against PLWHA. Though some studies have been conducted on discrimination against women in employment, one such research work was on marital status discrimination, which reported that women are perceived to be less suitable for employment after marriage, whereas men are perceived as more suitable for employment after marriage (Jordan, College & Zitek, 2012). Men and women both have gender roles that are culturally defined, and these roles as well as associated stereotypes are created and reinforced for both men and women. Both men and women desire equality.

Marital status does not predict employment discrimination against PLWHA in South Western Nigeria. Marital status here indicates unmarried, married, divorced/separated or widowed. This result is supported by a study on 'HIV and AIDS in the workplace: The role of behaviour antecedents on behavioural intentions, which reported that marital status is not a socio-demographic characteristic predicting attitudinal disposition of respondents towards workers and applicants who are living with HIV and AIDS (Dipeolu, 2014).

6.3 Conclusion

If employment discrimination is indeed as great a problem as the results of the survey suggest, how can the various anti-discriminatory laws, conventions, programmes and intervention by various governments, international agencies and organizations be reconciled, as the factors critical to achieving non-discriminatory recruitment and selection by organizations is the global task. To ensure that the majority of Nigerians remain HIV-

negative, the strategies itemised in The Nigeria National Workplace Policy on HIV and AIDS, with its focus on eliminating discrimination and stigmatization in the workplace, based on real or perceived HIV status, including dealing with pre-employment HIV testing, confidentiality of HIV status, and disclosure requirements must be implemented and supported, and promotion and protection of PLWHA's rights to employment must be prioritised in the anti-discrimination programmes .

6.4 Implications

This study highlights the influence of personality, emotional intelligence, demographic and organizational factors as well as the mediating role of stigma in predicting employment discrimination against PLWHA. The result of this study is greatly impacted by the Mode model. The theory argues that strong attitudes, especially those that are automatically activated, are more likely to influence behaviour as shown in stigma's predictive and mediating characteristics on employment discrimination against PLWHA.

Findings of this study also supported the Mode model theories, which posit that discrimination might operate across the five domains of labour markets, education, housing, criminal justice, and health care at three broadly defined points. The first aspect is discrimination in access to the institutions within a framework. This study showed that organizational policy has a significant relationship with employment as the organizations with positive policies towards PLWHA were seen as less discriminatory.

There was a very scarce indication of the possibility of an EI relationship with HIV/AIDS stigma and employment discrimination but this study indicated that there is a significant relationship between EI and employment discrimination against PLWHA, thereby suggesting a possible intervention, as EI training can diminish aggressive behaviour, negative effects, stress, depression, anxiety, sense of incapacity, as well as promote empathy, wellbeing, health and work performance (José Gutiérrez-Cobo et al.,2016).

The study also supported the position of personality theorists as represented in the suggestion that persons who possess certain personality types are likely to react to a stimulus in their environment in a manner unlike those who possess different personality characteristics (Miller, 2009).

Practically, this study showed that organizations with favourable policies covering the health and wellbeing of personnel will be less likely to discriminate against PLWHA during the employment processes, as there exist provisions to take care of them adequately.

In same vein, gender has a significant role to play during recruitment of staff, as females tend to discriminate against PLWHA more than males, implying that in setting up interview panels, a more suitable mix of membership should be considered. The focus of anti-discrimination programmes within organizations should be more on the female personnel.

6.5. Recommendations

1. Establishment of State Vocational Rehabilitation Services in Nigeria similar to the State-federal Vocational Rehabilitation Services system in USA, which is the most comprehensive employment resource for people with disabilities in USA meeting the ADA criteria, including people with HIV. Their services include comprehensive rehabilitation evaluation to determine skills, interests, and abilities, as well as case management, vocational counselling, employment services, assistance with finding and keeping a job, and on-the-job training, apprenticeships and non-paid work experiences.
2. Promoting Employment for PLWHA, as improved treatment has allowed many PLWHA to remain, return, or enter the workforce. In a recent research in USA, up to 70% of PLWHA are unemployed, of which 40% report a desire to work. The research also shows that employment has a positive impact on one's mental and physical health, and overall quality of life, and that PLWHA who are employed are more likely to achieve optimal antiretroviral adherence and achieving viral suppression than those who are unemployed.
3. Enforcement of government's anti-discrimination policy supported by a law that will ensure the protection of PLWHA's rights to gainful employment. The right not to be subjected to any discrimination is enshrined in the 1999 Constitution of the Federal Government of Nigeria and many international legal instruments.
4. Training on diversity management for employers (workers in human resources, administration, personnel departments of organizations) as well as management and executive cadre staff who are involved in recruitment and selection of employees. Diversity management is described as an organization's complex, systematic and planned strategies and commitment to encourage employers, employees and customers in the workplace to

tolerate, respect and treat fairly others of diverse characteristics, to strengthen the organization's competitiveness and efficiency (Yap & Ineson, 2012).

6.6. Limitations of study

In Nigeria, there is shortage of study-founded information on the extent of employers of labour's perceptions, attitudes and behaviours to workers living with HIV/AIDS or to job candidates/seekers who are HIV positive. Although some studies have been done by some non-governmental organizations (NGOs) which focused on workplace responses to PLWHA, there is limited relevant information on employment discrimination against PLWHA, even though this critical information is required for formulation of intervention programmes to reduce unemployment of PLWHA and consequent improvement in their standard of living, healthcare, quality of life and life expectancy among others.

Another limitation is that participants were only selected from public and private sector organizations in south western Nigeria comprising workers in human resources, administration and personnel departments as well as staff in management and executive cadres who are directly involved in selection and recruitment of new staff to their respective organizations. This might have affected the external validity of the study. This sample may not represent the entire population of the employers (workers) as the south-western zone is only one out of the six geo-political zones of Nigeria, and the number of organizations involved may not be adequate considering that the zone hosts states, especially Lagos and Ogun, that are home to a large number of organizations. Thus, generalizing the results of this study to other organizations and zones of Nigeria may be inaccurate. Further research studies on this critical issue should focus on other geo-political zones and larger number of organizations, both public and private, to assist in generalization. However, this study has provided an introduction to further studies. Further studies could also be done on combination of PLWHA and employers scales to enable comparative analysis of employment discrimination.

Another limitation of this study is that all measures were based on self-reporting, which may have influenced the relationships among the variables. Future studies could use alternative measures, such as focused-group discussion (FGD) and interviews, among others.

6.7. Suggestions for further studies

Future research should focus on other variables, such as job search behaviour, level of education of employers (workers), life style, length of service and tribe (race) that could

predict employment discrimination. Future studies could also investigate other possible mediator variables, attempt multiple mediator model, attempt a mediator-moderator approach in studies on employment discrimination against PLWHA.

Future studies should also survey other geo-political zones of Nigeria, investigate other countries in sub-Saharan Africa and venture into comparative cross-national studies because the dependent variable is a universal problem in the drive to have a reduced HIV/AIDS spread through improved quality of life for PLWHA.

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APPENDIX 1
DEPARTMENT OF PSYCHOLOGY
FACULTY OF HUMAN AND SOCIAL SCIENCES, NORTH-WEST
UNIVERSITY, SOUTH AFRICA

Dear respondent, I am a PhD student in the above named department. This questionnaire is meant to assess the extent to which psychosocial factors predict employment discrimination against PLWHA. Please, respond truthfully to the questionnaire. Your responses will be treated with utmost confidentiality and will be used for research purposes only. This is not a test, so there are no right or wrong answers.

Section A

Age (as at last birthday):

Gender: Male Female

Marital status: Single Married Divorced

Rank/Position: Junior Management Executive

State of work: Ekiti Lagos Ogun Ondo Osun Oyo

SECTION B

Organization size: 0-100 employees above 100 employees

Organization type: Private Public

Does your organization have health policy? YES NO

Does your organization have employment policy? YES NO

Does your organization have policy to employ people with disabilities? YES NO

Does your organization's health policy cover people living with HIV? YES NO

Does your organization employ people living with HIV? YES NO

SECTION C

Instruction: The following are statements that reflect how psychosocial factors predict employment discrimination against PLWHA. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree, 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	People with this illness should be ashamed							
2	They deserve the illness							
3	The illness is their own fault							
4	The illness is a matter of bad luck							
5	The disease is a punishment for bad behaviour							
6	People with HIV are bewitched							
7	Most people feel uncomfortable interacting with someone with HIV							
8	Most people think less of someone with HIV							
9	Most people are afraid to be around someone with HIV							
10	Most people are not attracted to someone with HIV							
11	They can teach others about life							
12	It is not safe for them to look after children							
13	People with this illness deserve praise							
14	People would reject my friendship							
15	People would not drink from the same tap as me							
16	Employers would not hire me							

17	Neighbours would not want someone with HIV living next door								
18	People would not sit next to someone with HIV in public transport								

Section D

Instruction: The following are statements that reflect how psychosocial factors predict employment discrimination against PLWHA. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree, 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	People living with HIV/AIDS should be ashamed							
2	People with AIDS should be isolated from other people							
3	People who have HIV/AIDS are cursed							
4	People living with HIV/AIDS deserve to be punished							
5	A person with HIV/AIDS should be allowed to work with other people							
6	Families of people living with HIV/AIDS should be ashamed							
7	It is reasonable for an employer to fire people who have HIV/AIDS							
8	People with HIV/AIDS are disgusting							
9	People who have HIV/AIDS deserve compassion							
10	People with HIV should be allowed to participate fully in the social events in this community							
11	People living with HIV/AIDS face neglect from their family							

12	People living with HIV/AIDS face physical abuse							
13	People want to be friends with someone who has HIV/AIDS							
14	People living with HIV/AIDS face ejection from their homes by their families							
15	Most people would not buy vegetables from a shopkeeper or food seller that they knew had AIDS							
16	People who are suspected of having HIV/AIDS lose respect in the community							
17	People who have HIV/AIDS face verbal abuse							
18	People living with HIV/AIDS face rejection from their peers							
19	People who have HIV/AIDS should be treated the same as everyone else							
20	People with HIV/AIDS do not deserve any support							
21	People with HIV/AIDS should not have the same freedoms as other							
22	People living with HIV/AIDS should be treated similarly by healthcare professionals as people with other illnesses							

SECTION E

Instruction: The following are statements that reflect how psychosocial factors predict employment discrimination against PLWHA. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree, 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	I Know when to speak about my personal problems to others.							
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them							
3	I expect that I will do well on most things I try.							
4	Other people find it easy to confide in me.							
5	I find it hard to understand the nonverbal messages of other people							
6	Some of the major events of my life have led me to re-evaluate what is important and not important.							
7	When my mood changes, I see new possibilities.							
8	Emotions are some of the things that make my life worth living.							
9	I am aware of my emotions as I experience them.							
10	I expect good things to happen.							
11	I like to share my emotions with others.							
12	When I experience a positive emotion, I know how to make it last.							
13	I arrange events others enjoy.							
14	I seek out activities that make me happy.							
15	I am aware of the nonverbal messages I send to others.							
16	I present myself in a way that makes a good impression on others.							
17	When I am in a positive mood, solving problems is easy for me.							
18	By looking at their facial expressions, I recognize the emotions people are experiencing.							

19	I know why my emotions change.								
20	When I am in a positive mood, I am able to come up with new ideas.								
21	I have control over my emotions								
22	I easily recognize my emotions as I experience them.								
23	I motivate myself by imagining a good outcome to tasks I take on.								
24	I compliment others when they have done something well								
25	I am aware of the nonverbal messages other people send.								
26	When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.								
27	When I feel a change in emotions, I tend to come up with new ideas.								
28	When I am faced with a challenge, I give up because I believe I will fail.								
29	I know what other people are feeling just by looking at them.								
30	I help other people feel better when they are down.								
31	I use good moods to help myself keep trying in the face of obstacles								
32	I can tell how people are feeling by listening to the tone of their voice								
33	It is difficult for me to understand why people feel the way they do.								

SECTION F

Instruction: The following are statements that reflect how psychosocial factors predict employment discrimination against PLWHA. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree, 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	Extraverted, enthusiastic.							
2	Critical, quarrelsome.							
3	Dependable, self-disciplined.							
4	Anxious, easily upset.							
5	Open to new experiences, complex.							
6	Reserved, quiet.							
7	Sympathetic, warm.							
8	Disorganized, careless.							
9	Calm, emotionally stable.							
10	Conventional, uncreative.							

SECTION G

Instruction: The following are statements that reflect how psychosocial factors predict employment discrimination against PLWHA. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

SN	Questions	very untrue	Slightly untrue	untrue	Not Sure	True	Slightly true	Very true
1	I have a relation living with HIV							
2	I have a friend living with HIV							
3	I know of someone who died of AIDS							
4	I have very close friend(s) living with HIV/AIDS							
5	I am familiar with the concept HIV/AIDS							
6	I have hired people living with HIV/AIDS							
7	I am close to somebody living with HIV							
8	I work with person(s) living with HIV/AIDS							
9	I have person(s) living with HIV/AIDS residing in my neighbourhood							
10	I have worked in same team with person(s) living with HIV/AIDS							

Thank you for participating in this survey,

Michael Ofili

APPENDIX 2

DEPARTMENT OF PSYCHOLOGY

FACULTY OF HUMAN AND SOCIAL SCIENCES,

NORTH-WEST UNIVERSITY, MAFIKENG CAMPUS, SOUTH AFRICA

Dear respondent, I am a PhD student in the above named department. This questionnaire is meant to assess the extent to which psychosocial factors predict employment discrimination. Please respond truthfully to the questionnaire. Your responses will be treated with utmost confidentiality and will be used for research purposes only. This is not a test, so there are no right or wrong answers.

Section A

Age (as at last birthday):

Gender: Male Female

Marital status: Single Married Divorced

State of residence: Ekiti Lagos Ogun Ondo Osun Oyo

SECTION A

Please tell us how often you've done the following activities in the last six months by ticking the number of the response that most closely fits your experience.

1=Never (0 times); 2=Rarely (1 or 2times);3=Occasionally (3 to 5 times);4=Frequently (6 to 9 times); 5=Very Frequently (at least 10 times)

S/n	Items	1	2	3	4	5
1	Read job vacancy adverts in a newspaper, journal, or professional association					
2	Prepared/revised your resume.					
3	Sent out resumes to potential employers.					
4	Submitted a job application					
5	Read a book or article about getting or changing jobs					
6	Had a job interview with a prospective employer.					

7	Talked with friends or relatives about possible job leads						
8	Contacted an employment agency, executive search firm, or government employment service.						
9	Spoke with neighbours and acquaintances about their knowing of potential job leads.						
10	Telephoned a prospective employer						
11	Used group resources (e.g. Colleagues)to generate potential job leads.						

SECTION B

Instruction: Please read each statement carefully and indicate the appropriate number to the right of the statement to indicate your concerns.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	I am concerned that be coming employed would cause me to lose medical benefits that help me pay for HIV treatments and medications.							
2	I am concerned that be coming employed would cause me to lose financial benefits that help pay for daily living expenses.							
3	I am concerned that I do not have enough information about how work would affect my financial and medical benefits							
4	I am concerned that I will not be able to find a job that provides the same kind of medical benefits I currently receive							
5	I am concerned that day-to-day changes in my health such as energy level and fatigue would affect my ability to work							
6	I am concerned that becoming employed would have a negative impact on my health.							
7	I am concerned that I will have difficulty sticking to my HIV treatment regime if I become employed							
8	I am concerned that side effects from my medications will affect my ability to work.							
9	I am concerned about asking an employer for time away from work for medical appointments.							

10	I am concerned about asking for breaks at work to take HIV medications.								
11	I am concerned about being allowed to take bathroom breaks as needed at work.								
12	I am concerned about asking for time off if I become ill.								
13	I am concerned about disclosing my HIV status to a potential employer.								
14	I am concerned that a potential employer will not hire me if my HIV status is disclosed.								
15	I am concerned that an employer would find an excuse to fire me(even if HIV status was not given as reason for dismissal) if my HIV status was disclosed.								
16	I am concerned that co-workers would discriminate against me if my HIV status is disclosed.								
17	I am concerned about explaining a gap in my employment history at a job interview								
18	I am concerned that I might have difficulty preparing resume.								
19	I am concerned that my education/training level may make it hard to find a job.								
20	I am concerned that my lack of work experience may make it hard to find a job.								

SECTION C

Instruction: This questionnaire is meant to assess the extent to which psychosocial factors predict employment discrimination. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

The numbers stand for: 1 = strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = strongly agree

S/n	Items	1	2	3	4	5
1	Know when to speak about my personal problems to others.					
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them					
3	I expect that I will do well on most things I try.					
4	Other people find it easy to confide in me.					

5	I find it hard to understand the nonverbal messages of other people					
6	Some of the major events of my life have led me to re-evaluate what is important and not important.					
7	When my mood changes, I see new possibilities.					
8	Emotions are some of the things that make my life worth living.					
9	I am aware of my emotions as I experience them.					
10	I expect good things to happen.					
11	I like to share my emotions with others.					
12	When I experience a positive emotion, I know how to make it last.					
13	I arrange events others enjoy.					
14	I seek out activities that make me happy.					
15	I am aware of the nonverbal messages I send to others.					
16	I present myself in a way that makes a good impression on others.					
17	When I am in a positive mood, solving problems is easy for me.					
18	By looking at their facial expressions, I recognize the emotions people are experiencing.					
19	I know why my emotions change.					
20	When I am in a positive mood, I am able to come up with new ideas.					
21	I have control over my emotions					
22	I easily recognize my emotions as I experience them.					
23	I motivate myself by imagining a good outcome to tasks I take on.					
24	I compliment others when they have done something well					
25	I am aware of the nonverbal messages other people send.					
26	When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.					
27	When I feel a change in emotions, I tend to come up with new ideas.					
28	When I am faced with a challenge, I give up because I believe I will fail.					
29	I know what other people are feeling just by looking at them.					
30	I help other people feel better when they are down.					
31	I use good moods to help myself keep trying in the face of obstacles					
32	I can tell how people are feeling by listening to the tone of their voice					
33	It is difficult for me to understand why people feel the way they do.					

SECTION D

Instruction: This questionnaire is meant to access the extent to which psychosocial factors predict employment discrimination. It is not a test, so there are no right or wrong answers. Please read each statement carefully and shade the appropriate number to the right of the statement to indicate your feelings.

1 = Disagree strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neither agree nor disagree, 5 = Agree a little, 6 = Agree moderately, 7 = Agree strongly

S/n	Items	1	2	3	4	5	6	7
1	Extraverted, enthusiastic.							
2	Critical, quarrelsome.							
3	Dependable, self-disciplined.							
4	Anxious, easily upset.							
5	Open to new experiences, complex.							
6	Reserved, quiet.							
7	Sympathetic, warm.							
8	Disorganized, careless.							
9	Calm, emotionally stable.							
10	Conventional, uncreative.							

Thank you for participating in this study.

Ofili Michael

APPENDIX 3

Job search Behaviour and employment concerns of PLWHA

Job search behaviour

	Frequency	Percent
low job search	400	47.5
high job search	442	52.5
Total	842	100.0

Descriptive analysis of the job search behaviour of the people living with HIV/AIDS shows that majority of the respondents (52.5%) are high in job search indicating that many of PLWHA want to work and actually searching for job

Employment Concerns

	Frequency	Percent
low employment concerns	444	52.7
high employment concerns	398	47.3
Total	842	100.0

FOR EMPLOYMENT CONCERNS, ANALYSIS SHOWS THAT 52.7% OF THE RESPONDENTS HAVE LOW EMPLOYMENT CONCERNS WHILE 47.3% HAVE HIGH EMPLOYMENT CONCERNS.



**SOLID-ROCK SECURITIES
& INVESTMENT PLC** RC 273693
(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

Banana House (4th Floor) 88/92, Broad Street, Tinubu Lagos P.O Box 1148 Ikeja, Lagos
Tel: 0707 023 3855, 0707 023 3856 E-mail: solid_rocking@yahoo.com Website: www.solidrockse.org.com

26/01/2018

HOD,
Dept of Psychology

NorthWest University, Mafikeng Campus,

South Africa.

Sir/Madam,

RE- MICHAEL OFILI- PERMISSION TO CONDUCT RESEARCH

Approval was granted to the above named student from your school to conduct study in our organization.

Some of our staff participated in the survey.

Best regards

MANAGER

**SOLID ROCK SECURITIES
& INVESTMENT PLC**
4th Floor BANANA HOUSE
88/92 Broad Street, Lagos-Ikeja
P. O. Box 1143 Ikeja



SURULERE LOCAL GOVERNMENT
Supervisor For Health



30/10/2018

HOD,
Dept. of Psychology
Northwest University, Maikeng Campus,
South Africa.

Dear Sir/Madam,


RE: MICHAEL OFILI – PERMISSION TO CONDUCT RESEARCH

The above subject refers.

Approval was granted to the above student from your school to conduct a study/research within our organization.

Some of our staff and patients within the local government participated in the survey.

Best regards.


Hon. Oyewole Kolawole
Supervisor for Health



ASSOCIATION OF TELECOMMUNICATION COMPANIES OF NIGERIA

10, Mojidi Street, Off Toyin Street, Ikeja, Lagos
Tel: 08066629111, 09076084319

Email: secretariat@atcon.ng Website: www.atcon.ng

December 12, 2018

Head of Department
Department of Psychology
NorthWest University, Mafikeng Campus
SouthAfrica

Dear Madam,

RE- MICHAEL OFILI- APPROVAL TO CONDUCT RESEARCH

We endorsed the PhD candidate indicated above and supported him in the conduct of survey in our member organizations employing over 10,000 workers in Telecommunications and ICT Sector in Nigeria.

ATCON is the umbrella body of 150 members covering Mobile Network Operators, Original Equipment Manufacturers, Infrastructure Services Provides, Telephone Manufacturers and Distributors, Internet Services Providers and IT Services Providers.

Some of our staff acted as research assistants to the candidate.

Thank you.

Ajibola Olude
Executive Secretary
ATCON



Olusola Temiola President	Anthony Nwasu 1st Vice President	David Roberts 2nd Vice President	Nyke Ofili National Secretary	Aderonke Adeyagbe Treasurer	Tony Izuoghe Emeokpara Financial Secretary	Adesina Mosin National Publicity Secretary
Ikechukwu Mnamani Coordinator, Telephone Operators	Obeyega Ojuri Coordinator, Internet Service Providers	Ezekiel Egboya Coordinator, Equipment Dealers	Hyacinth Anucha Coordinator, Value Added Services	Osendu Nwokoro Coordinator, Consulting	Adebusuyi Adetunji Coordinator, Manufacturer Representative	Lanre Ajayi Immediate Past President
Jude Egbekwu Coordinator, Infrastructure Providers						Ajibola Olude Executive Secretary