

Perceived workplace stigma: Psychometric evidence of the C-STIGMA Scale

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Abstract: This study examined the psychometric properties of the CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version), an instrument designed to assess multiple forms of perceived stigma in the workplace. The sample comprised 427 Brazilian workers aged 18 to 80 years. Exploratory factor analyses using the WLS method and oblique rotation revealed a six-factor structure: stigma related to religion or regional origin, physical or mental disability, criminal record, gender and sexual orientation, pregnancy and parenthood, and age. Reliability coefficients (Cronbach's $\alpha = .89-.95$; McDonald's $\omega = .89-.95$) indicated excellent internal consistency. Positive correlations with depression, anxiety, and stress (DASS-21) provided evidence of validity based on external variables. The instrument offers theoretical, diagnostic, and applied contributions to understanding and mitigating stigma in occupational contexts.

Keywords: Prejudice, Social perception, Interpersonal relations, Emotional distress, Occupational stress.

Perceived stigma at work

According to the classic definition by Link and Phelan (2001), stigma involves the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination within a power context. Perceived stigma in workplace relationships is a central factor contributing to psychological illness and occupational stress, now recognized as a public health concern. The perceived stigma in the workplace acts as a critical barrier that hinders help-seeking. This stigma is directly associated with poorer mental health outcomes and the worsening of existing psychological conditions (Docksey et al., 2022). It arises from the normalization of workplace violence, the absence of empathy (Park & Hyun, 2021), and the negative labeling of workers by superiors and peers, leaving lasting emotional and social consequences (Cortez et al., 2019). When persistent, stigma functions at interpersonal, organizational, and structural levels, leading to feelings of inferiority, isolation, and reluctance to seek help. These experiences can culminate in internalized stigma, where individuals absorb and reproduce the negative stereotypes circulating in their environment, resulting in anxiety, depression, and reduced engagement at work (Hu et al., 2024; Van Beukering et al., 2022; Wu et al., 2024).

Perceived stigma precedes this internalization process and is shaped by discriminatory interactions and organizational cultures that devalue difference. It may arise from prejudice, moral harassment, excessive workloads, or neglect of complaints (Barretto & Figueiredo, 2019; Van

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Beukering et al., 2022). Workers who experience such stigmatization lose agency and access to basic labor rights (Cortez et al., 2019a; Geremias et al., 2021). They are often perceived as lazy, unreliable, or problematic (Bialakowsky et al., 2022; Cortez et al., 2021), while fear of discrimination discourages disclosure of mental health issues, aggravating distress and delaying interventions (Bam, 2025; Hogg et al., 2022; Mukherjee et al., 2024). These dynamics contribute to absenteeism, presenteeism, and work accidents, generating personal, organizational, and societal costs (Cortez, 2025; Van Beukering et al., 2022).

The stigmatizing factors that shape workplace experiences are diverse and intersectional (Cortez et al., 2019b). They include race and color (Carvalho et al., 2021), religion (Bastos & Alberti, 2021), sexual orientation (Silva et al., 2020), gender, political ideology, physical or mental disability (Flores, 2020), deviations from normative body mass index (Gebara et al., 2022), obesity (Schmid et al., 2024), and degenerative or chronic diseases, which often trigger exclusionary institutional responses (Beatty, 2017). Understanding these dynamics is fundamental to promoting equity and occupational health (Pereira et al., 2022). Several studies have analyzed how stigma manifests itself in distinct occupational contexts, affecting the inclusion, well-being, and professional advancement of different social groups. In the hospitality sector of Sub-Saharan Africa, Moufakkir (2023) stated that young people avoid jobs in this sector due to the stigma of “dirty work,” associated with prostitution, disabilities, and morally reprehensible conduct, especially under the influence of Muslim religious values. In the health field, Petrillo (2023) revealed that professionals are reluctant to seek treatment for psychoactive use disorders due to fear of evaluation and stigmatization, despite rehabilitation initiatives in 43 US states showing better results than punitive approaches. In the university context, Schmid et al. (2024) observed that inclusive wellness programs, focused on body accessibility and intuitive eating, reduce symptoms of eating disorders and internalized stigma among staff. Degenerative diseases, such as multiple sclerosis and Alzheimer’s, are also sources of stigmatization, harming professional opportunities and the mental health of workers (Leão & Lussi, 2021; Pereira et al., 2020). These findings confirm that perceived stigma has wide-ranging implications for well-being and employability across cultural and professional contexts (Cortez et al., 2019b; Veiga & Cortez, 2020).

Gender, race, color, religion, sexual orientation, and disability are also core components of moral and sexual harassment at work. Members of minority groups tend to experience cumulative stigma due to their intersecting social identities (Bastos & Alberti, 2021; Cecy et al., 2024; Leão & Lussi, 2021). In addition to these traditional markers, specific conditions like a criminal history represent a significant barrier, often leading to systematic exclusion and “civil death” within the labor market (Feingold, 2021; Holloway & Wiener, 2020). Studies show that such biases compromise inclusion and perpetuate structural hierarchies in organizations (Rice & Richardson, 2013; Zanonato et al., 2021).

Measuring perceived stigma

Despite growing attention to these issues, psychometric instruments assessing workplace stigma are still limited, particularly in Portuguese-speaking contexts. Most existing measures, such as the Internalized Stigma of Mental Illness (ISMI) and ISMI-10, focus on internalized rather than perceived stigma (Boyd et al., 2014; Van Beukering et al., 2022). Other tools, such as the PIOSS (Fan et al., 2022), WMISS (Matousian & Otto, 2023), and ISWSS (Tomko et al., 2021), target specific groups but lack adaptation for broader occupational assessment. Portuguese-language adaptations, such as MICA-4 (Fernandes et al., 2024), RIBS-BP (Ribeiro et al., 2020), and ISMI-BR (Silva, 2014), have provided important progress but remain focused on clinical or attitudinal domains rather than contextualized stigma in the workplace. There is still a gap in

instruments that integrate multiple psychosocial dimensions of perceived stigma, religion, disability, gender, age, and others, especially in culturally diverse societies like Brazil, where these factors often intersect. This reinforces the need for comprehensive measures that account for the social and organizational determinants of stigma and their impact on workers' emotional, occupational and personal functioning (Cortez et al., 2023).

The present study

Addressing this gap, the present study developed and validated the CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version), designed to assess perceived stigma across six interrelated domains: religion or regional origin, physical or mental disability, criminal history, gender and sexual orientation, pregnancy and parental status, and age. To ensure its practical relevance for occupational health, the scale's validity was tested against the Depression, Anxiety, and Stress Scale (DASS-21), as high levels of perceived stigma are expected to correlate with increased psychological distress (Curcio & Corboy, 2020; Figueroa et al., 2025; O'Donnell & Foran, 2024). The study aimed to provide psychometric evidence of internal structure, internal consistency, and validity based on relations with external variables (such as depression, anxiety, and stress – DASS-21) to CP-STIGMA-W. By examining these dimensions in a large and diverse sample of Brazilian workers, the study contributes to the psychometric and theoretical advancement of stigma research in occupational contexts.

Method

Participants

The study included 427 workers aged between 18 and 80 years ($M = 35.9$, $SD = 13.4$). The sample comprised 59.1% women and 41.9% men. Sample size and statistical power were determined to ensure stable factor recovery and adequate sensitivity for correlational analyses. With 427 participants, two-tailed tests at $\alpha = .05$ provided approximately 80% power to detect correlations of $r \approx .14$ and over 95% power for medium effects ($r \geq .20$), which meets accepted psychometric standards (Cohen, 1992; MacCallum et al., 1999; Mundfrom et al., 2005) for factorial stability (Kline, 2023). A non-probability volunteer sampling strategy was adopted, combining online recruitment and targeted outreach to workers from varied socioeconomic backgrounds to capture a broad range of stigma-related experiences. Inclusion criteria were being aged 18–80, currently employed or employed within the previous 12 months, residing and working in Brazil, able to read Portuguese, and having provided informed consent. Exclusion criteria were duplicate or automated responses, implausibly short completion times suggesting inattention, more than 20% missing data in core measures, or failure on attention-check items. These parameters ensured adequate statistical power, participant diversity, and data integrity for the exploratory factor analysis and evidence of validity testing. The sample characteristics are displayed in Table 1.

Table 1

Sociodemographic characteristics of the sample (N = 427)

Variable	% / M (SD)
Age (years)	
Mean (SD)	35.9 (13.4)
Range	18–80
Gender	
Women	59.1%
Men	40.9%
Skin color / Race (Self-declared)	
White	52.2%
Brown (Mixed-race)	33.7%
Black	10.1%
Asian	2.6%
Indigenous	1.4%
Marital status	
Single	46.8%
Married	45.7%
Separated	4.9%
Widowed	2.6%
Educational attainment	
Higher education complete	32.1%
Secondary education complete	30.2%
Primary education complete	17.6%
Lower secondary complete	11.9%
Incomplete primary education	8.2%
Socioeconomic class (Criteria ~ household monthly in USD Dollar)	
Class A (High income) ~ \$5,000	9.8%
Class B1 (Upper-middle income) ~ \$2,500	14.1%
Class B2 ~\$1,500	24.0%
Class C1 (Lower-middle income) ~\$800	14.1%
Class C2 ~\$500	14.1%
Class D-E (Lower-income) ~\$250	23.9%
Sexual orientation	
Heterosexual	64.7%
Other orientations	22.7%
Homosexual	8.4%
Bisexual	4.2%
Religion	
Evangelical	42.1%
Catholic	35.4%
No religion	11.2%
Other religions	5.4%
Spiritist	3.3%
Umbanda or Candomblé	2.6%

Note. M = Mean; SD = Standard Deviation.

Instruments

The *CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version)* was developed by the last author of this manuscript to assess perceived contextual stigma in the workplace. Its theoretical foundation integrates socio cognitive and psychosocial perspectives on discrimination and occupational health, emphasizing perceived stigma as the awareness of being devalued, excluded, or unfairly treated due to personal or social attributes (Crocker & Major, 1989; Goffman, 1963; Link & Phelan, 2001; Scambler & Hopkins, 1986). From the outset, the instrument was designed to operationalize six interrelated domains of workplace stigmatization, religion or regional origin, physical or mental disability, criminal history or reintegration stigma, gender and sexual orientation, pregnancy and parental status, and age-related stigma. These domains were selected based on extensive evidence showing their prevalence and psychological impact in organizational contexts, where structural inequalities often translate into barriers to inclusion,

well-being, and career progression. The item construction process followed rigorous psychometric and theoretical criteria. Initially, an extensive literature review was conducted to identify recurrent forms of workplace discrimination and exclusion. Based on this review, an initial pool of 95 items was created to capture behavioral, affective, and cognitive indicators of stigmatizing experiences across the six domains. Items were written as first-person statements describing concrete situations or perceptions of injustice (for example, exclusion from conversations, being underestimated, or facing biased evaluations). Each item was rated on a five-point Likert scale ranging from 1 (Never) to 5 (Always), allowing frequency-based quantification of perceived stigma while maintaining interpretive consistency across factors.

To establish content validity, three independent experts in organizational and social psychology with PhD in that area and at least 10 years of previous experience with psychometrics research evaluated all items according to their clarity, representativeness, and theoretical adequacy. The experts rated each criterion on a five-point scale and provided qualitative feedback regarding wording and conceptual fit. The Content Validity Coefficient (CVC) was calculated and indicated satisfactory semantic precision and theoretical coherence across items. Benchmark for the CVC use indicates values higher than .90% as adequate (Alexandre & Coluci, 2011). Following the experts' evaluation, 36 items with 90% or greater agreement among judges were selected for inclusion in the final version of the instrument, ensuring conceptual representativeness and clarity across the six proposed domains.

A pilot study was then conducted with 20 participants (10 women and 10 men) from diverse socioeconomic and occupational backgrounds using paper and pencil group assessment. The session lasted 3 hours. Participants assessed item comprehension and linguistic appropriateness on a five-point scale and provided open-ended suggestions. No substantial modifications were required, only mistyped words were corrected, confirming the conceptual and practical adequacy of the instrument focusing on face validity (Allen et al., 2023). The psychometric properties of the CP-STIGMA-W, specifically its internal structure, reliability, and relation with external variable validity, were subsequently investigated in the present study using a large and diverse sample of Brazilian workers, aiming to establish robust empirical evidence for its theoretical model.

The *Adapted Version to Brazilian Portuguese of Depression, Anxiety, and Stress Scale – 21 Items (DASS-21)* (Martins et al., 2019) was used to assess symptoms of emotional distress and to provide evidence of relation with external variable for the CP-STIGMA-W. DASS-21 is a self-report instrument designed to measure three related but distinct dimensions of negative affect: depression, anxiety, and stress. It consists of 21 items, divided equally into three subscales of seven items each. Responses are given on a four-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time), reflecting the frequency of symptoms over the previous week. It demonstrated excellent internal consistency, with Cronbach's alphas of .92 for Depression, .86 for Anxiety, and .90 for Stress. This instrument was chosen because its dimensional structure aligns with the theoretical assumption that stigmatization experiences are closely related to psychological distress and stress-related outcomes in occupational contexts.

A *Sociodemographic and Occupational Questionnaire* was also administered to characterize the sample and identify contextual variables potentially associated with stigma perception. The questionnaire included items on sex, age, marital status, educational attainment, sexual orientation, self-declared race/skin color, religion, number of household members, family income, and socioeconomic classification based on the Brazilian Economic Classification Criteria, which categorizes individuals into classes household monthly in USD Dollar (A to E). It also gathered information on employment status, job type, working hours, supervisory role, and organizational sector. These variables were included to ensure analytical control of demographic and contextual

factors and to enable subsequent exploration of how specific characteristics, such as gender, age, socioeconomic status, or employment condition, relate to perceived contextual stigma at work.

Procedures

The study was approved by the Research Ethics Committee of the University (CAEE No. 69784123.6.0000.8040) and conducted in accordance with ethical standards for research with human participants. Data collection took place through an online survey hosted on Google Forms, with an average completion time of approximately 30 minutes. Participants provided informed consent electronically before beginning the questionnaire and were informed of the study's objectives, voluntary nature, and confidentiality guarantees. Recruitment followed a non-probability volunteer approach, combining paid and organic social media promotion (Instagram, Facebook, WhatsApp) with in-person dissemination through labor unions, worker mobilization events, and professional congresses, where informational leaflets were distributed to invite participation. This strategy aimed to ensure broad inclusion of workers from diverse occupational, socioeconomic, and regional backgrounds across Brazil.

Data analysis

The data were analyzed using JASP version 0.95, and descriptive analyses of sampling characteristics were first conducted. Subsequently, an Exploratory Factor Analysis (EFA) was performed to examine evidence of internal-structure validity and to determine the optimal number of factors to retain in the CP-STIGMA-W. The 36 items were subjected to EFA after verifying factorability through the Kaiser-Meyer-Olkin (KMO) index and Bartlett's test of sphericity. The analysis used the Weighted Least Squares (WLS) extraction method due to ordinal measurement level of Likert scales (Li, 2016). We used oblimin rotation, allowing intercorrelations among latent dimensions. The number of factors were established using Parallel Analysis based on Factor Analysis (FA), and only items with factor loadings $\geq .40$ were retained in the final structure (Kline, 2023) using literature benchmark for fit indexes (Hu & Bentler, 1999).

Internal consistency reliability was examined for each factor using Cronbach's alpha (α) and McDonald's omega (ω) coefficients, both of which indicated satisfactory to excellent reliability across all six dimensions. Factor scores were then computed for each of the six extracted domains. The Kolmogorov-Smirnov test was applied to assess data normality ($p > .05$) for both CP-STIGMA-W and DASS-21 subscales. Finally, Pearson's correlation coefficients were calculated between the six CP-STIGMA-W factors and the DASS-21 depression, anxiety, and stress subscales to provide evidence of validity based on relations with external variables.

Results

An exploratory factor analysis (EFA) was conducted to examine the factorability of the CP-STIGMA-W items and to investigate its internal structure. Bartlett's test of sphericity was significant ($p < .001$), indicating adequate intercorrelations among variables, and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was excellent ($KMO = .954$). Parallel analysis based on factor analysis suggested a six-factor solution, and items were retained if their loadings were $\geq .40$. Table 2 shows the internal structure of the instrument with 70,4% of the total variance explained, resulting in a final structure composed of six factors of perceived workplace stigma.

Table 2

Factor loadings of items in exploratory factor analysis using the Weighted Least Squares (WLS) method and OBLIMIN oblique rotation

Itemwording	F1	F2	F3	F4	F5	F6
1 Já fui alvo de piadas ou comentários ofensivos sobre minha região de origem no trabalho.	.883					
2 Sinto que sou menosprezado pelos meus colegas por causa da minha região de origem.	.865					
3 Sinto que alguns colegas me tratam com desdém por causa da minha região de origem.	.865					
4 Já fui excluído de conversas ou atividades no trabalho por causa da minha origem geográfica.	.822					
5 Sinto que minha religião serve para pessoas no trabalho me causar constrangimento.	.727					
6 Já fui subestimado no trabalho por causa do meu sotaque ou origem geográfica.	.693					
7 Já sofri piadas ou comentários ofensivos sobre a minha religião no trabalho.	.660					
8 Sinto que sou tratado de forma diferente dos meus colegas por causa da minha religião.	.542					
9 Eu me sinto desvalorizado e menosprezado por ter uma deficiência mental, o que me deixa completamente desanimado no trabalho.		.873				
10 Tenho muito medo de ser demitido apenas por causa da minha deficiência mental, o que me deixa em constante tensão e ansiedade.		.870				
11 Sinto que sou obrigado a esconder minha deficiência mental para ser aceito no ambiente de trabalho, o que me deixa completamente desconfortável e inseguro.		.850				
12 Quando preciso de apoio para lidar com minha deficiência mental, sinto que sou completamente ignorado e não recebo o suporte necessário da empresa, o que me deixa muito frustrado e triste.		.847				
13 Sinto que sou discriminado e tratado com desdém por causa da minha deficiência mental, o que me deixa extremamente triste e frustrado.		.820				
14 Eu sinto que minha deficiência física é vista como um problema e uma carga pela empresa, o que me deixa completamente inseguro em relação ao meu futuro.		.807				
15 Tenho muito medo de ser prejudicado na minha carreira profissional por causa da minha deficiência física.		.717				
16 Acredito que sou discriminado e excluído na empresa devido ao meu histórico de prisão.			.882			
17 Sinto que as pessoas sempre me tratam de maneira diferente por causa do meu histórico no sistema prisional.			.842			
18 Não recebo nenhum tipo de ajuda ou orientação por parte da empresa para me reintegrar à sociedade e ao mercado de trabalho.			.757			
19 Sinto que minha privacidade e dignidade são violadas no ambiente de trabalho por gente da empresa.			.753			
20 As pessoas me veem como um risco e uma ameaça na empresa apenas por causa do meu histórico de prisão.			.704			
21 Sinto que sou tratado de forma diferente no trabalho por causa do meu gênero.				.752		
22 Não tenho as mesmas oportunidades de crescimento profissional que outros colegas do trabalho por causa do meu gênero.				.698		
23 Sinto que minhas ideias e opiniões são menos valorizadas por causa do meu gênero.				.653		
24 Acredito que meu salário e benefícios são menores do que os de colegas do trabalho com o mesmo nível e posição, por causa do meu gênero.				.575		
25 Sou excluído de atividades sociais no meu ambiente de trabalho por causa da minha orientação sexual.				.538		
26 Sinto que não posso ser eu mesmo no trabalho, tenho que esconder minha orientação sexual.				.424		

Itemwording	F1	F2	F3	F4	F5	F6
27 Já me senti criticado por ter que tirar uma licença ou usar um atestado para cuidar de um filho doente.					.800	
28 Sinto que a empresa não respeita minha família e espera que eu ponha o trabalho em primeiro lugar.					.724	
29 Já senti que minha gravidez ou papel de pai/mãe/responsável prejudicou minhas oportunidades de trabalho.					.679	
30 Sinto que a empresa não ajuda pais/mães/responsáveis que trabalham o suficiente.					.634	
31 Já me perguntaram sobre meus planos para ter filhos durante a entrevista de emprego, avaliação de desempenho ou processo de promoção.					.598	
32 Acho que não tenho as mesmas chances de crescimento na carreira que outras pessoas do meu trabalho por causa da minha idade, o que me faz sentir desvalorizado e sem esperança.						.826
33 Sinto que não reconhecem minhas habilidades e competências como deveriam por conta da minha idade, o que me deixa frustrado e sem motivação.						.686
34 Não me sinto confortável em dividir minhas ideias e opiniões porque acham que não tenho idade para falar, o que me deixa desconfortável e sem confiança.						.667
35 No meu trabalho, sinto que não valorizam a minha idade e não me respeitam como deveriam, o que me deixa triste e sem ânimo.						.564
36 As pessoas no meu trabalho frequentemente duvidam da minha capacidade de fazer o meu trabalho por causa da minha idade, o que me faz sentir diminuído e sem valor como trabalhador.						.558
Cronbach's Alpha	.945	.951	.912	.931	.896	.907
McDonald's Omega	.947	.954	.913	.936	.897	.909

Table 2 displays the factor loadings for all retained items. The six extracted dimensions represent distinct forms of perceived discrimination and exclusion in occupational contexts, all demonstrating satisfactory or excellent internal consistency (Cronbach's α ranging from .896 to .951). Model fit indices indicated an overall satisfactory fit. The Root Mean Square Error of Approximation (RMSEA = .083) suggested a reasonable fit, the Standardized Root Mean Square Residual (SRMR = .024) indicated excellent residual accuracy, and the Comparative Fit Index (CFI = .911) showed acceptable model adequacy, meeting established psychometric criteria. Together, these results support the robustness of the six-factor model and the theoretical coherence of the CP-STIGMA-W's multidimensional framework (see Table 3).

Table 3
Correlation for CP-STIGMA-W and DASS-21 factors

Factors (CP-STIGMA-W)		Depression (DASS-21)	Anxiety (DASS-21)	Stress (DASS-21)
F1. Religion or Regional Origin Stigma	<i>r</i>	.391***	.405***	.340***
	<i>p</i>	<.001	<.001	<.001
F2. Physical or Mental Disability Stigma	<i>r</i>	.293***	.300***	.239***
	<i>p</i>	<.001	<.001	<.001
F3. Criminal History Stigma	<i>r</i>	.288***	.302***	.224***
	<i>p</i>	<.001	<.001	<.001
F4. Gender and Sexual Orientation Stigma	<i>r</i>	.415***	.392***	.350***
	<i>p</i>	<.001	<.001	<.001
F5. Pregnancy and Parental Status Stigma	<i>r</i>	.441***	.449***	.427***
	<i>p</i>	<.001	<.001	<.001
F6. Age-Related Stigma	<i>r</i>	.550***	.526***	.489***
	<i>p</i>	<.001	<.001	<.001

Evidence of relation with external variable was then examined by correlating the six CP-STIGMA-W factors with the Depression, Anxiety, and Stress subscales of the DASS-21. As shown in Table 3, all correlations were statistically significant ($p < .001$), ranging from weak to moderate magnitudes. The highest associations were observed between age-related stigma and all three emotional distress dimensions, followed by stigma related to pregnancy, gender, and sexual orientation. These findings provide robust evidence of relation with external variable validity, confirming that the CP-STIGMA-W is sensitive to the psychosocial effects of stigmatization in the workplace.

Discussion

The results of this study demonstrate that the CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version) presents consistent and robust psychometric properties of internal structure, internal consistency, and validity based on relations with external variables (such as depression, anxiety, and stress – DASS-21), confirming its adequacy as an instrument for assessing perceived stigma in the workplace. The exploratory factor analysis revealed strong factorability of the data, supported by high-quality indicators (Bartlett's test, $p < .001$; KMO = .954), confirming the statistical suitability of the analysis. The final six-factor structure, with loadings above .4, represents theoretically and empirically coherent dimensions of occupational stigma. Reliability estimates were excellent, with Cronbach's alphas ranging from .896 to .951, reinforcing the internal consistency and stability of the constructs. The model also showed good fit indices (SRMR = .024; CFI = .911; RMSEA = .083), compatible with complex models in social sciences. By establishing this multidimensional measure, the present study offers a significant theoretical and empirical advance, moving beyond unidimensional approaches to capture the complex, intersectional nature of stigma at work.

Evidence of validity with other external variables was supported by positive and statistically significant correlations between the CP-STIGMA-W factors and the DASS-21 scores of depression, anxiety, and stress. Age-related stigma presented the highest correlations with psychological symptoms (depression: $r = .550$; anxiety: $r = .526$), highlighting its impact on workers' emotional well-being. The remaining factors also showed positive associations of varying magnitudes, indicating that stigmatizing experiences in the workplace are directly linked to psychological distress and emotional overload. These findings confirm that the CP-STIGMA-W measures relevant psychosocial phenomena that manifest in different but interconnected forms of discrimination and exclusion.

Taken together, the results indicate that the CP-STIGMA-W is a valid, reliable, and theoretically sensitive tool for measuring multiple forms of perceived stigma at work. The significant correlations between stigma and mental-health indicators reaffirm that workplace stigma is a key psychosocial factor with direct implications for emotional health and productivity (Dourado et al., 2021). Therefore, its application can support both research and professional interventions aimed at promoting healthier, more inclusive, and equitable work environments (Leão & Lussi, 2021).

The six-factor structure of the CP-STIGMA-W provides an integrated view of how different forms of perceived discrimination operate within the workplace and how they relate to psychological distress. Importantly, peculiar groupings within this structure, such as physical combined with mental disability, and gender with sexual orientation, were not imposed a priori, but emerged empirically from the factor analysis. In the Brazilian sociocultural context, stereotypes based on deviations from normative standards (systemic ableism) and patriarchal heteronormativity

frequently intersect (Kirakosyan, 2021; Silva et al., 2025). As a result, victims experience these forms of discrimination in similar ways and contexts, causing them to statistically group within the instrument's internal structure for scoring purposes.

Factor 1 (religion or regional origin stigma) reflects perceptions of exclusion, mockery, and undervaluation due to religious identity, cultural background, or accent. Higher scores indicate greater experiences of cultural bias and regional prejudice. In this study, these experiences showed moderate positive correlations with depression, anxiety, and stress, suggesting that social devaluation based on faith or origin contributes consistently to emotional strain, findings consistent with previous research on religious and xenophobic discrimination (Andrade & Teixeira, 2020; Flores, 2020).

In the Brazilian context, however, religious belonging and regional identity are deeply intertwined, often functioning as overlapping social markers. Similarly, regional origin intensely aligns with patterns of religiosity, values, and accent, leading to compound stigmatization when individuals migrate to regions where their religious or cultural identity is socially devalued (Cortez et al., 2021). This dynamic explains the empirical merging of religion and regional origin within the same latent factor of the CP-STIGMA-W. It represents a sociocultural specificity of Brazil, where religion operates as both a moral and territorial marker, reinforcing symbolic boundaries in the workplace. Consequently, while this factor shows robust coherence within Brazilian samples, its interpretation in cross-cultural contexts should be approached with caution, as the overlap between religious and regional stigma may not occur in societies where these domains are less intertwined (Bialakowsky et al., 2022; Duma & Kang'ethe, 2025).

Factor 2 (physical or mental disability stigma) captures perceptions of devaluation, fear of job loss, invisibility, and lack of institutional support. Although its correlations with psychological distress were of smaller magnitude, they remained statistically significant, revealing how ableism persists in subtle, systemic forms. In Brazil, the social stigma surrounding disability often reflects a moralized and medicalized view of productivity, in which workers with disabilities are simultaneously pitied and undervalued. This ambivalence creates a paradox of "inclusion without belonging," where formal compliance with accessibility policies does not necessarily translate into social acceptance or emotional safety. The merging of physical and mental disability within this factor also reflects a cultural conflation between visible and invisible forms of impairment, an interpretive nuance that must be considered carefully in comparative studies (Flores, 2020; Gebara et al., 2022; Silva et al., 2020).

Factor 3 (criminal history stigma) reflects distrust, exclusion, and violations of dignity toward individuals with a prison background. Higher scores reveal persistent barriers to reintegration and acceptance in professional settings. Moderate correlations with anxiety and weaker ones with depression and stress suggest that stigmatized workers internalize social suspicion through hypervigilance and tension. These findings echo previous research showing that incarceration history limits employability and reinforces cycles of exclusion, with former inmates often confined to precarious, low-paying jobs despite rehabilitation efforts (De La Haye et al., 2023; Lindsay, 2022; Sheppard & Ricciardelli, 2020).

Factor 4 (gender and sexual orientation stigma) represents perceived inequality in opportunities, pay, and inclusion, as well as the need to conceal identity or conform to gendered expectations. This factor is particularly complex because, in Brazilian workplaces, gender norms and sexual orientation biases often overlap in practice, creating a continuum of discrimination based on deviation from heteronormative and patriarchal ideals. Women, LGBTQIA+ individuals, and gender-nonconforming persons experience similar mechanisms of symbolic exclusion, ranging from wage gaps and lack of promotion to microaggressions and social isolation (Cecy et al., 2024;

Heilman et al., 2023; Terrell, 2023). Moderate correlations with depression, anxiety, and stress confirm that these experiences are among the most psychologically costly. The results align with evidence that gender and sexual-orientation stigma are rooted in structural hierarchies that reward conformity and penalize diversity, as well as having serious consequences for mental health (Cecy et al., 2024; Lacatena et al., 2024; Sears et al., 2021).

Factor 5 (pregnancy and parental status stigma) captures experiences of criticism, career penalties, or institutional neglect associated with family responsibilities. Elevated scores indicate that motherhood and caregiving remain morally charged issues in Brazilian organizational culture, where devotion to family is valued socially but penalized economically. In practice, pregnancy and parental responsibilities are often perceived as signs of reduced commitment, leading to exclusion from promotions or key projects (Borrowman et al., 2023; Kachi et al., 2022). This paradox mirrors that of disability stigma, where empathy coexists with structural devaluation. The moderate correlations with depression, anxiety, and stress corroborate previous evidence linking maternity stigma to emotional exhaustion and career stagnation (Borrowman et al., 2023; Gatrell et al., 2024).

Factor 6 (age-related stigma) captures undervaluation of experience, doubts about competence, and restricted opportunities attributed to age. It displayed the greatest correlations with psychological symptoms, confirming that ageism remains a major barrier to occupational inclusion. This result reinforces prior evidence that age-based discrimination negatively affects mental health, job satisfaction, and employability (Cebola et al., 2023; Cortez, 2025).

Across all six domains, higher CP-STIGMA-W scores indicate greater perceived stigma and greater emotional distress. The relative magnitude of correlations between the six factors and the DASS-21 dimensions highlights that age-related and pregnancy-related stigma are particularly detrimental forms of workplace discrimination. These results suggest that discriminatory perceptions linked to age and parental responsibilities represent especially harmful psychosocial stressors within contemporary work environments, warranting prioritized attention in both research and organizational interventions (Cortez et al., 2019b). However, it is important to note that the DASS-21 is an indirect screening measure of psychological symptoms rather than a formal diagnostic tool. Therefore, future studies should investigate the impact of perceived discrimination by comparing clinical and non-clinical groups, utilizing formal nosological diagnoses or precise epidemiological classifications to further validate these mental health implications.

Theoretical and practical implications

This multidimensional pattern underscores that workplace stigma operates as a systemic and structural phenomenon that contributes to occupational illness, social isolation, and decreased productivity (Dourado et al., 2021). The results expand the understanding of multiple forms of perceived stigma in the workplace and their psychosocial consequences. The CP-STIGMA-W emerges as a theoretically grounded and psychometrically sound instrument capable of capturing the complexity of contextual stigma and its mental-health implications. Its use can support future research, organizational diagnosis, and evidence-based interventions aimed at promoting inclusion, equity, and psychological well-being at work (Pereira et al., 2022; Veiga & Cortez, 2020).

Limitations and future agenda

Despite its strengths, this study has limitations related to its cross-sectional design, self-report data, and non-probabilistic sampling, which restrict causal inferences and generalizability. While the wide age range (18–80 years) accurately reflects the contemporary Brazilian labor market,

ensuring full demographic diversity with a single sample of 427 participants remains challenging. Furthermore, relying exclusively on a single cross-sectional questionnaire introduces the risk of common method bias, which may artificially inflate the observed relationships between variables (Podsakoff et al., 2024).

Methodologically, although splitting the sample to sequentially perform a Confirmatory Factor Analysis (CFA) was considered, we refrained from doing so. Dividing the current sample ($N = 427$) in half would result in merely 213 participants per group. For an initial pool of 36 items, this would critically shrink the subject-to-item ratio, leading to unstable factor loadings and capitalization on chance (Flora & Flake, 2017; Kline, 2023). Consequently, to ensure the structural stability of the proposed model, the full sample was retained. Future research must prioritize robust cross-validation using entirely independent samples to perform the CFA. Additionally, the future research agenda should encompass longitudinal designs to systematically mitigate common method bias, alongside cross-cultural validations in Portuguese and other languages to further establish the instrument's psychometric properties and facilitate international comparisons.

Conclusion

The present study advances the psychometric assessment of workplace stigma by developing and validating the CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version), a theoretically grounded and statistically robust instrument designed to capture multiple forms of perceived discrimination in organizational settings. By integrating sociocognitive and psychosocial dimensions, the CP-STIGMA-W contributes to a more comprehensive understanding of how structural inequalities manifest in everyday interactions at work and how these experiences relate to emotional distress. Its multidimensional structure, covering religion or regional origin, disability, criminal history, gender and sexual orientation, pregnancy and parental status, and age, provides a precise and culturally sensitive framework for diagnosing psychosocial risks and promoting inclusion in occupational contexts.

Scientifically, the CP-STIGMA-W fills an important gap in the measurement of perceived stigma across diverse occupational groups; practically, it offers a diagnostic tool for human resources, occupational health, and organizational psychology; and socially, it supports the creation of healthier, fairer, and more empathetic workplaces. The CP-STIGMA-W not only advances empirical understanding of workplace stigma but also provides actionable insights that align with contemporary global commitments to mental health and equity at work, an endeavor that the field can no longer afford to postpone.

Declaration of conflicting of interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Informed consent

All participants provided informed consent to participate and the experiments were both conducted in compliance with the Declaration of Helsinki.

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Authors contribution

Conceptualization: MCA, FDRS, PAC; Methodology: MCA, PAC; Formal analysis: MCA, PAC; Data collection: MCA, FDRS; Writing – Original draft: MCA, FDRS, PAC; Writing – Review and editing: MCA, PAC.

All the authors read and approved the final manuscript.

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Estigma percebido no local de trabalho: Evidências psicométricas da escala CP-STIGMA-W

Resumo: O estudo investigou as propriedades psicométricas da CP-STIGMA-W – Contextual Perceived Stigma Scale (Workplace Version), instrumento destinado a avaliar múltiplas formas de estigma percebido no trabalho. Participaram 427 trabalhadores brasileiros, entre 18 e 80 anos. Foram conduzidas análises fatoriais exploratórias com método WLS e rotação oblíqua, revelando uma estrutura de seis fatores: estigma por religião ou origem regional, deficiência física ou mental, histórico prisional, gênero e orientação sexual, gravidez e parentalidade, e idade. Os coeficientes de confiabilidade (α de Cronbach = .89–.95; ω de McDonald = .89–.95) indicaram excelente consistência interna. As correlações positivas com depressão, ansiedade e estresse (DASS-21) evidenciaram validade baseada em variáveis externas. O instrumento oferece contribuições teóricas, diagnósticas e aplicadas para compreender e reduzir o estigma no contexto laboral.

Palavras-chave: Preconceito, Percepção social, Relações interpessoais, Sofrimento emocional, Estresse ocupacional.

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