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# Antecedents of Career Advancement of Employees Living with Human Immunodeficiency Virus

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**Abstract**

This study aims to examine factors influencing career advancement among people living with human immunodeficiency virus (PLHIV) working in Klang Valley, Malaysia, Supported by Social Equity Theory. This study has been conducted based on correlational research design. A total of 71 respondents which are PLHIV employees participated in this study using snowballing sampling technique. IBM SPSS Version 23.0 has been used to analyse data of the study. Correlation results indicated that quality of work-life has a significant and high relationship with career advancement of PLHIV. These findings further supported by regression analysis. Results of the study provide an insightful evidence on the relationship between organizations' HIV friendly policy, quality of work life and career advancement of PLHIV employees particularly to researchers, human resource practitioners and policy makers. This article presents an agenda for future research on organizational responses to employees with HIV.

**Keywords:** Career Advancement among PLHIV, HIV Friendly Policy, Quality of Work-life, Social Equity Theory

## Introduction

The effect of being diagnosed with a terminal illness, such as Human Immunodeficiency Virus (HIV) that may lead to death is significant and far-reaching because it may influence a lot of aspects in an individual life. People living with Human Immunodeficiency Virus (PLHIV) must integrate the situation of having the virus into their self-concept and career progression while they need to maintain their relationships with others, careers, and well-being (Hunt et al., 2003; Fisher and Henrickson, 2019). Even though it is clearly mentioned in the Code of Practice on Prevention and Management of HIV/AIDS that the HIV virus is not transmitted through (a) casual physical contact, (b) coughing, sneezing and kissing, (c) by sharing toilets and washing facilities, (d) by using eating utensils or consuming food and beverages handled by someone who has HIV, and (e) by insect bites such as mosquitoes and head lice (p. 4), however it has been reported that PLHIV encounter discriminatory treatment, been avoided,

and oppressed at workplace (Lee et al., 2002; Eaton et al., 2020). Sultan (2020) asserted that the happening issues are due to dreary respond to establish formal HIV related policies of most companies. A study conducted by Mbulaje (2020) found that the established workplace policy is not functioning properly due to poor coordination and lack of funding. In addition, they were also being discriminated from social gatherings, family, religious activities, workplace/employment opportunities, facing verbal harassment, blackmail, physical harassment, and wife/husband/partner having experienced discrimination due to respondent's HIV status (Gottert et al., 2019). As a result, they have to leave the organization. This situation into a certain extent has denied their employment and career advancement opportunities eventhough they really need the job to ensure income sustainability and stability to have continued treatment access (Worthington, O'Brien, Zack, Mckee and Oliver 2012; Tan, Yong, Foong, Wong, Chew, and Koh 2013) and to have a decent living quality (Hunt et al.,, 2003).

Compared to developed countries, in which studies and practices in 1990s to 2000s already focused towards acknowledging managers and co-workers roles towards HIV-positive employees (e.g., Barr et al., 1992; Pincus, 1993; Farnham and Gorsky, 1994), importance of HIV status disclosure to get social, emotional, and tangible support (Simoni, Mason and Marks, 1997; Vitry-Henry et al., 1999; Lim and Geok, 2000), and HIV positive employees protection under laws (Volk, 1990; Pincus, 1993; Sitkin and Roth, 1993) Hoffman and Clinebell, 2000), in 2001 until 2010 the focus is on strengthening the established HIV related policies within organizations' practices (e.g., Miceli, Harvey, and Buckley, 2001; Vest, Tarnoff, Carr, and O'Brien, 2003; Liu, Guo, and Smith, 2004), meanwhile in 2011 onwards the focus switched to offering competitive employment benefits to HIV-positive employees (e.g., Bowen, Allen, Edwards, Cattell, and Simbayi, 2014), hiring priority given to competency levels rather than HIV status (e.g., Liu, Canada, Shi, and Corrigan, 2012). However, in developing countries including Malaysia, studies and practices are still mostly related to testing and treatment to improve quality of life (e.g., Haladin et al., 2019; Feeley et al., 2007; Hasanah, Zaliha, and Mahiran, 2011), difficulties to secure an employment (e.g., Abdullah, et al., 2019) and HIV transmissions (e.g., Sin, Alias, and Jeremy, 2019). It can be concluded that PLHIV phenomenon in Malaysia happened to be 20-30 years left behind.

According to report issued by Malaysian AIDS Council (2017), there are a total of 93,089 PLHIV from 1986-2016 in Malaysia. 89% of people with HIV in the country are those who are in the prime of their lives and make up part of the working population (aged 20-49) (Rahim, 2018). In Malaysia, discrimination and stigma issues that widely occurs particularly among PLHIV are due to its cultural practices (Wong and Nur Syuhada, 2011), misconceptions and inconsistent attitudes when involve in direct contact and interactions with PLHIV (Tee and Huang 2009). Table 1 shows list of discriminations faced by PLHIV according to organizations' types. All these termination cases happened due to lack of knowledge related to HIV transmission among managers, company's panel doctor broke confidentiality by exposing medical condition to employer, and pre-employment HIV blood-testing as a prerequisite before gaining employment resulted in termination. The issues have been affecting social life and career advancement of thousands of PLHIVs working in private and public sectors as well as those in government-linked companies (GLCs).

Table 1:
*List of complaints received by Malaysian Aid Council about discrimination in workplace*

| Type of Complaints | Type of Organization |
|---|---|
| Termination on ground of HIV status | Five-star Kuala Lumpur hotel; part of an international chain |
| Termination on ground of HIV status | Government-linked public transport company |
| Requirement of HIV test prior to employment as teacher and refusal of admission to postgraduate university course on ground of HIV status | Public university and Ministry of Education |
| Demotion on ground of HIV status and asked to undergo HIV test with panel doctor | Five-star Kuala Lumpur hotel; part of an international chain |
| Forced resignation on ground HIV status | Medium-sized chemical company |
| Termination on ground of HIV status and stigmatizing conduct by superiors | Five-star Kuala Lumpur hotel |
| Termination on ground of HIV status | Golf resort and country club |
| Termination on ground of HIV status | Entertainment venue |

Source: Malaysian AIDS Council (2017)

Malaysia Human Resources Ministry's Department of Occupational Safety and Health has a Code of Practice on Prevention and Management of HIV/AIDS at the workplace. It places emphasis on the employer's responsibility to be non-judgmental and to have in place non-discriminatory policies for HIV-positive employees. It is indicated in the code of practice that disciplinary action should be taken against any employer who discriminates against or stigmatises HIV-positive employees. However, many employers are oblivious to this code of practice and some of them do not show the exigency to implement the policy within their organizations as it has been perceived as a non-binding legal rule (Godwin, 2013; Gurusamy, 2020). Many companies mandate pre-employment HIV blood-testing as a prerequisite before gaining employment. Mandatory pre-employment HIV testing is a gross discrimination against HIV patients and is unacceptable. In 2016 and 2017, only 40 and 42 companies have enforcing code of practice to accommodate PLHIV employees. Even though the full list of companies is not available, however, the companies that have been frequently mentioned include Petronas, Yayasan Sime Darby, GlaxoSmithKline Pharmaceutical Malaysia, Abbvie Pharmaceutical Malaysia, Maybank Group, CIMB Foundation, Marriott Hotels, Hilton Kuala Lumpur, and Shell Malaysia (Malaysian Aids Foundation, 2015). Among all, Petronas is said to be the first GLC to institutionalise a comprehensive HIV/AIDS workplace policy introduced 2013 (Petronas, 2018). Implementation of the policy in Petronas includes the following principles:

Non-discrimination

- Managing HIV similar as other chronic illnesses e.g., diabetes, hypertension
- HIV status alone will not be a factor in employment and any change in job status.
- Prohibition of involuntary HIV testing. No pre-employment screening for HIV (except where required by local laws)

Confidentiality and disclosure

- No obligation for employees to declare HIV status

- Strict confidentiality maintained in testing, treatment and support service
- Establishment of a secure IT-based health assessment and medical records management

Education and awareness

- Embedment of HIV awareness in Petronas-wide Health and Wellness Program

Support

- Entitlement to medical benefits
- Professional counselling provision - Employee Assistance Program

Source: Supramaniam (2018)

Information on HIV friendly policy for other companies however not available online.

Based on examples of complaints received indicated in Table 1, there are increasing concerns about the career advancement of PLHIV in Malaysia among HIV service providers including non-government organizations, policymakers, and researchers. To date, studies related to PLHIV at workplace mostly focusing on discrimination against PLHIV in Turkey (Surgevil and Akyol, 2011), in Africa (Sprague, Simon and Sprague, 2011), in Vietnam (Messersmith et al., 2013; Thi et al., 2008) employment opportunities for PLHIV (Conyers et al., 2017; Tan et al., 2013; Worthington et al., 2012), quality of life among PLHIV employees (Odek, 2013) without much specification given to their career advancement opportunities. In Malaysia, scholarly evidences related to PLHIV at workplace are still lagging behind. Other than the limited number of studies related to PLHIV at workplace, the available research evidence are also still insufficient to support the need for more career advancement opportunities among PLHIV. Therefore, this study has been conducted as to fill in this gap by identifying factors associated with their career advancement. This article is arranged according to the concept of career advancement in the context of PLHIV, theories, and antecedents of career advancement among PLHIV and hypothesis development. Next, the methodology, findings and discussion, followed by conclusion, limitations and recommendations, and lastly implications.

**Career Advancement among PLHIV**

Career advancement can be perceived as upward movement in job levels and an increase in earnings (He, Gao and Yan, 2020; Alhamwan, Mat and Al Muala, 2015; Newman, 1993). The term has been used interchangeably in literature with career development and career success. Callanan and Greenhaus (1999) added that career advancement may include both upward and lateral movement in an organization. Upward movement represents the hierarchical progression, meanwhile lateral movement refers to any job functional changes include change in job responsibilities and opportunities for training and development provided for future development purposes. Career advancement considered to be an ongong and formalized organizational practice to improve employee's performance and productivity (Osibanjo, Oyewunmi and Ojo, 2014). He, Gao and Yan (2020) asserted that career advancement also depends on individual, in which their needs varies from one to another.

Career advancement opportunities are crucial for every workforce, regardless of which majority or minority groups they are from. Last decades, PLHIV were struggling to get access for treatment. Due to improvement in terms of health care system in most countries, the issue getting lesser and slowly resolved. HIV previously known as a terminal disease but now it is changed to a manage disease. In Malaysia, HIV medication has been subsidized by the

Health Ministry. Nowadays, a new challenge arised. Most of PLHIV are fighting their right to be treated fairly at workplace. Therefore, career advancement in the context of PLHIV may include fair opportunities for job interviews, right for employment, and equal chances to enjoy any rewards and benefits offered in an organization. Considering the urge of workplace diversity and inclusivity by Malaysian government as indicated in the 11th Malaysian plan followed by the introduction of Code of Practice on Prevention and Management of HIV/AIDS at the workplace under the Human Resources Ministry's, Department of Occupational Safety and Health in 2001, all PLHIV deserve equal treatment related to employment. They are also should be given equal opportunities to contribute to the prosperity and development of the nation. Recently, the Ministry of Human Resources has promised to enact a new legislation by this year (2020) to prevent PLHIV from being stigmatized and discriminated at work according to demand showed by a few non-governmental organizations including Malaysian Aids Foundation (MAF). This would oblige all corporate companies in Malaysia to comply with safe HIV/AIDS workplace policies from 2020 onwards. As a result, termination cases on ground of HIV status indicated in Table 1 would eventually reduce.

**Theorizing Career Advancement from Social Equity Theory Perspective**

Social Equity Theory has been employed as the foundation of this study. Social Equity Theory is introduced in 1968 and has been advanced by Frederickson (1990). Originated from public administration and governance, this theory asserted that organizational values, design, and management styles preferences should be developed to potray the values of fainess and justice. Social Equity according to Gooden (2015, p. 211) is connected to "notion of justice and implies fair treatment of all" regardless of individual health status, skin color, race, and geographic origins. Francis (2017) supported that these organizational related variables have also been established as having an effect on career advancement among minorities (e.g., women in construction and PLHIV). Perception of fair treatment received in workplace (e.g., availability of HIV friendly policy to support PLHIV at workplace and working environment that promote work-life balance) is crucial as it has significant contribution towards individual's perception of their career growth opportunities within the organization (social equity), which in turn influence motivation to perform in his job (Ryan, 2016; Tharenou, 1997).

Wooldridge and Bilharz (2017) asserted that it is important for administrators to also extend their understanding on the measurement of performance and results in order to assess equity through "inequities" in organizations rather than just focusing on forming a basic definition for understanding social equity. There are still ongoing debates regarding data sources and dimensions to create indicators for inequality practices at workplace as it varies according to marginalized groups (e.g., PLHIV). However, in general, Johnson and Svara (2015) recorded that the four criteria of procedural fairness, access, quality, and outcomes are necessary to measure equity. Therefore, the adoption of HIV friendly policy and supportive working environment (procedural fainess that allow equal access) may result in equal opportunities for career advancement and development among PLHIV employees.

Establishment of procedural fairness through written policy with an objective of equality of opportunity however not necessarily produce the same output as those based on equality results (Blessett, et al. 2019). In light with this, Johnson and Svara (2011, p. 282) highlighted that "Social equity is the active commitment to fairness, justice, and equality in the formulation of public policy, distribution of public services, implementation of public policy,

and management of all institutions serving the public directly or by contract. Public administrators, including all persons involved in public governance, should seek to prevent and reduce inequality, unfairness, and injustice based on significant social characteristics and to promote greater equality in access to services, procedural fairness, quality of services, and social outcomes. Public administrators should empower the participation of all persons in the political process and support the exercise of constructive personal choice". The practice that supports equity should be reflected in the behaviour of every unit in an organization for it to be fully geared up. The main challenge of formulating and implementing practices that seek to promote equity comes from complex dynamics of individual, professional, organizational, political, and social (Williams & Duckett, 2020)

By offering a fair and just career advancement packages regardless of the potential employees and existing employees' race, religion, and health status would benefit the organization greatly. For example, O'Connor and Crowley-Henry (2019) asserted that organizations that strongly addressed on diversity and inclusiveness of their workforce have better success rate in talent retention and development. Organizations whose priorities given to increase employees' autonomy also reflect a practice of high-performance work culture (Ismail et al., 2018). Accordingly, this study proposed the two factors of organizations' HIV friendly policy and quality of work-life as possible antecedents towards career advancement among PLHIV.

**Factors Influencing Career Advancement among PLHIV and Hypothesis Development**

**Organizations' HIV Friendly Policy**

Ministry of Human Resource Malaysia (2001) stated that HIV's friendly policy of the company refers to situation where the company voluntarily not to do any screening on the status of HIV on the employees in the organization except when the job is highly risking employees transmitting or been infected with the virus in workplace. The objectives are to eliminate HIV transmission risk in workplace, promote awareness and education to employees on HIV/AIDS and providing a workplace environment with no discrimination towards PLHIV (Ministry of Human Resource Malaysia 2001). However, Worthington, O'Brien, Zack, Mckee and Oliver (2012) suggest a more convincing definition by suggesting that the policy may include an HIV supportive organizational structure and programs related to HIV/AIDS at workplace. Several studies recommended that workplace policies statement should clearly address confidentiality of employees' records, benefits structures, reasonable accommodation, and HIV/AIDS peer education programs (Mahajan et al., 2007; Hyduk and Kustowski, 2004; Franklin et al., 1992; Tammi, 1991).

International Labour Organization (2001) purported that HIV should be treated similar with another diseases in the workplace. This is to ensure and promote healthy work environment and to protect individual personal rights. The government of Malaysia provides freedom to the private sectors organizations either to have the policy in their organization or apply the screening on their employees. Organizations are advised to invest in education, early screening and medication consultants to prevent HIV transmission in workplace (Lee et al., 2017). Meaning to say, HIV friendly policy implementation among Malaysian business corporations is still compromising.

Hill (2009) asserted that by disclosing an employee health status in a non-discrimination available HIV policy organization will lead to organizational exclusion, ridicule, verbal and

physical threats, violence, marginalization, or hitting the *lavender ceiling* (a perceived tendency for organization to not promote or advance. According to Fisher and Henrickson (2019) statutory protections are not sufficient to protect PLHIV employees. Additional emphasis in the form of formal HIV friendly policies by business organizations themselves are crucial to ensure a safe and inclusive working environment. By having such formal policy in place automictically it will create more intentional opportunities for career development and professional networking for PLHIV. Odek (2013) supported that higher awareness on workplace HIV policies would subsequently lead to better career advancement opportunities for PLHIV. Despites of having a few studies indicated that workplace policy may not necessary secure the career advancement among minorities, for example Tejeda (2006) found out that employees who disclosed their sexual identity in non-discrimination policy available organization led to higher hostile work environment and lower promotion opportunities, Goff (1994) study revealed the failure of workplace gender discrimination policy in Japan, workplace bully (McKay and Fratzl, 2011), and Mahajan, Colvin, Rudatsikira, and Ettl (2007) stated the difficulties to assess the success of policy adoption due to limited data however, based on the Social Equity Theory and review of research by previous scholar, this study hypothesized that,

*H1: There is a significant and positive relationship between organizations' HIV friendly policy and career advancement among PLHIV*

**Quality of Work-Life**

Quality of work-life is a multidimensional construct that may include the components of job enrichment, employee's engagement, safe working environment, and supervision (Alrawadieh, Cetin, Dincer and Dincer 2020; Hsu and Kernohan 2006). Teryima, Faajir and John (2016) stated that quality of work-life can be translated differently by different people. During an international labor relations conference in 1972, the concept of "quality of work-life" has been discussed widely. After United Auto Workers and General Motors initiated a quality of work-life program for work reforms, it received wider attention. Robbins (1989, p. 207) gave definition of quality of work-life as "a process by which an organization responds to employee needs by developing mechanisms to allow them to share fully in making the decisions that design their lives at work". In another words, it refers to the relationship between a worker and his environment, that can be divided into different dimensions like the social, technical and economic, in which the work is normally viewed and designed. Table 2 highlights the dimension and factors of quality of work-life.

Table 2:
*Dimension and Factors of Quality of Work-Life*

| Dimension | Factors |
|---|---|
| Job design | Job content, work meaningfulness, work challenge, work richness, meaningful job and autonomy in the job, work restructuring, and job/role clarity. |
| Work environment and facilities | Improving the work environment, social and welfare facilities, etc. |
| Job security | Employment on permanent basis. |

| Dimension | Factors |
|---|---|
| Health, stress and safety | Health and safety of working conditions, protection against disease and injury within and outside the workplace; occupational stress, organizational health programs, job stress, and lack of job burnout. |
| Wages and rewards | Fair and adequate pay, fair and proper payment for good performance, Innovative rewards systems, the circumstances and procedures relating to promotion policies, seniority and merit in promotion and development. |
| Work life balance | Working hours and alternative work schedule. |
| Aesthetics and creativity | General aesthetics, free time in the workplaces, creativity workplace and personal creativity |
| Conflict | Cooperative work between colleagues' adequacy of resources, work and organizational equilibrium, and grievance procedure. |
| Learning and development | Increased emphasis on employee skill development, possibility of learning and using new skills, training to improve job skills, creating opportunities to learn, growth in the professionalism path, job growth and career progress |
| Leadership and employee empowerment | Superior –subordinate relations, Participatory supervision, Communication, desire and motivation to work, creating work and organizational commitment, employee involvement, participation and power, Increased autonomy for action and decision making at worker level, access to relevant information and participative problem solving, |
| Job satisfaction | Recognition and appreciation of the work inside and outside the organization, membership in successful teams, proud of the job, and lack of turnover intentions. |

Source: Gayathiri and Ramakrishnan (2013, p. 4)

Quality of work-life involves the effect of the workplace on satisfaction with the job, satisfaction in non-work life domains, and satisfaction with overall life, personal happiness, and subjective well-being. Amir and Mahmud (2014) stated in their research that higher awareness and sensitivity among colleagues would significantly increase career advancement of any minorities including PLHIV. Research has indicated that organizations that promotes the quality of work-life has better culture and effectiveness, staff's health, and provide greater career advancement to their employees (Gayathiri and Ramakrishnan, 2013). Amin (2013) addressed that employees retention depends on how they see their future in the organization (Amin 2013). The existence of a clear career advancement within their working lives are also profoundly influenced an employee to stay in an organization. Studies by Li and Yeo (2011); Parsa et al (2014); Özdemi et al (2019) prove that there is a significant positive relationship between perceived quality of work-life and career advancement among employees. Therefore, based on the Theory of Social Equity and review of research by previous scholar, this study hypothesized that,

*H2: There is a significant relationship between quality of work life and career advancement among PLHIV*

**Research Framework**

After reviewing the literature, Figure 1 summarizes the research framework of this study.

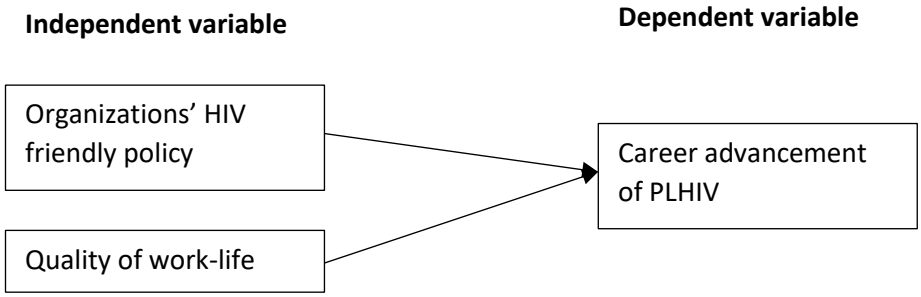


Figure 1. Research Framework

**Methodology**

*Design.* The study has been conducted based on quantitative research paradigm using correlational research design.

*Population.* It was recorded that there are a total of 75,040 living PLHIV in Malaysia (Ministry of Health Malaysia, 2019). 97% (72,789) out of the indicated number are fallen under working age group (age 20 – 60 years old). Approximately half of the PLHIV were reported from Selangor (28.0%), Kuala Lumpur and Putrajaya (Klang Valley) (13.0%), and Johor (9.4%). Out of these three areas, Kuala Lumpur and Putrajaya or also known as Klang Valley has been randomly selected to conduct this study. There are about 9,463 (13% X 72,789) population of PLHIV in Klang Valley. However, the actual number of PLHIV currently participate in workforce remain unknown. Based on a study conducted by MTAAG+ (2012), 201 out of 412 (≈49%) respondents are actively involved in employment activities based on full-time and part-time employment basis. Therefore, it is estimated that the population of this study consist of about 4,637 working PLHIV.

*Sample Size Determination.* Bujang and Baharum (2016) recommended that for a correlational research design study, that seek for a correlation between an independent variable and dependent variable, a sample size (n) of 29 respondents considered to be adequate to determine the reasonable high correlation of two variables (to be able to detect effect size to detect correlation coefficient = 0.5 with alpha and power are set at 0.05 and 80% respectively). The suggested sample size of this study therefore is 58 (29 X 2 independent variables). The scholar further recommended that researchers are encouraged to take more than the minimum sample. The final distributed questionnaire of this study is 80. 71 out of 80 responds received from the respondents and were proceed with the data analysis. All of the respondents were identified through snow balling and were informed that the involvement in the study is based on voluntary basis and all collected data will be analysed as group.

*Respondent.* Majority of the respondents are male which consist of 97.2% and only 2.8% females age ranging from 20 to 49 years old. 50.7% of the respondents are Degree holders, 33.8% are STPM and below, and 15.5% are at least Master's holders. Interestingly, more than half (62%) of the respondents are at executive and top management level working at government, government-linked companies, and private sectors.

**Instrument and Measurement**

Data collection were conducted through questionnaire. The questionnaire consisted of three main sections which are the HIV Friendly Policy in organizations, quality of work-life and career advancement of PLHIV in the organization. The questionnaire used five-point Likert-like scale ranging from 1 "strongly disagree" to 5 "strongly agree". The questionnaire also prepared in both Malay and English languages.

Career advancement refers to four types of organizational provisions related to career advancement proposed by Hathorn (2012) which include leadership commitment, career advancement strategy, career development policies, processes, and tools and trained supervisors as perceived by individual employees. This study employed instrument developed by (Hathorn, 2012). There are 10 items for this section. Example of item include "The performance appraisal process in my organization places sufficient emphasis on career advancement".

HIV Friendly Policy is defined as level of adoption of any written policy or practices designed to manage HIV/AIDS at workplace which may include the procedure to eliminate risk of transmission, discrimination towards employees with HIV, medical testing, organizational support and care, education and medical consultations. This study adapted the instrument developed by (Laas 2009). There are 11 items in this section. Example of item is "My workplace has clear policy on support program (e.g., support group, anti-retroviral therapy treatment) for PLHIV employees"

Meanwhile, quality of work-life in this study has been operationalized as individual satisfaction towards work environment, job requirements, supervisory behaviour, and ancillary programs provided by an organization as suggested by (Sirgy et al., 2001). This study also adapted the instrument by Sirgy, Efraty, Siegel, and Lee (2001) to measure the PLHIV quality of work-life. There are 15 items in this section. Example of item is "I feel appreciated at work".

**Reliability and Validity**

Reliability of the instruments for this study has been tested based on Cronbach's Alpha value obtained from both pilot study and actual test. Results as indicated in Table 3. All instruments indicated the Cronbach's Alpha values of more than 0.60. According to Griethuijsen, Eijck, Haste, Brok, Skinner and Mansour (2014), the Cronbach's Alpha of .60 and above considered acceptable. Therefore, the reliability of instrument used in this study are confirmed.

Table 3:
*Reliability Test for Overall Questions Set*

| Variable | Items | Cronbach's Alpha of Pilot Study (n = 30) | Cronbach's Alpha of Study (n = 71) |
|---|---|---|---|
| **Career advancement** | 10 | .922 | .938 |
| **HIV friendly policy** | 11 | .658 | .601 |
| **Quality of work life** | 15 | .884 | .938 |

All the instruments went through the content validity based on the opinion from an expert in the area. In addition, the back-to-back translation (English-Malay-English) has been conducted to ensure the accuracy and quality of the instrument.

***Pilot Study***

The pilot test is been done by getting response from the actual target group of respondents which are PLHIV that taking Antiretroviral Therapy (ART) and currently working with any organization in Kuala Lumpur. The researchers were using social media which is Facebook Group and Twitter to reach the respondents. The researchers also using a simple snowball technique by informing the respondents that they can forward the link of the online questionnaire set to any peers with similar characteristics of them.

***Data Collection Procedure***

As mentioned earlier, there is still no reported statistics on the actual number of working PLHIV in Malaysia making their distributions also unknown, therefore the researchers have to approach all the respondents through snowballing data collection procedure. Researchers advertised the study at their own social media (e.g., Twitter and Facebook) and included the instruction that the study only applicable to currently working PLHIV. In addition, a question on Antiretroviral Therapy (ART) has included in the questionnaire to verify that whoever responded to the online survey are individuals who HIV-positive as the online survey is available publicly. By using this method, researchers asked the next potential respondents from the first informant through private messaging and comment box. Informants also permitted to re-post the advertised study at their own social media page. All respondents were informed that their personal and organization information will be kept confidential and their responses will be based on voluntary basis. They are allowed to resist their participation. Figure 2 summarizes the data collection procedure for this study.

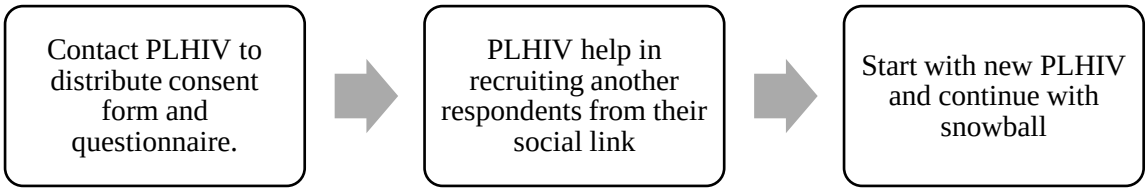


Figure 2: Data collection procedure

***Data Analysis***

Analysis of data for this study has been conducted using IBM SPSS software version 23.0 to determine the levels, correlations, and influence of organizations' HIV policy and quality of work-life on PLHIV career advancement. This study employed scales 1.000 – 2.330 to indicate low level, 2.331 – 3.661 to indicate moderate level, and 3.662 – 5.000 to indicate high level.

**Findings and Discussions**

*Levels*

Results indicated that the level of career advancement opportunities provided by organizations is high ($M$ = 3.84, $SD$ = 0.90). Level of organizations' HIV friendly policy considered to be moderate ($M$ = 3.13, $SD$ = 0.55), meanwhile level of quality of work-life

reported to be high (*M* = 3.76, *SD* = 0.85). Results indicated that career advancement opportunities among Malaysian corporations are satisfying.

Finding of this study seems be contradicted with Abdullah et al (2019) qualitative study among 12 PLHIV which reported that PLHIV experienced difficulties to find a job to enjoy a dynamic career advancement. 7 out of 12 PLHIVs were unemployed. It is undeniable that discrimination and stigma issues rooted in cultural values are still widely happening in Malaysia. Majority of PLHIV in Malaysia refused to disclose their status to avoid facing the same experience. However, respondents of this study are able to enjoy similar career advancement opportunities as any other employees.

It is not really surprising for the level of organizations' HIV friendly policy in Malaysia is slightly at moderate level given the fact that implementation at business organizations' level is still based on voluntary basis. Even though the government has introduced the Prevention and Control of Infectious Disease Act concerning PLHIV in 1988, however the progress is slow. It has been reported that in 2016 and 2017, only 40 and 42 companies (an addition of only 2 companies in 2017) have enforcing code of practice to accommodate PLHIV and most of them are "oblivious" about this (Gurusamy, 2020). The full list of companies however until to date, is not available to public.

Related to their quality of work-life, Government of Malaysia has enacted all Malaysians can fully access to highly active ART for free since 2006. Therefore, regardless of their occupational status, PLHIV in Malaysia have been receiving a standard of care that is equivalent to the developed nations. Due to that, PLHIVs are able to enjoying decent lifestyles, performing well at work and able to meeting all job requirements. As a result, they received appropriate support at work as Malaysian business corporations also value high performance work culture.

***Correlations.***

Table 4 shows the correlation between organizations' HIV friendly policy, quality of work-life and career advancement among PLHIV employees in Klang Valley.

**Table 4:**

*Correlation test of HIV Friendly Policy and Quality of Work Life with Career Advancement*

| Independent Variable | Career Advancement | |
|---|---|---|
| | ***r*** | **Significant Value** |
| **HIV friendly policy** | .13 | .30 |
| **Quality of work-life** | .83 | .00** |

** significant value = 0.01

Note: Value of Pearson Correlation Coefficient (***r***): < 0.20 = Negligible; 0.20 - 0.40 = Weak; 0.40 - 0.70 = Moderate; 0.70 - 0.90 = Strong; > 0.90 = Very strong

Based on Table 4 above, the correlation between organizations' HIV policy considered to be negligible ($r$ = .13, $p$ = .30). It shows that $H_1$ is not supported as there is no significant correlation between organizations' HIV friendly policy and career advancement among PLHIV However, results indicated a strong, positive and significant association between quality of

work-life and career advancement of PLHIV ($r$ = .83, $p$ = .00). The finding supported the $H_2$. Discussion for the findings available in the next section.

***Regressions***

Table 5 highlighted the findings on the influence of organizations' HIV friendly policy and quality of work-life on career advancement of PLHIV. Overall model reported that the model fits the data ($F$ = 74.30, $p$ = .00), in which 68.6% of variance in career advancement among PLHIV has been explained by both organizations' HIV friendly policy and quality of work-life. However, based on results for individual contributions, as expected only quality of work-life contributes significantly towards career advancement of PLHIV ($t$ = 12.05, $p$ = .00) with 83% contributions. Quality of work-life was the most dominant predictor of career advancement among PLHIV. Both correlation and regression results of this study failed to support the relationship between organizations' HIV friendly policy and career advancement among PLHIV in Klang Valley.

Table 5:
*Regression Analysis the Influence of HIV Friendly policy and QWL on Career Advancement of PLHIV*

| **Independent Variable** | **Unstandardized Beta** | | **Beta** | ***t*** | **Sig.** |
|---|---|---|---|---|---|
| | ***β*** | **Standard Error** | | | |
| **Constant** | .45 | .41 | | 1.09 | .28 |
| **HIV friendly policy ($X_1$)** | -.05 | .11 | -.03 | -.43 | .67 |
| **Quality of work-life ($X_2$)** | .89 | .07 | .83 | 12.05 | .00 |

F= 74.30, $p$ = .00, R= .83[a], $R^2$ = .69, Adjusted $R^2$ = .68

Related to finding on the significant and strong relationship between quality of work-life and career advancement, it is similar with Parsa et al (2014) study. Parsa et al (2014) supported that when quality of work-life is higher, the career advancement subsequently will increase. Quality of work-life is related to perceived employees' satisfactions on organizational responds towards their needs. It is a type of representation of "procedural fairness" addressed in the Social Equity Theory (Frederickson, 1990; Johnson and Svara, 2011; 2015). Even though the needs may vary accordingly, however in the context of PLHIV in general, having a good and supportive working environment are crucial for their career and personal development. Some organizations may offer remote work arrangement and special health insurance for PLHIV to increase their satisfaction and sense of appreciation.

Organizations' success mostly depends on the quality of their human resource. To encourage high performance culture in an organization, management should understand how to translate concept of fairness addressed in Social Equity Theory into organizational processes such as hiring, retaining, and promoting individuals and groups. Business organizations need to remain competitive in marketplace due to drastic changes in technology that has direct effect on talent retention, employment, employee's knowledge and skills, and organizational structure. To maintain this, it is strongly recommended for business organizations to maintain and to provide their workforce with high level of quality of work-life working environment (Nanjundeswaraswamy and Sandhya, 2016).

McKay and Fratzl (2011); Tejeda (2006); Goff (1994) elaborated that workplace policy does not necessarily followed by compliance because of the policy itself does not well adapted, focused on legality rather than the complexity of the issue within the specific context, and existing stigma among colleagues. The insignificant finding between HIV friendly policy can be associated with low level of adoption among Malaysian business corporations, which is only guided by the aforementioned code of practice, that is non-compulsory. To date, only Petronas has published a comprehensive HIV friendly policy publicly.

In addition, Social Equity Theory has stressed that formulation of fairness, justice, and equality practices involve active commitment from various stakeholders including government, non-government organizations and every member within the organization from top management to production line employees. It requires continuous collaborations and communications to bring change (e.g., values). Adding to the context, Malaysia still has a long way to go since the establishment of the code of practice in 2001 and the first organizational HIV friendly policy by Petronas in 2013. A binding legislation is yet to establish. Perhaps, by understanding the extent to which the "inherent incompatibility" exists as suggested by Blessett et al. (2019) is essential for Malaysia to move forward in achieving the goal of social equity.

Even though the finding is against the expectation, however it is strongly believed that a holistically adopted policy will significantly lead to better career advancement opportunities for minority groups. The implementation of the policy therefore should be followed with management support, for example by organizing HIV/AIDS awareness programs for all employees within the organization and providing regular medical check-up services to PLHIV. In addition, the system also should be redesign to suit with the non-discrimination organization's policy requirement.

**Limitations and Recommendations of the Study**

This study has been conducted under various information constraints. However, at the very least, this study managed to provide an insightful evidence that may attract more future research to explore in detail regarding career advancement opportunities provided by business operations to PLHIV. There are several limitations should be addressed in this study. Firstly, the sample of this study has been identified based on snowballing sampling method due to limited information on working PLHIV in Malaysia. This situation may influence the data representation towards the overall population. Secondly, the number of samples is small even though Bujang and Baharum (2016) supported that the sample size of this study considered acceptable to proceed with correlational analysis. However, in statistics the higher number of sample always the better because it can accurately describe the population. Thirdly, regarding the low internal reliability (Cronbach's Alpha = .601) for organizations' HIV policy construct. Future studies must be conducted to look into the overall constructs, improve sentence structure, and ensure the suitability of all items with the respondent to improve the internal reliability. Fourth, an in-depth exploration study should be designed to uncover the nature of the adopted HIV friendly policies. This study must include both employees and employers' perspectives to holistically illustrate the current practices. Forth, this study only limited to two organizational factors of HIV friendly policy and quality of work-life. Future research should be more inclusive by including more organizational factors such as organizational support, job related factors, and individual characteristics as antecedents towards career advancement among PLHIV. It is also recommended that the third variable,

be it a moderator or mediator be included in the model of future studies to increase the explanatory power of career advancement among PLHIV. Lastly, quality of work-life practices components within the organization should be strengthen by considering the specific needs of PLHIV.

**Implications**

Results of this study provides some implications to researcher, human resource practitioners and enforcement bodies, particularly in Malaysia. To researchers, other than those highlighted under previous section, applicability of Social Equity Theory in business world has been supported by results of this study. Therefore, the application of Social Equity Theory should be extended beyond public administrations because social equity is necessary in any human social interactions. In addition, findings of this study should attract interest of more researchers to look on different aspect of employment related to PLHIV. To human resource practitioners and policy makers, principles of impartiality and fairness should be implemented holistically within organizations, and do not limited to particular group of interest only. Social equity, however does not represent distribution of resources similarly across individuals because it is subject for changed according to human needs. Organization's strategy therefore should be designed to win competition against talents in this current rapid changing business environment by highlighting employees' special needs. In accordance, HIV friendly policy can be seen as one of strategy to stay relevant in the marketplace. To support the idea, reinforcement strategies such as tightening the employee's confidentiality rules, establishing support groups, regular medical check-ups, and employees' HIV awareness programs should be implemented. It cannot be denied that the implementation should be followed by some investments. However, long-terms results might be beyond organization's expectations.

**Conclusion**

The results of career advancement opportunities provided by organizations and quality of work-life among PLHIV are found to be at satisfactory level. However, it was found that the respondents perceived moderate level of organizations' HIV friendly policy. This study empirically verified that there is a significant association between quality of work-life and career advancement of PLHIV. The findings further supported by the regression analysis that quality of work-life has contributed strongly towards PLHIV career advancement in Klang Valley. The availability of HIV friendly policy indicates the organizations commitment towards diversity and inclusiveness. However, findings of this study indicate no significant association between organizations' HIV friendly policy and career advancement of PLHIV. Overall, findings of this study are in agreement with Social Equity Theory.

**Compliance with Ethical Standards**

**Sources of funding:** The authors declare that there is no applicable research funding source for this study.

**Disclosure of potential conflicts of interest :** The authors declare that they have no conflict of interest.

**Research involving Human Participants and /or Animals :** Human participants and all ethical requirements were respected. This article does not contain any studies with animal subjects performed by any of the authors.

**Informed Consent:** Informed consent was obtained from all respondents for being included in the study and their participation in this study are based on voluntary basis.

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