



## Exploring the Occupational Stigma Narrative of Hospitality Management Trainees: Mechanisms of Action and Paths of Disintegration

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### ABSTRACT

This study explores the internal content framework, mechanism and dissolution path of occupational stigma narratives through the analysis of stigma narratives, the integration of resource preservation theoretical models, and the use of thematic templates and hotel online OTA reviews. The methodology of this study mainly adopts narrative in-depth interviews and uses template analysis for data processing. The results of this study show that hospitality management trainees have a distribution of attributes of perceived occupational stigma in four quadrants, two paths for the formation of perceived occupational stigma, and a more systematic mechanism for the elimination of occupational stigma. This study broadens the investigation of occupational stigma in a single static context and explains the relationship between perceived occupational stigma and the paths of its dissolution among hospitality management trainees. It has some fair and practical implications for existing modules in hospitality human resource management such as positive organizational behaviour, organizational culture, training and employee care.

### RESUMO

Este estudo explora a estrutura de conteúdo interno, o mecanismo e o caminho de dissolução das narrativas de estigma ocupacional por meio da análise de narrativas de estigma, a integração de modelos teóricos de preservação de recursos e o uso de modelos temáticos e avaliações de OTAs online de hotéis. A metodologia deste estudo adota principalmente entrevistas narrativas em profundidade e usa a análise de modelos para o processamento de dados. Os resultados deste estudo mostram que os instrutores de gestão de hospitalidade têm uma distribuição de atributos de estigma ocupacional percebido em quatro quadrantes, dois caminhos para a formação de estigma ocupacional percebido e um mecanismo mais sistemático para a eliminação do estigma ocupacional. Este estudo amplia a investigação do estigma ocupacional em um único contexto estático e explica a relação entre o estigma ocupacional percebido e os caminhos de sua dissolução entre os estagiários de gestão de hospitalidade. Ele tem algumas implicações justas e práticas para os módulos existentes em gestão de recursos humanos de hospitalidade, como comportamento organizacional positivo, cultura organizacional, treinamento e cuidado com os funcionários.

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## INTRODUCTION

Occupations can have ‘shameful’ characteristics that are devalued by the public, and the objective existence of occupational stigma can pose a threat to employees. Occupational stigma describes the negative physical, social, moral, or emotional stereotypes that the public community has of certain types of occupations or occupational configurations. Existing research suggests that occupational stigma is not only a cause of self-identity crises and stress and physical and mental health problems, but also a major cause of organizational inefficiencies (Ashforth and Kreiner, 1999).

Kreiner (2006) suggests that all occupations are stigmatized, but only to varying degrees. Whilst the emergence of previously stigmatized and categorized ‘dirty’ jobs in the tourism hospitality industry during the novel coronavirus epidemic is not uncommon, there has been a shift in societal exploration of these occupationally stigmatized occupations, such as the labelling of formally stigmatized occupations as ‘Front-line’ heroes for carers or workers in hazardous situations.

‘Hero’ labelling of carers or workers in formally stigmatized occupations at risk (Felsenthal, 2020), promotion of food service workers and delivery drivers as heroes during pandemics (Guasti, 2020) and more recent research examining the value of occupationally stigmatized service workers by examining the coping mechanisms of internal and external groups (Mejia et al., 2021), occupational stigma continues to be an integral part of society’s exploration of these occupationally stigmatized occupations, but it is still a major problem.

However, occupational stigma is still widespread in industries with dirty attributes, such as work attributes that are morally dirty, socially dirty, physically dirty, identity dirty, etc. (Ashforth et al., 2007). As a comprehensive service industry, the hospitality industry is more prone to behaviors such as service disruption, boundary-crossing, bullying and violence (Ghosh and Shum, 2019; Lugosi, 2019). Therefore, the exploration of occupational stigma of managerial trainees as a potential influence on human resources in terms of causes, outcomes, and strategies to cope with it has some significance.

Reviewing the existing occupational stigma-related studies, most of them focus on jobs or work types with dirty attributes, such as retail department stores (Baldissarri et al., 2014), catering services (Shigihara, 2018; Wildes, 2005), hotel cleaners (Nimri et al., 2020), vehicle leasing services (Phung et al., 2020), and so on, but not enough research on differentiated stigma for different work types and functions under specific sub-sectors. services (Phung et al., 2020), there is not enough research on differentiated stigma for different types of jobs and functions under specific subsectors.

In terms of research perspectives, although there are existing social identity perspectives (Link and Phelan, 2001), self-validation perspectives (Shantz and Booth, 2014), and resource preservation perspectives (Hobfoll, 2001), the existing research perspectives are not sufficiently developed (Hobfoll, 2001), but the results of the existing research perspectives are dominated by a single, static discussion, the lack of integration of theoretical perspectives and in-depth excavation of the dynamic process, most of the research revolves around the cognitive and attributional process of the discussion, the hidden mechanisms of occupational stigma and the generation of the mechanism and other micro-level research has not been involved in the small number of studies.

Based on this, this study, in order to fill the above research gap, takes the functions and division of labour positions under the hotel industry as the research object, integrates the occupational stigma theory and the resource preservation theory as the theoretical guiding framework of the dynamic process, and analyses the stigmatization narratives of hotel management trainees through the use of the template analysis tool (Laqrcon et al. 2014; Pattinson and Preece, 2014) in conjunction with hotel OTA reviews for triangulation and attribution.

Triangulated with hotel OTA reviews to explore the classification of occupational stigma representations, the mechanisms of perception generation and the pathways of dissolution for hotel management trainees.

This study will respond to three research questions: what are the representations and classifications of the depth and breadth of occupational stigma suffered by hotel management students? What are the intrinsic mechanisms of perceived generation of occupational stigma for hotel trainees? What are the pathways of self-abatement for hotel management students after stigma is imposed on them? The expected theoretical contribution of this study is to explore the internal mechanisms and de-stigmatization pathways of the occupational stigma formation chain of hotel management trainees in terms of theoretical integration, research perspectives, and micro-mechanisms, and to provide a practical basis for the training of positive psychology guidance and pre-cognition of occupational stigmatization in hotel human

### *Theoretical Framework*

Occupational stigma has evolved from the concept of dirty work, but is fundamentally different from dirty work in that occupational stigma is a stereotype of occupational attributes formed by external groups and observers, and is more of a cognitive perspective of occupational attributes (Pinel, 1999). Occupational stigma in the hospitality industry has been addressed in studies such as Wildes' (2007), investigation into the perceptions of occupational stigma by restaurant staff, and actively exploring the relationship between internal service quality and employee stigma responses, attraction and retention, for example, Wildes (2007)

investigated the perception of occupational stigma among restaurant servers and actively explored the relationship between internal service quality and employees' stigmatized responses, attraction and retention, Mejia et al. (2021) gave meaning to dirty work in the hotel hospitality industry, providing a new perspective on occupational stigma through the shared narrative meaning of the experiences of members inside and outside the hotel, hotel hospitality, as an important context for occupational stigma research, has not received much attention, with most existing studies focusing on dirty work.

As an important situation in the study of occupational stigma, the hotel hospitality industry has not been paid more attention to, and most of the existing researches have examined the micro perspective of cognitive and attributional processes with the attributes of dirty work, while the organizational level of the hotel hospitality business and the micro level of employees' perceptions have not been discussed.

Resource Conservation Theory provides a pathway for analysis the internal mechanism of occupational stigma in the hotel industry. Existing studies have confirmed the correlation between occupational stigma and resource conservation, for example, identity threat and loss of self-esteem caused by occupational stigma can constitute potential or actual resource loss, which triggers individuals' behaviour to conserve resources (Baran et al., 2012), and employees experiencing negative emotions and stress caused by occupational stigma will experience burnout and high intention to leave their jobs (Kreiner et al., 2006), Wildlife and Hospitality employees will have a higher willingness to leave their jobs (Kreiner et al., 2006), and the stigmatization theory will be used as a means to understand the internal mechanism of the occupational stigma chain.

Wildes (2005) is one of the few studies on the association between social stigma and burnout in the food service industry, which confirms that food service workers stay in the industry for a short period of time and do not maintain a long-term employment relationship. Therefore, this study integrates the theory of occupational stigma with the theory of resource preservation, and builds a framework for the accumulation of occupational stigma and the dynamic change of employee's resource performance, which provides a theoretical basis for the study of the stigma narratives of managerial trainees in this study.

Figure 1 shows the theoretical framework of this study. Existing research lacks systematic explanation and in-depth study on the issue of occupational stigma in the hotel hospitality industry due to its volatility, dynamics and complexity. Existing research on occupational stigma is often linked to occupational prejudice, stereotypes of dirty occupations, and discrimination, therefore, the chain of dynamic narrative processes inherent in the types of stigma perceived by the employees in the hotel context, the formation mechanisms and the

paths of dissolving stigmatization will explain the definition and clarify the relationship of the stigmatization of managerial training in the hotel hospitality industry.

This study takes the stigmatizer as the entry point to explore how hotel management students carry out their occupational stigma perception, resource signal judgement, resource signal judgement, and stigma dissolution paths in the hotel context, with the stigmatizer as the starting point. This study takes the stigmatizer as an entry point to explore how hospitality management students perceive stigma, judge resource signals, integrate resources, respond to the stigmatization, and countermeasures for depth-stigmatization under the mechanism of the stigmatization in the hotel context, which provides a brand new subject matter and dynamic perspective for existing research on occupational stigma.

**Figure 1.**  
Theoretical Research Framework

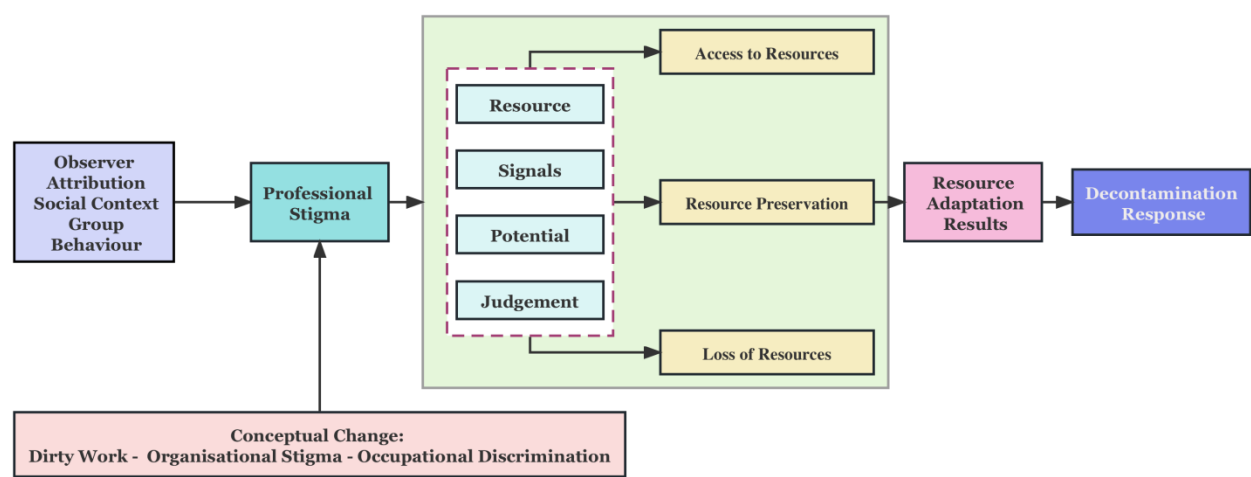


Figure 1. Theoretical Research Framework

**METHODOLOGY**

This study employed a qualitative narrative analysis using template analysis to explore the occupational stigma narratives of hospitality management trainees. Template analysis was selected for its suitability in identifying and organizing multiple explicit themes from complex qualitative data (Alaqrecon et al., 2014; Pattinson & Preece, 2014). The philosophical stance was neopositivist, adopting a realist ontology and epistemology (Duberley et al., 2012), which assumes that participant accounts reflect reality. Researcher subjectivity was minimized through independent coding, the use of a priori thematic frameworks derived from relevant theories (Maznevski & Chudoba, 2000), and systematic verification processes.

### *Participant Recruitment and Sampling*

Participants were recruited through convenience sampling from a five-star hotel in Chongqing, China. Hotel management circulated an invitation to all current management trainees across different departments (front office, housekeeping, food & beverage, and sales/marketing). Inclusion criteria required that participants be (a) currently employed as management trainees, (b) have completed at least three months of training, and (c) be willing to participate in two interview sessions. Out of those invited, 18 trainees agreed to participate, representing a diversity of gender, age (21–28 years), and departmental assignments.

### *Data Collection Procedures*

Data collection was conducted in two phases:

- Phase 1: Narrative interviews during the normalized epidemic prevention context (November–December 2022).
- Phase 2: Narrative interviews in a post-pandemic daily context (June–August 2023).

Each participant was interviewed twice (once per phase), resulting in 36 interviews. Interviews followed a semi-structured narrative protocol informed by stigmatization narrative frameworks (Parker & Aggleton, 2003). Questions explored three stages: (1) stigma perception (cause), (2) stigma formation mechanism (passage), and (3) stigma dissolution path (result). Interviews lasted 45–60 minutes, were conducted in Mandarin, and audio-recorded with permission.

In addition to interviews, 129 negative customer reviews from Online Travel Agency (OTA) platforms posted between June–August 2023 were collected and thematically analyzed. These served as triangulation data to validate and contextualize interview findings. Reviews were selected using the following criteria: (a) explicitly mentioning service staff or trainees, and (b) posted within the defined three-month period.

### *Data Analysis*

Analysis followed the seven steps of template analysis (Braun & Clarke, 2006):

1. Familiarization – Reading and re-reading transcripts and OTA reviews.
2. Preliminary Coding – Generating initial codes independently by two researchers.
3. Clustering – Grouping similar codes into preliminary categories.
4. Initial Template Generation – Creating an initial coding template based on emergent and a priori themes.
5. Application – Applying the template to all data, refining codes iteratively.
6. Final Template – Producing the finalized thematic structure.

7. Interpretation and Quality Check – Comparing themes across interview and OTA data for consistency.

Reliability measures included: (a) two independent coders, (b) discussion to resolve discrepancies, and (c) inter-coder agreement calculated at 87%.

### *Ethical Considerations*

Prior to participation, trainees received an information sheet outlining the study's purpose, procedures, and ethical principles (confidentiality, voluntary participation, right to withdraw). Written informed consent was obtained from all participants. Pseudonyms were assigned to protect identities, and data was stored securely on password-protected devices.

## **RESULTS AND DISCUSSION**

During the period of normalization of the epidemic (2022.11-12) on the executive floor, guest services floor, front office department, sales department, etc. hospitality management trainees were interviewed, totaling 13082 words. During the daily operation of the hotel (2023.6-2023.8) the former Interviews with 16 desk attendants, member service specialists, security specialists, etc., totaling 7000 words.

OTA Negative Reviews (2023.6-8) from C-trip , Flying Pig , Meituan , the official website and other channels, a total of 189 entries, clustering analysis after depth-emphasis to obtain the 129 entries. During the process of coding and template analysis of the in-depth interview verbatim transcripts, theoretical sampling of the interview material was continually conducted to ensure data saturation, and this researcher triangulated cross-corroboration in conjunction with the negative OTA comments while independently coding the interview verbatim transcripts. This study found that the perceived motivational mechanisms of stigmatization in the dual context for management students consisted of the following three main research topic findings.

## Chapter1. INTERVIEWERS' INFORMATION

INTERVIEW /DEPARTMENT	AGE	GENDER	NO. OF STIGMATISING ENCOUNTER
Q1/Front Desk	24	F	2
Q2/Front Desk	23	F	3
Q3/Front Desk	24	M	5
Q4/Front Desk	22	F	2
Q5/Front Desk	22	F	4
Q6/Front Desk	26	F	2
Q7/Front Desk	26	F	6
K1/HSKP	36	F	6
K2/HSKP	38	M	4
K3/HSKP	34	F	4
K4/HSKP	33	F	2
B1/Security	32	M	7
B2/Security	28	M	8
B3/Security	26	M	4
B4/Security	24	M	4
H1/Executive Lounge	34	F	4
H2/Executive Lounge	28	M	2
C1/Food and Beverage	32	F	6
C2/Food and Beverage	34	M	7
C3/Food and Beverage	28	F	7

The interview data were collected and given to the third researcher, the first author of this paper, for independent coding, the coding tool was MAXQDA2023, the relevant theories of occupational stigmatization were validated in advance to the themes before coding, and then independently clustered by this researcher into broad categories, subcategories, and relevant indicators, and some of the stigmatization narrative coding cases are shown in Chapter 2.

## Chapter2. STIGMA NARRATIVE CODING

CATEGORY	ATTRIBUTES	DIMENSION	TYPICAL DESCRIPTION
Career Tags	Setting Labels	1. Labelling	...Have they misunderstood the housekeeping service ... (K3)
		2. Powerless to resist being labelled	I can't stand being scolded like this by guests. (Q3)
	Acceptance Label	3. Forced to adapt	The hotel industry is like that. (Q1)
		4. use of labels	I have nothing to say when guests say that hotel attendants have a low threshold and low quality. (Q4)
Stereotypes	Mindset	5. Numbness of attitude	I'm used to all this, let's just do my job first. (K3)
	Stereotype	6. Low education level of service industry personnel	I can't refute what the guest said. (H1)
Psychological Isolation	Negative Emotions	7. Frustration and dissatisfaction	The guest scolded me for half an hour. Although I feel aggrieved, I still have to reply with a smile. (Q3)
		8. Feeling stressed	Buying mooncakes and dumplings every year really puts a lot of pressure on sales. (Q2)
	Stress	9. Feeling anxious	I was very anxious and didn't think about what I could do in my next job. (Q4)
		10. Considering leaving	I wanted to quit my job at that moment. (Q2)
Intention to Leave	Intention to Leave	11. Low job search intention	I suddenly wanted to take a holiday. (Q3)
	Avoidance Mentality	12. Avoiding work	I don't want to work at the front desk anymore. I want to go to the backline where I don't have to deal with customers face to face. (Q1)
		13. I don't think I am suitable for the job	I keep wondering if I am not suitable for this industry. (K2)
Job Discrimination	Self-Denial	14. Low career identity	I would like to change to a job where I don't have to work night shifts and don't have to change day and night. (C2)
	Low Self-Efficacy		



The researcher followed the steps of coding and narrative analysis of the interview data following the template analysis steps to finalize the final template as shown in Chapter3. The independent researcher finalized the template by quality-checking the hierarchical themes, a priori themes, and first-level themes for independent coding, feedback responses, maintaining an audit index, and deep description and use of participant quotes (Geetz, 1973, Lincon and Guba, 1985).

**Chapter3. THE RESULTS OF ANALYSING THE STIGMA NARRATIVE TEMPLATE FOR MANAGEMENT TRAINEES**

<b>1 MANIFESTATIONS OF OCCUPATIONAL STIGMA</b>	<b>2 MECHANISMS OF OCCUPATIONAL STIGMA FORMATION</b>	<b>3 OCCUPATIONAL STIGMA</b>	<b>4 REMOVAL OF OCCUPATIONAL STIGMA</b>
1.1 Degree of Stigma Involvement	2.1 Observer	3.1 Positive	4.1 Psychological Resource Acquisition
1.1.1 Depth	2.1.1 Self-Perception	3.1.1 Convincing Others	4.1.1 Repairing Relationships
1.1.2 Breadth	2.1.2 Stigma Imposer	3.1.2 Job Involvement	4.1.2 Psychological Isolation
1.1.3 Relevance	2.1.3 Social Situations	3.1.3 Self-Empowerment	4.1.3 Evaluation Reset
1.1.4 Intensity	2.1.4 Group Behaviour		
1.2 The Phenomenon of Stigma	2.2 Perceiver	3.2 Neutrality	4.2 Psychological Resource Preservation
1.2.1 Speech	2.2.1 Conflict	3.2.1 Numbness	4.2.1 Self-Support
1.2.2 Action	2.2.2 Impedance	3.2.2 Stereotyped Thinking	4.2.2 Self-Predication
1.2.3 Thinking	2.2.3 Conformity	3.2.3 Escapism	4.2.3 Self-Awareness
1.2.4 Logic			
1.2.5 Socialisation			
1.3 Functions and Division of Labour	2.3 Parties	3.3 Negative	4.3 Psychological Resource Balancing
1.3.1 Labour	2.3.1 Identification	3.3.1 Psychological Loss	4.3.1 Neglect
1.3.2 Dirty	2.3.2 Initiation	3.3.2 Reduced Satisfaction	4.3.2 Relief
1.3.3 Passivity	2.3.3 Elimination	3.3.3 Reduced Identity	4.3.3 Temporary Escape
1.3.4 Discourse		3.3.4 Reduced Professional Identity	4.3.4 Suspension of Negative Emotional Output
1.3.5 Physical Strength		3.3.5 Abnormal Behaviour	
		3.3.6 Tendency to Leave the Job	
		3.3.7 Emotional Depletion	

#### *A. Quadrant of Distribution of Perceived Attributes of Occupational Stigma for Hospitality Management Trainees.*

Through the coding and analysis of qualitative interview data from the two contexts and in conjunction with the final research template, this study found that the distribution of occupational stigma attributes of hospitality management trainees can be demonstrated through a quadrant diagram framework.

The vertical coordinate is the depth of occupational stigma, the horizontal coordinate is the breadth of occupational stigma, the depth of occupational stigma is the intensity of stigmatization and degree of involvement in the self-position, and the breadth of occupational stigma is the persistence and independence of occupational identities (Kreiner et al., 2006).

In the in-depth interviews, the respondents were asked to rate their occupational stigmatization attributes on an ascending numerical scale of 1 to 10, which was then combined with each interviewer's actual positions and departments. Finally, the career stigma of management trainees was formed.

The quadrant framework for the distribution of attributes is shown in Figure 2. According to the distribution of the depth and breadth of occupational stigma on the axes, four

quadrants of modules are formed, with the first module in the first quadrant within the closed area of the axes, which shows a high degree of depth and profundity, and respondents in this module have the highest degree of involvement in occupational stigma and the highest probability and frequency of involvement in occupational stigma, and the stronger the perceived stigma of the job in occupational identity, which in general shows a The 'diffuse' type of stigma is mainly concentrated in the front office, restaurant and guest room departments, and the positions are mainly concierge, receptionist, waiter and cleaner.

In terms of the depth and breadth of occupational stigmatization, most of the front desk specialists in the front office department described the occupational stigmatization suffered in reception and their own contextual entry:

The logic of many residents is to spend money on a superior, can raise a variety of requirements, residents in the front desk unreasonable phenomenon almost every day, as the front desk we have the most direct contact with the residents, many residents directly in the words and behavior of the service industry reflects the 'inferior', and we have to continue to adhere to the professional ethics to try to meet the needs of the residents. We have to continue to fulfill the needs of our residents by adhering to our professional ethics as much as possible. (Front Office, Q3)

During the epidemic, we had a complete set of registration procedures for epidemic prevention. One resident checked in with another resident, refused to provide the identity of the accompanying resident, verbally abused us at the front desk, and even attempted to force the resident to check in, resulting in a minor physical confrontation with us.

During the epidemic, if we didn't follow the epidemic prevention standards and policies, there would be a lot of problems, so we had to explain and inform the residents of the government's and the street's epidemic prevention policies over and over again, and the residents subconsciously physically attacked the service workers, and I wanted to quit and get a new job right away at that moment. (Front Office, Q1).

Figure 2

Quadrante of attribute distribution of Stigma Perception among Hotel Management Trainees

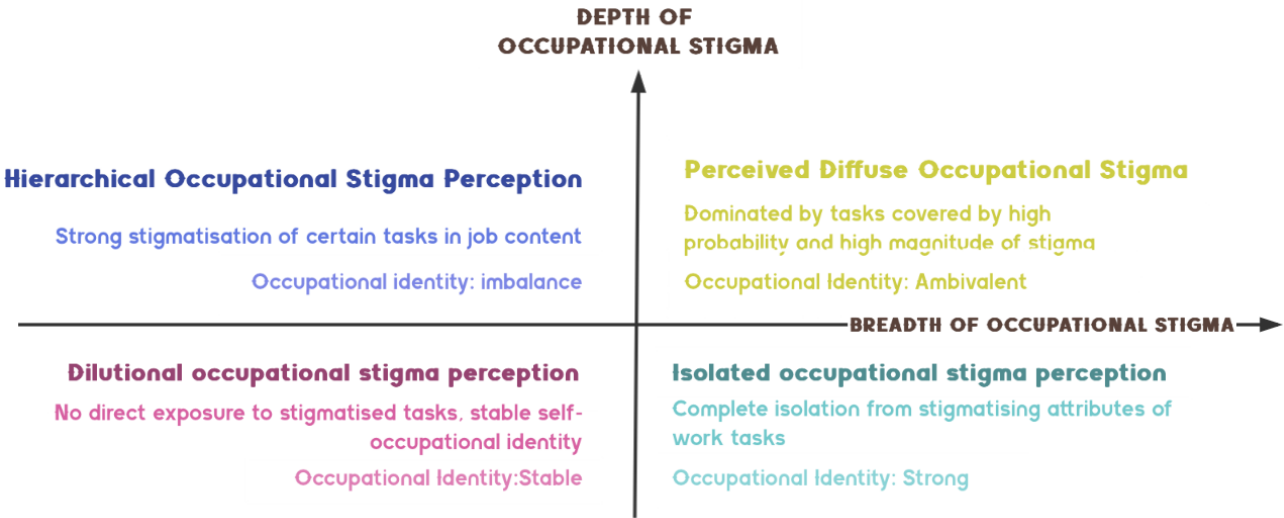


Figure. 2 QUADRANT OF ATTRIBUTE DISTRIBUTION OF STIGMA PERCEPTION AMONG HOTEL MANAGEMENT TRAINEES

Interview data show that in the restaurant department rooms department and other most direct contact with the residents of the staff training students for professional stigma perception is the strongest, most of the interviewees expressed the residents in the process of the hospitality service for the service industry’s conceptual conflict and ideological dislocation, in the concept of the residents of the service staff should be able to meet all of their requirements, unconditional provision of all the services, all the hotel’s service personnel are centered around the resident to needs to be carried out, the frequency of this conflict appears to be higher in a normalized epidemic prevention situation, and the more intense the perception of the stewardship students who suffer from diffuse stigma.

The second module is in the second quadrant, which is high depth and low breadth, i.e., respondents have a strong perception of and involvement in occupational stigma but a low identification with their own occupation. Only fixed tasks in the job are strongly stigmatized in this module, which is typical of graded-type stigma. This study found that the positions of security guards, parking attendants, room attendants, and plumbers in the security and engineering departments are more likely to suffer from graded-type stigma, which carries the labels of being dirty or laborious, and mostly focuses on physical outputs, such as the interview transcript of K4 in the housekeeping department:

Most of the guests still respect us, there will be some guests on us to put forward non-particular requirements, such as upgrading the room, treatment upgrade, etc., these itself is not our responsibility, but the guests in the stay after the highest frequency of contact with us, so we need to coordinate and communicate with the guests throughout the entire process, during this period have also encountered a lot of unreasonable guests, who always think that

they spend money is They always think that they are God and can do whatever they want. (Housekeeping Department, K4)

*Interviewee B2 from the Security Department provided a narrative representation of the professional stigma suffered in a more complex context:*

The most impressive time was when the epidemic was more serious, there was a local resident only registered one information, the lady who was traveling with us did not register, the lady secretly followed on the elevator when we found out, we asked all the guests who stayed in the hotel to truthfully identify themselves and show their trip code and health code, as a result of this, the two guests were suddenly in the hotel lobby shouting insults and Noisy, they pointed at us and began to carry out personal attacks, said a lot of dirty words, but also said that we are 'slaves', at that time, we have three colleagues from the security department to coordinate the handling of this matter.

However, the matter is getting bigger and bigger, the colleagues of the front office department also came to the support, in fact, is to let the guests to understand that both the normalization of the epidemic prevention and the day-to-day stay are all. However, the guest did not understand and felt aggrieved and scolded us in the lobby for half an hour. (Security Department, K4)

Through the interview transcripts this study also found that the form of stigmatization imposed by residents on graded stigmatized hotel trainees is mainly in the form of direct speech and language, with a higher probability of stigmatization being imposed on positions that are characterized by physical output such as plumbers, parking attendants, and room attendants, and some graded stigmatized interviewees also recounted that they have become used to similar situations and have become numb to the situation.

The third and fourth quadrants were low depth and high breadth as well as low depth and low breadth of occupational stigma, respectively. In the third quadrant, the possibility of being stigmatized is reduced due to the lack of direct contact between the trainees and the residents, and the employees' sense of identification with their own work is more stable, and the possibility of stigmatization encountered is diluted by the other diffusely stigmatized employees, so this study names the occupational stigmatization in the third quadrant as the dilution type of stigmatization, similarly, the distribution of the positions of the interviewees in the fourth quadrant are in the back-office support department, and there is less chance of direct contact with residents, and the stigmatization task of their positions is not strong or routine.

Similarly, the respondents in Quadrant 4 were in the back office support department and had less direct contact with residents, and the stigmatization tasks of their positions were

not strong or routine, therefore, this study named the type of occupational stigma in Quadrant 4 as isolation occupational stigma.

The departments with diluted occupational stigma are mainly the front office department and the back office department, involving positions such as reservationist and dishwasher, the departments with segregated occupational stigma are mainly the human resources department, the finance department, and the marketing department.

*B. Integrating Paths for the Formation of Occupational Stigma Perceptions of Hospitality Management Trainees.*

This study triangulated the narrative data on the professional stigma of the stewardship students in the context of normalized epidemic prevention and in the context of daily operations with the negative comments of the hotel OTA, and after combing the axes of the process narrative stories of the hotel residents' stigmatizers through the interview data for clustering analysis, two inner processes of the stigmatization of the residents and two stigmatization perception paths of the stewardship students were ultimately formed, as shown in Fig. 3.

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**Figure 4.**

Mechanism of destigmatisation of hotel management trainees career  
( Driven by emotional energy)

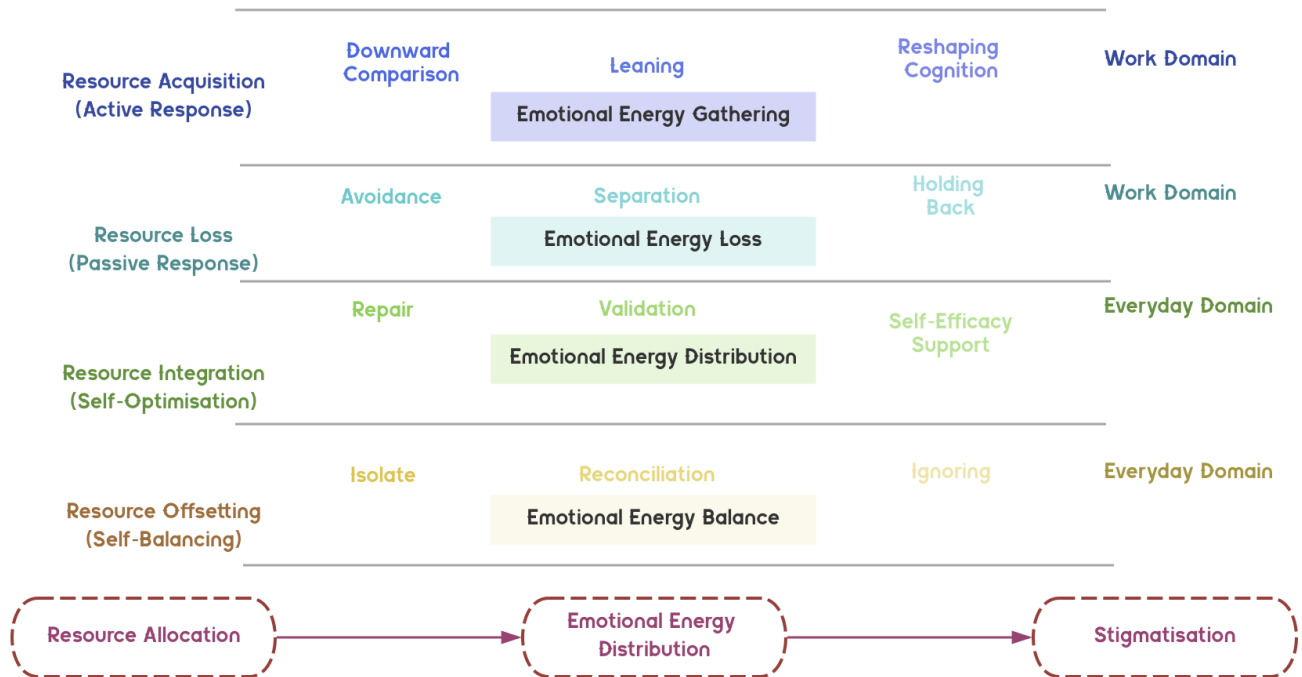


Figure.4 MECHANISM OF DESTIGMATISATION OF HOTEL MANAGEMENT TRAINEES' CAREER (DRIVEN BY EMOTIONAL ENERGY)

### C. Integrating Paths for the Formation of Occupational Stigma Perceptions of Hospitality Management Trainees

This study triangulated the narrative data on the professional stigma of the stewardship students in the context of normalized epidemic prevention and in the context of daily operations with the negative comments of the hotel OTA, and after combing the axes of the process narrative stories of the hotel residents' stigmatizers through the interview data for clustering analysis, two inner processes of the stigmatization of the residents and two stigmatization perception paths of the stewardship students were ultimately formed, as shown in Fig. 3.

Management trainees have a certain prior experience and cognitive foundation in stigma perception, and the main channels of this prior stigma perception source are public opinion, news reports, past work experience and daily operation experience. The main sources of stigmatization are public opinion, news reports, and daily operation experience. The main

sources of stigmatization are the stereotypes of the service attributes of the job, the vulnerability during service conflicts, the loss of resources of the job attributes, and the sense of belonging of the self-identity of the hotel residents.

The specific situation that contributes to the stigma perception of managerial training students is often an unexpected situation and event, which can cause conflict and contradiction between residents and managerial training students, and then produce an integrated path for the formation of professional stigma perception of managerial training students.

In the case of unexpected situations encountered by the residents, there will be two different decision-making behaviors of the residents, one part of the residents will directly complain about the hotel at the scene, requesting the hotel to give compensation or treatment upgrades, and in the process of communication, some emotionally agitated residents tend to take the form of exerting a stigma to obtain additional benefits and welfare for themselves, the other part of the residents if they do not obtain their own satisfaction through the complaint on the demand, they will be through the OTA comments.

Another part of the residents who do not get their satisfaction through the complaints will amplify and exaggerate the complaints through OTA comments, emails, self-media platforms, etc., so that the hotel pays attention to the complaints again and generates multiple opportunities for negotiation, and at this time, the stigma perception paths I and II of the trainees will be generated from this.

In Path I, in the process of dealing with emergencies, the trainee communicates with the residents face to face, and is able to directly feel the residents' emotions and unequal status, and the interview data show that the emergencies are mainly caused by the residents' individual behaviors. Health and safety issues, incidents of misunderstanding arising from misinformation, and incidents arising from primordial mood swings. Interviewers in positions such as receptionist and room attendant in the diffuse occupational stigma perception group referred to the sources of formation of this pathway:

A guest using a razor to shave his hair when cut himself, the complaint is the hotel's safety hazards, our colleagues on duty accompanied the guest to the hospital throughout the checkup and no major injuries, just a little skin, but the guest insisted on demanding compensation and proposed to upgrade the room.

We are faced with such a guest is also very helpless, the guest's emotions are getting more and more excited, said to complain to our senior, said our hotel service industry to meet any needs of the guests to meet the guests, the guests are more and more serious, the content of the insults have gradually escalated to a personal attack, and finally we had to compensate for the guests' medical expenses and examination fees, and give the guests to upgrade the first floor of the room. (Front Office Department, Q5)

I have encountered a guest of our hotel internal process is very well known, every time he checked in, he said that your owner's representative promised me that I can upgrade the room, your so-and-so general manager and I am very familiar with, said that give me administrative

treatment and so on, but our colleagues in a brief inquiry did not have these promises, this guest relies on such words again and again to get a room upgrade or administrative treatment. Once I received the guest, the guest booked a basic room, when he again mentioned that he knew the executive manager promised to give him an executive suite, I verified the specific information and there is no such promise, so I rejected the guest. I did not expect this guest directly in the front desk temper, he pointed at my nose began to curse, what unpleasant words, but also said we do front desk service of low education, poor quality, but also said that his profession is a lawyer, can sue us and so on. Although I was aggrieved, I still patiently explained our membership system to the guests. This type of demand blackmail is very common, taking advantage of information asymmetry and their familiarity with the internal management process of the hotel. (Front Office, Q2)

In Path II, after complaining that the hotel did not meet their desired needs, hotel guests make secondary complaints and narratives on OTA platforms, emails, and self-media platforms, and the facts of the narratives are often exaggerated and enlarged, and hotel guests adopt the strategy of 'self-stigmatization' to label themselves as 'underprivileged'. At this point, the hotel guest adopts the strategy of 'self-stigmatization' to label himself as a 'vulnerable group', and through this self-stigmatization, he can gain attention and the hotel's second and multiple negotiation opportunities. The specific mechanisms of this pathway were derived from interviews and negative OTA reviews in both contexts, as described by the executive floor manager:

There is a female member to stay in our executive floor, one night she suddenly complained that her hotel preparation of the serum was filled with water, a few of our colleagues came together to deal with the matter, the guest proposed to reduce the hotel accommodation room fee, we and the guest truthfully expressed the guest in the OTA booking of the room, we can not because of such unproven reasons to give her a refund, but the female guest complained about other issues, such as letting the staff print the material when peeking at privacy, the hotel luggage clerk deliberately accosted her and so on. materials when peeking at the privacy, hotel baggage handlers deliberately accosted her, etc., we appeased the guest while discussing a pacifying measures to the customer, the customer temporarily accepted, I did not expect the guest the next day sent a micro blogging, this and other related complaints for the fact that the exaggerated, but also the serum injection event sent to the hotel group headquarters, so we and the guest back and forth a number of times to communicate and consult with the complaints, the guest got the treatment she wanted and the hotel group headquarters. The guest got the treatment and compensation she wanted and finally agreed to delete the tweet. Later, we often found that this type of customer in order to obtain additional benefits of the hotel and some service standards complaints, they also emphasized in the complaint process they paid Money should entitle you to all services, which I think is discriminatory and misunderstanding of our hospitality industry. (Executive floor, H2)

Looking at the two integrated paths for the formation of professional stigma perceptions of management trainees from the stigmatization's perspective, a circular stigma will eventually be formed. In multiple interviews with management trainees' stigma narratives,



this study found that stigma has become a tool used by hotel residents to obtain their own benefits, and that through the stigmatization tool, they blackmailed and coerced the management trainees into obtaining benefits and perks, and that after obtaining benefits at one time, the residents will continue to use stigmatization tools in their subsequent After one gain, the resident will continue to use stigmatization to obtain more benefits and welfare in subsequent stays, and the stewards are gradually becoming mechanized in dealing with similar incidents, and they are quick to recognize the resident's intention and pattern the stigmatization that has been inflicted on them, as in the transcripts of the interviews of Q6 in the front office department:

Such guests more and more, when we received the guest's complaint phone can immediately react to this is another 'familiar guests', so we will urge colleagues, which guests are 'veterans', to pay extra attention and keep an eye out, which guests are used to use what methods to I feel that we have a case base of such guests, and when we encounter similar incidents, we can directly match the case base to deal with them, but if this is a long-term development of the hotel and the staff's sense of the hotel and the staff's sense of morality is certainly not favorable. (Front Office, Q6)

**Figure 3.**

Integration Path of | Perceived Occupational Stigma Formation for Hospitality industry Management Trainees (Stigmatiser's Perspective)

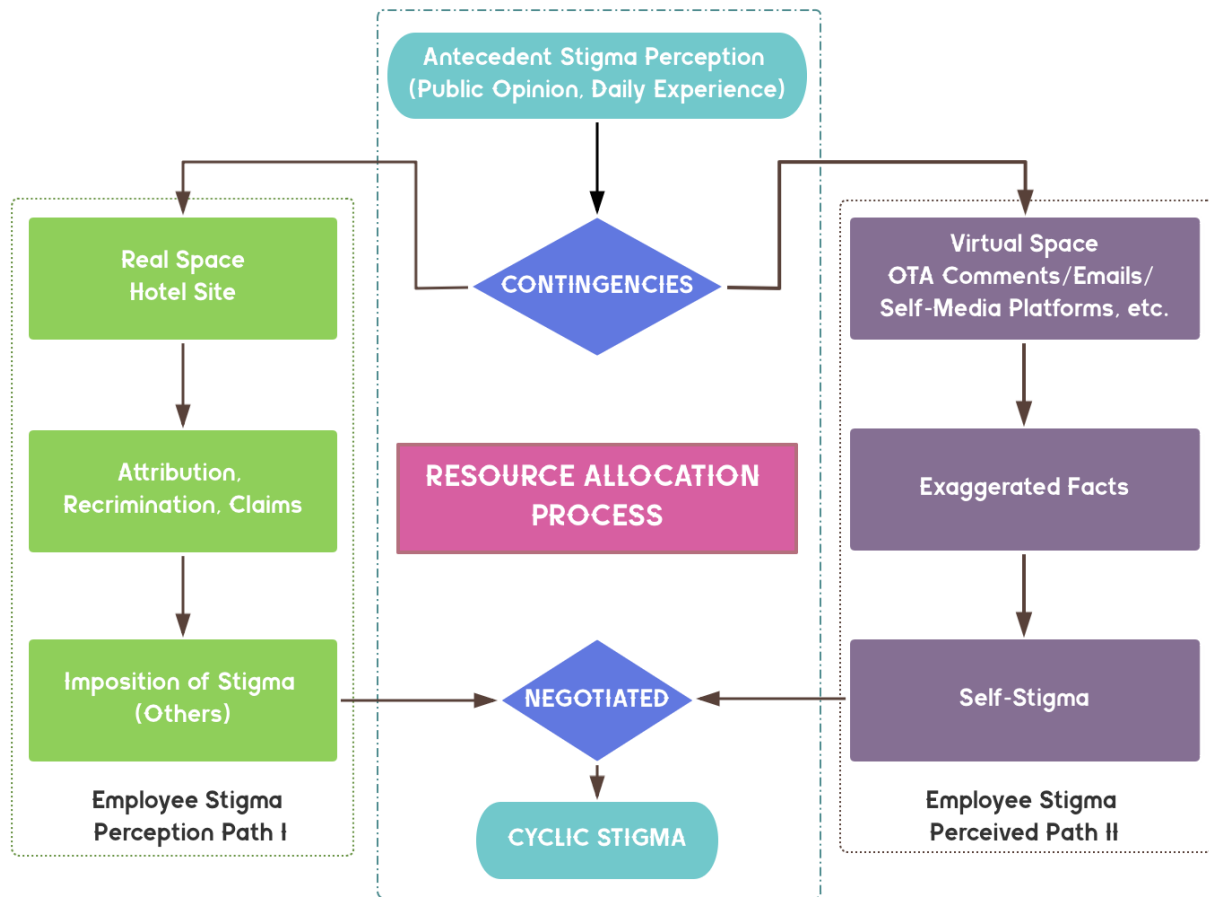


Figure.3 Integration Path of Perceived Occupational Stigma Formation for Hospitality Industry Management Trainees (Stigmatiser's Perspective)

*D. Mechanisms for depth-stigmatizing the career of Hospitality Management Trainees.*

The last interview topic in the stigma narrative framework for managerial students is the coping process after the perception of occupational stigma, and this study, through the cluster analysis of the interview materials and the optimization of the template by theoretical saturation sampling for many times, finally formed four resource-dominant occupational stigma dissolution mechanisms, which are resource gaining, resource losing, resource integrating, and resource counteracting, as shown in Fig. 4.

In this dissipation mechanism, stigma becomes stressors in the hotel work environment, which triggers the work pressure, hostile and tense working mood, which increases the likelihood of some negative behaviors and emotions, also causes higher interpersonal stress for the trainees, and these stressors are reflected in the mechanism of resource loss thus leading to employees' mechanized avoidance, tendency to leave the job and departure behaviors, and accumulation of stoicism, and so on. For example, the interview materials of Q7 from the Front Office. Department and C3 from the Restaurant Department in the interview transcripts:

Once by a guest for no reason scolded the whole 2 hours, did not let the guests satisfied with our solution, then my idea is to hurry to take off the license plate directly leave, and then thought, during the epidemic work is also more difficult to find, our industry itself is more difficult to find a job, think about it or forget about it, will be heart to heart. (Front Office Department, Q7)

A guest because peeling shrimp when he scratched his bag in the restaurant argued for an hour, and then transferred to the front desk to complain, we accompanied the guest unreasonable, we are not surprised, this kind of thing often happens, we are not so surprised at first, just accompanied the guest arguing, and then he scolded the unpleasant words, we are already used to it. (Catering Department, C3)

Despite the passive processing behavior of the interviewers, this study also found that most of the management trainees are still more active and positive in the face of occupational stigma. In the interviews with 16 management trainees in daily operation situations, there are a total of three resource self-management mechanisms, resource acquisition, resource integration and resource offset.

Resource acquisition is the self-empowerment and transformation of trainees through their own individual resources (key skills, personal traits and self-esteem, etc.) and energy resources (knowledge, time, etc.), such as downstream comparison, outward confidences, and cognitive reshaping, resource integration mechanism reflects trainees' drive to integrate existing valuable resources, such as repairing interpersonal relationships, self-validation, and self-efficacy support, and in the resource offset mechanism, trainees fully mobilize the resources of the existing resources to support their self-efficacy in which management trainees fully mobilize the available resources in the existing environment and their own resources to

cope with the situation of self-loss caused by occupational stigma and to stop the loss in time, such as self-psychological isolation, self-psychological regulation, and negative situational neglect. The role of these resource coping mechanisms was exemplified in some of the management employees among the interviewers:

Front office employees are under the most stress, and they suffer from unimaginable misunderstandings and stereotypes. We conduct situational psychological training for front office employees and help them to reshape their perception of the industry and work ethic through informal communication communities. (Front Office Department Q11)

We will often review some of the special stigmatized cases we have encountered so that more new employees can be mentally prepared. As a service industry it is difficult to be free of stigma and easy to be labeled, so having a good mindset and a case base is helpful for employees to cope with professional stigma. (Security Department B4)

A recently graduated front desk trainee in my team was assaulted by a guest due to complying with quarantine requirements and not delivering takeout to the guest's room according to the guest's needs, we called the police at the first time after the incident and asked the guest to apologize and go through the legal process, the guest needs to be legally liable for his actions while carrying out body language stigmatization, and we need to be fair and just to treat our employees so that they can no longer continue to be victimized after being subjected to professional stigma. (Front Office Q6).

Figure 4.  
Mechanism of Destigmatisation of Hotel Management Traineer' Career

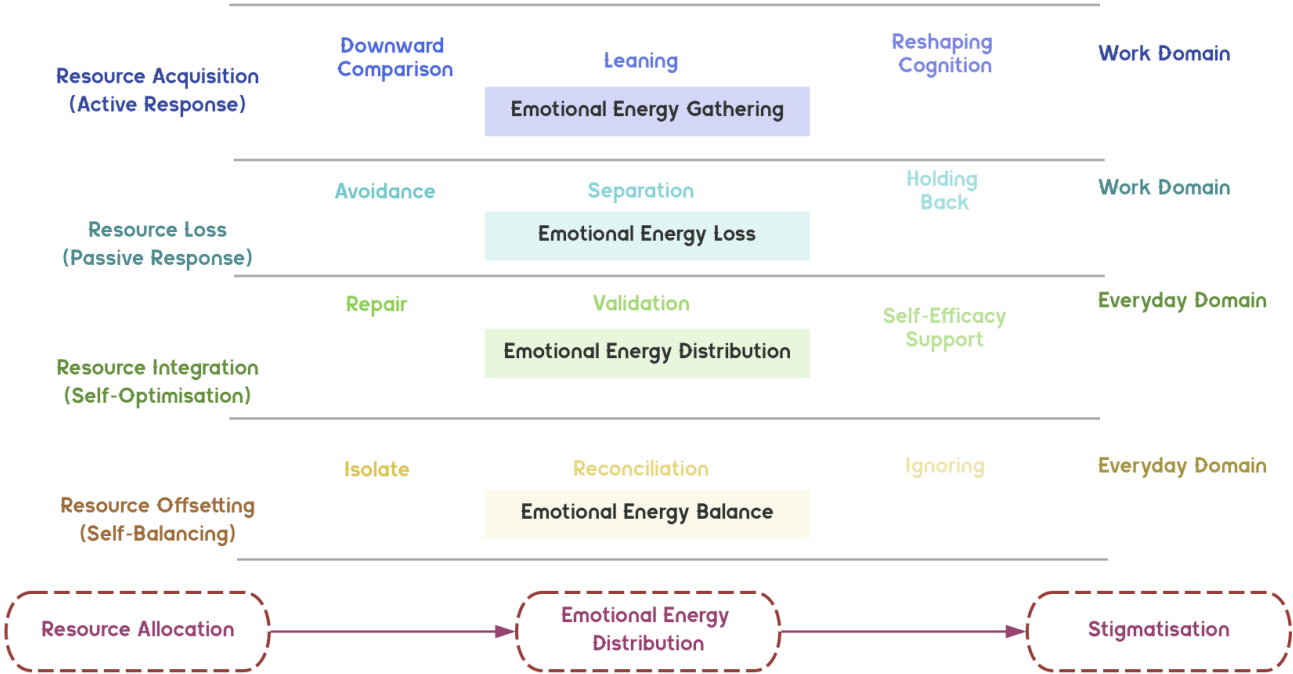


Figure.4 MECHANISM OF DESTIGMATISATION OF HOTEL  
MANAGEMENT TRAINEES' CAREER (DRIVEN BY EMOTIONAL ENERGY)

The present study generates different emotional energies in the dynamic use of resources in the process of coping with professional stigma destigmatization through the

discovery of managerial training students, and this emotional energy has more responses in the interview data, in the process of resource gain, managerial training students gather emotional energy and interact with their surrounding coworkers with two or more people, and this interaction is generated by the emotional energy drive, which motivates managerial training students to carry out the psychological and cognitive resource.

In the resource loss process, the emotional energy behind the decision making behavior of the trainee is the loss of emotional energy, and the lack of emotional energy drives the decision-making behavior to be biased towards negative and neutral, in the resource self-integration process, the emotional energy of the trainee is effectively distributed, which enhances the self-efficacy and verifies the validity of the resources, so as to achieve the efficacy of repairing the self-emotional energy, in the resource offset process, the emotional energy of the trainee has reached equilibrium, and the decision making behavior of the trainee has reached equilibrium. Emotional energy reached equilibrium, and decision-making behavior was dominated by self-regulation and selective neglect or self-isolation.

## CONCLUSION

This study set out to examine the representations, internal formation mechanisms, and dissolution paths of occupational stigma among hospitality management trainees, guided by occupational stigma theory and the conservation of resources framework. Through narrative interviews and triangulation with OTA reviews, the research addressed its objectives by identifying distinct categories of stigma based on breadth and depth, mapping them into a four-quadrant framework, and revealing two main formation pathways—both influenced by guest-driven stigmatization. The findings further detailed four primary self-dissolution strategies: active coping, passive processing, self-optimization, and self-balancing, with emotional energy emerging as a key, though underexplored, driver in stigma resolution.

The study offers several practical implications for hospitality management. First, hotels should integrate stigma-awareness and resilience training into onboarding and ongoing staff development to mitigate psychological capital loss. Second, managers should address guest-driven stigmatization by revisiting loyalty program policies to prevent misuse that harms employees. Third, positive psychological interventions should be embedded into HR practices to equip trainees with proactive coping mechanisms.

Future research should address the limitations of this study by expanding to different hotel categories and geographic contexts, employing longitudinal designs to capture stigma's dynamic nature over time, and exploring the role of emotional energy within host–guest

interactions using micro-sociological theories. These avenues can deepen understanding and lead to more targeted strategies for protecting and empowering hospitality trainees.

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