



Does perceive organizational support moderate in the relationship between internal Tuberculosis stigmatized individuals and deviant workplace behavior of employees through mediating role of self-esteem.

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Abstract- Deviant behaviors of employees not only condense performance of employees but also negatively impact on the organization's productivity. The objective of current study is to examine those factors that lead to these behaviors. This study examines that internally stigmatized individuals induced by Tuberculosis and their deviance behaviors. The current study used self-esteem as an interlinking mechanism and perceived organizational support as a moderating variable between self-esteem and deviant workplace behavior. Data were collected from 202 employees who were diagnosed TB in public and private hospitals in Pakistan. The social identity theory was used to build the theoretical framework. Results of investigated model has supported the main hypothesis that self-esteem as mediating mechanism between internal (TB) stigma and deviant workplace behavior. Additionally, the hypothesis between internal tuberculosis stigma and its negative impact on self-esteem has been accepted the moderated hypothesis of perceived organizational support between self-esteem and deviant workplace behavior has been accepted. This study has also discussed theoretical and practical implications.

Keywords: Internalized (TB) stigma; self-esteem, Deviant workplace behavior; Perceived organizational support

I. INTRODUCTION

Stigma is a term that comes from ancient Greek and used for those people who get marked or tattooed and considered to be as enemies in different communities. These people should be rejected, especially in public places. Almost fifty years ago, Goffman, (1963) accentuated that human traits and attributes were not shameful in them, but could have undermining impacts when they were viewed as the distortions of social desires in social interactions among various groups of individuals. Stigma is a negative emotion of individuals with devalued identities that expose their anger and fear with negative psychological consequences (Smith, 2014). In the management literature, a nascent body of research has begun to consider stigma at organizational level. Indeed, stigmatization may negatively influence organizational identity and the relationship between organization and their workforce. At workplace place stigma may be rooted in a process of labeling and attribution of individuals into similar characteristics. In organization, invisible stigmatized identities are overlooked. Stigma victimized by poor health conditions at workplace adhering organizational demands and reduces performance and commitment of employees towards their job (Elraz, 2017). People diagnosed with infectious disease like Tuberculosis become stigmatized and considered as a social determinant of health. Stigma has considerable impact on individuals and community including delay in health care seeking (Craig, Daftary, Engel, Driscoll &Loannaki, 2017). The international report by World Health Organization regarding tuberculosis in (2018), confirmed that (TB) is a serious infectious disease prevalent in different parts of the world and even a minor delay in its treatment may become the cause of death of the infected individual. Additionally, one third of the world's population, approximately billions of people, is laid low with tuberculosis. There are numerous factors that lead to this infectious disease as a victim of stigma. The main reason is that Tuberculosis is an infectious disease due to its infectious nature people avoid to live with Tuberculosis (TB) diagnosed people even at workplace(Rood, Mergenthaler, Bakker, Redwood & Mitchell, 2017). At workplace, health care workers might play an essential role to increase awareness related to occupational tuberculosis (Nathavitharana et al., 2018).The current study highlight the gap that tuberculosis stigmatized individuals at the workplace. These stigmatized individuals hide their actual identities in front of their colleagues to remain the part of the organization.

Identities stigmatized by infectious diseases have an impact on psychological outcomes i.e. poor self-esteem in the workplace. People with poor self-esteem have negative behaviors at work. In addition, tuberculosis stigmatized individuals have negative impact on their self-esteem (Mayo, Biswas, Baray, Martinez & Lomeli, 2014). Numerous individuals conceal their tuberculosis because of its infectious nature that induce stigma reducing their self-esteem. Half of the patients with stigmatized tuberculosis (50.4%) had internalized the stigmatizing ideas and consequently thought they were less valuable than others. These negative beliefs are generally associated with psychological consequences (loss of self-esteem) (Cramer et al., 2015). Importantly, previous studies found that people diagnosed with chronic illnesses become stigmatized and significantly carry lower self-esteem as compared to non-stigmatized individuals (Lannin, Vogel, Brenner & Tucker, 2015). Similarly, at the workplace, internal stigmatized employees (ITS) have a negative impact on their self-esteem as well as often face trust issues (Yanos, Lucksted, Drapalski, Roe & Lysaker, 2015). These stigmatized employees at workplace with negative psychological consequences leads to negative workplace outcomes. Previous studies revealed that at workplace, individuals verify themselves and show that they are useless to others and not equal to others. Low self-esteem individuals mostly do not engage in citizenship behavior because they exhibit negative behaviors as well as there is a negative relationship between individuals' negative behaviors and self-esteem (SE) (Whelpley & McDainel, 2016). Accordingly, negative psychological results of employees, such as their low self-esteem become the source of employee participation in counterproductive work behavior. Employees with low confidence on their abilities and due to negative identities increase negative behaviors at the workplace (Mitchell, Vogel & Folger 2015; Mackey, Frider, Perrewe, Gallagher & Brymer, 2015).

By maintaining employee self-esteem in the workplace and reducing their negative behavior, organizational support, for these employees, plays an essential role. The organization's support is mainly concerned with meeting socio-emotional needs because the workers have tried to meet these needs. Academics have studied the personality attributes that predictably and consistently improve understanding of organizational behavior and the positive response of the organization increasing employee self-esteem (Ucar & Otken, 2013). According to resource base theory, employees seek to protect their personal resources and personal characteristics, e.g. self-esteem in the workplace. When they perceive greater support from employers and organizations, they can manage their personal characteristics (Hobfoll, 2002). In addition, POS expected to largely increase the organizational result like maintaining employee well-being. Likewise, the study conducted by proposed that the recognition of equality in terms of self-esteem and social assistance can help people protect themselves against humiliation and dehumanization. Numerous researchers have studied that perceived organizational support and self-esteem has a positive correlation with each other (Gillet, Fouquereau, Forest, Brunault & Colombat, 2012; Shore, Coyle-Shapiro & Tetrick, 2012). This study considered that perceived organizational support (POS) as a potential moderating variable in the relationship between low self-esteem and deviant behavior (DWB) of tuberculosis stigmatized employees that has been less discussed in management and social science literature.

II. LITERATURE REVIEW

Internal stigma and self-esteem

Those people experience health problems view themselves as a devalued in front of others; they internalized their identities, which act as a strongest barrier in health seeking (Murphy & Busuttill, 2015). These negative attributes not only destroy individual's physical health and the quality of their life although, it is so drastic that completely diminishes their psychological outcomes e.g. self-esteem (Taft & Keefer, 2016). Researchers illustrated that internalization of stigma is problematic among people diagnosed with serious psychological illnesses and is significantly related with poorer self-esteem (Drapalski et al., 2013). Similarly, when people are diagnosed with serious infectious diseases like Tuberculosis (TB), they are also significantly associated with negative self-esteem. People who have mental and chronic illnesses e.g. (Tuberculosis/TB) are internally stigmatized. They have negative beliefs, thoughts and feelings, resulting in low self-esteem (Sibitz et al., 2011). Thus, we hypothesized the current study as; H1. Internal stigma has a negative impact on self-esteem TB induced stigmatized employees.

Self-esteem as a mediating Mechanism

Self-esteem is about what we think and feel about ourselves; it is similar with self-worth, with little difference, because self-worth thinks globally and self-esteem is related to one's own identity (Hibbert, Dickinson, Gössling & Curtin, 2013). Social identity theory explained that individuals try to improve their self-esteem to become the part of social group in order to develop their identity (Tajfel & Turner, 1979). Devalued stigmatized individuals during their interactions and categorization unable to maintain their self-esteem (Hogg, 2016). At workplace, stigmatized employees victimized by infectious or chronic illness have poor self-esteem. These individuals mostly exhibit negative behaviors. Excess of negative behaviors of employees is due to lack of self-esteem on their identities (Whelpley & McDaniel, 2016). Moreover, internal stigmatization have negative emotions; these emotions mostly diminish their self-esteem (Wood, Byrne, Burke, Enache & Morrison, 2016). Thus we hypothesized the above arguments as; H2. Employees self-esteem as an interlinking/ mediating mechanism in the relationship between ITS and deviant workplace behavior.

Perceived organizational support a moderator

Organizational support identified as employees' positive perception towards their organization (Eisenberger et al., 1986). When organizations enhance their association with their employees, at that extent employees develop a general perception that might receive care and respect (Kurtessis et al., 2017). Organizational support appreciates employee's work efforts; it raises trust, self-esteem as well as helps to satisfy their existential needs (Torner, Pousette, Larsman & Hemlin, 2017). In organizational context low self-esteem is associated with drastic negative results such as deviant behavior in the workplace so, high recommendations from the organization increase employees' self-esteem and they will be less engaged in deviant behaviors at workplace. Hence, hypothesized as; H3. POS moderates in the relationship between low esteem and deviant behaviors of TB stigmatized employees.

III. METHODOLOGY

The current research study is an explanatory mechanism that establishes the relationship between Internal TB induced stigmatized identities and employees deviant workplace behavior by using self-esteem as a mediating variable and POS as a moderator. This study used appropriate research design to address the research problem logically and as unambiguously as possible. To conduct the analysis data has been gathered in time lags. For the first time data was collected from employees with internally TB induced stigma and in second time lag data was collected from self-esteem and perceived organizational support after that in the third time lag data was collected for deviant workplace behavior of employees.

Population and sample size. The appropriate population of current research study was tuberculosis diagnosed individuals in different public and private tuberculosis hospitals and TB centers across Pakistan. The reason to collect the desired population was that employees working in different tuberculosis center are much affected with this infectious disease as compared to general population. The exact population was unknown the total sample to conduct further analysis was 321.

Procedure. To collect the data from the desired population, meet the medical superintendent (MS) and different senior administrative officers of both public and private hospitals across Pakistan and notified them that data will remain secure and used for research survey. The author prepared the surveyed questionnaire and after acceptance of proposal from the desired officer distributed questionnaire and visit different hospital six days in a week and collect the data. After the gap of two weeks then again did the same process. To capture the data from same employees in second time the author mentioned code on the back side of each questionnaire and collect the data from the same stigmatized employees.

Instrumentation.

To collect the data for internal tuberculosis stigmatized individuals the questionnaire has been developed by Earnshaw & Quinn, (2012) with 11 items move from strongly disagree to strongly agree. Also, the mediating variable that is self-esteem has been adopted by Rosenberg, (1965) with 10- items. The scale of (POS) of 8-items has been adopted by Eisenberger et al. (1986). The deviant workplace behavior scale was adopted by Bennett & Robinson, (2000) including 19-items.

Confirmatory factor analysis(CFA)

Table 1: CFA for measurement model

	Chi-Square	df	CMIN/DF	IFI	TLI	CFI	RMSEA
Initial Model	2562	731	3.50 **	.789	.779	.788	.08
Modified Model	3674	2472	1.48 **	.899	.892	.898	.039

The above mentioned table identified that all values including TLI, CFI and RMSEA are within the range that showed the fitness of the model.

Correlation Analyses

Table 2: Correlation Analysis

		ITS	SE	POS	DWB
1	ITS	1			
2	SE	-.157**	1		
3	POS	-.251**	.208**	1	
4	DWB	.001	.224**	-.114*	1

The T2 showed that ITS stigma is negatively but significantly correlated with self-esteem. Internal stigma also negatively and significantly correlated with perceived organizational support but people with internally stigmatized identities and their negative behavior are positively and insignificantly correlated with each other. People self-esteem is positively and significantly correlated with perceived organizational support and DWB. Additionally, POS is negatively and significantly correlated with deviant behavior of employees.

Hypothesized testing

H1. Internal TB stigma is negatively related to self-esteem.

Table.3 Standardize co-efficient for structural path (H1)

Structural Path		β	B	S.E	P-value
InternalTB stigma	Self-esteem	-.17	-.30	-.093	.001

***= $p < .001$, β represent standardized regression coefficients, B= un-standardized regression coefficients, S.E= Standard Error

According to the statistical facts and existing theory, internally TB stigmatized individuals are negatively and significantly associated with self-esteem with value of (B = -.30, $p < 0.01$). The result showed that increase in internal TB stigma reduces self-esteem. Hence, hypothesis 1 is accepted.

Mediating hypothesis.

Table 4: Mediation Analysis (H2)

H2	Direct Path	B	P	UL	LL	Accept/Reject
Internal Stigma	Self-esteem	-.30	.001			
Self-esteem	Deviant workplace behavior	-.204	.004			
Internal TB stigma	Deviant workplace behavior	-.010	.862			
Indirect Effect						Accepted
Internal Stigma	Self-esteem	→ -.030	.002	.008	.077	
	Deviant workplace behavior					

H3	Structural path	Coefficient	P	Accept/Reject
	Self-esteem → Deviant workplace behavior	.204	.004	
	Perceived organizational support → Deviant workplace behavior	.08	.208	
	INTER_TERM5(SE× POS) → Deviant workplace behavior	-.00	.031	Accepted

IV. DISCUSSION & CONCLUSION

It is found that internal TB induced stigma is negatively related with self-esteem of infected individuals according to the result of current study. The current research study is aligned with previous research study that self-esteem and confidence on themselves, they hide their stigmatized identities in front of non-stigmatized group of people (Oliveira, Carvalho & Esteves, 2015). Similarly, low self-esteem has positive association with deviant workplace behaviors (Baumeister, Campbell, Krueger & Vohs, 2003). At workplace when employees perceive more support from the organization they become able to maintain their self-esteem and reduce the negative relationship between self-esteem and deviant behavior of employees.

The current research study conducted on stigmatized individuals at workplace diagnosed with Tuberculosis that increase the deviant behavior of employees. This study will be useful for management practitioners and policy makers that to focus on the negative workplace identities that has been rarely considered in previous studies. Organizational support increases the employees confidence and will reduce negative behaviors at workplace.

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