The Impact of Internalized Stigma at Workplace through Interlinking Mechanism of Self-Esteem of Tuberculosis Patients in Pakistan

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Abstract

This study examines the relatively new phenomenon of deviant workplace behavior as an outcome of internalized tuberculosis (TB) stigma. The objective of this study was to examine that self-esteem as an interlinking mechanism that leads to negative workplace behavior. The results indicate that internal stigma victimized by TB is negatively related to self-esteem, which in turn result in deviant workplace behavior in public and private hospitals of Pakistan. In addition, centrality and salience stigma moderated the relationship between internal (TB) stigma and negative self-esteem of employees that buffered the impact of stigma on negative self-esteem. 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 centrality of stigma between internal tuberculosis stigma and self-esteem has been accepted however, the salience stigma as a moderated variable between internal(TB)stigmatized identities and poor self-esteem has not been accepted. This study has also discussed theoretical and practical implications.

Keywords: Deviant workplace behavior; Internalized (TB) stigma; self-esteem.

Introduction

In last few decades, management science researchers have identified the deviant workplace behavior (DWB) is one of the most important component of poor workplace performance (Metofe, 2017).These deviant behaviors are costly both to organizations and to employees (Mount, Ilies, & Johnson, 2006). In the last few years, the frequency of these negative behaviors has been on increase. A plethora of research is

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available on employee's negative behavior but still there is ample room to pursue research on serious negative behavior during their job. Existing researchers identified different negative emotions and attitudes at workplace (Dimotakis, Scott, & Koopman, 2011)which are positively associated with deviant workplace behaviors (Dalal, 2005).

Research identified that people spend most of their own life at workplace and spend more time talking to colleagues than with any other person outside of their families(Estlund, 2005), at the same time organizations normally have a tendency to establish dense informal networks where accurate (in-accurate) information can be transmitted successfully(Podolny& Baron, 1997), that creates negative workplace behaviors. At workplace every employee is known by his own identity. Social identity theory reveals that in social settings individuals develop a sense of identity, on the basis of these identities they belong to certain category, class or group that helps them to remain separate from others(Hogg & Turner, 1987).According to social identity theory, if individuals belong to stigmatized groups, then on the basis of their negative beliefs and emotions they develop their separate identity. Hence, stigmatized identities bridge the gap between stigmatized group and non-stigmatized group. These identities play an important role for individual performance at workplace. Employees who are identified with negative attitudes and beliefs are mostly associated with negative workplace behaviors. The social psychologists identified these negative attitudes and beliefs as a stigma.Individuals with these internal identities in psychology literature are called as internal stigmatized identities(Quinn & Earnshaw, 2011).(Goffman, 1963)coined the concept of stigma as "an attribute that is deeply discredited" that "ruins" the social identity of someone or their experience of self. It has also been suggested that stigma may have a dramatic effect on job opportunities of employees (Link & Phelan, 2006).The stigma is a negative belief on one's self that is determined through infectious or chronic illness (Quinn et al., 2014).

These stigmatized identities mostly associated with different health related issues, particularly in the field of psychology, like (HIV / AIDS) (Lowther et al., 2015). According to the WHO(Organization, 2016) thirty countries are considered with a huge burden of tuberculosis and Pakistan is one of them. Despite the evidence that inequalities of wealth are an important predictor of tuberculosis rates in low incidence countries (Ploubidis et al., 2012; Semenza et al., 2016), a former researcher has argued that social determinants of tuberculosis are over looked (Rasanathan, Sivasankara Kurup, Jaramillo, & Lönnroth, 2011). Husain, Dearman, Chaudhry, Rizvi, & Waheed, (2008), conduted a

research in Pakistani context found that up to 46% of patients with tuberculosis had depression and found that stigmatization is a social determinant of health (Heijnders& Van Der Meij, 2006).Mostly the previous research discussed the relationship of stigma for several diseases at workplace and stigma due to disease is an important determinant of negative workplace consequences (Britt, 2000; Stuart, 2004).

Furthermore, only a few studies have been conducted on stigmatized identities victims of chronic or infectious diseases in Pakistani culture. Previous scholars have shown that at work these employees are stigmatized because of their chronic illness (HIV), positively associated with negative job outcomes such as organizational cynicism and psychological contract violation(Bashir, 2011). Another study in the Pakistani context found that at workplace bullying has negative impact on employee's self-esteem through mediated mechanism of internal HCV stigma(Noor, Bashir, & Earnshaw, 2016).Still there is a lack of research gap on the role of stigma among patients with tuberculosis(Auer, Sarol, Tanner, & Weiss, 2000).Therefore, in light of the above, it is evident that people with tuberculosis are internally stigmatized and hide their identities stigmatized not only with family and friends, but also at job. The current research investigated that most important determinant of the negative behavior of employees at workplace in countries like Pakistan. That cause of this infectious disease, they stigmatized internally and show negative behaviors as compared to non-stigmatized employees.

Employees behavioral reactions as deviant workplace behavior, is referred to as an intentional behavior that undermines organization's values and norms at the same time harms the well-being of the organization and its members(Robinson & Bennett, 1995).Current research investigates the deviant workplace behavior of employees and internal stigma as its determinant through interlinking mechanism of negative self-esteem. People with internal stigmatization have a negative impact on self-esteem (P. W. Corrigan & Watson, 2002).The theory of collective self-esteem postulates that negative self-assessments should lead to negative attitudes and behaviors(Johnson, Rosen, & Levy, 2008).Internal stigma mostly associated with negatives outcomes and reduce individuals self-esteem(Lee, Kochman, & Sikkema, 2002).At organizational level, people with low self-esteem are positively associated with deviant behavior at workplaces(Shantz& Booth, 2014).The results of stigmatize discriminatory and unfair decisions by organizations(Skarlicki, Folger, & Tesluk, 1999)effects on self-esteem. Also, at workplaces where employees have low self-esteem generally

show negative behaviors (Chirasha & Mahapa, 2012; Ferris, Brown, Lian, & Keeping, 2009). Low self-esteem in organization is positively associated with negative behavior (Whelpley & McDaniel, 2016). Also, numerous studies found that self-esteem has negative impact on deviant workplace behavior (Papadakaki, Tzamalouka, Chatzifotiou, & Chliaoutakis, 2009; Trzesniewski et al., 2006). Therefore, negative psychological results of employees, such as their self-esteem, become the source of employee participation in counterproductive work behavior(Mitchell, Vogel, & Folger, 2015). The lack of control over their esteem increases their association with negative behaviors. The participation of employees in destructive behavior in the workplace is due to low self-esteem. One of the reasons for such destructive behavior is the lack of confidence in one's abilities. Scholars also investigated that employees with low confidence mostly evaluated negatively(Twenge, Baumeister, DeWall, Ciarocco, & Bartels, 2007).Therefore, this research is conducted to fulfill the gap by analyzing the association between internal stigma on deviant behavior at the workplace, using self-esteem as a mediation mechanism.

In addition, present study also expects that not only negative beliefs of individuals reduce their self-esteem; there are some external factors that will mitigate the negativity of this relationship. The conceptual model developed by(Quinn & Earnshaw, 2013)recognized that greater entities, including the salience and centrality of stigmatized identity, improving negative psychological outcomes in terms of low self-esteem when internalizing their identity for others. According to(Overstreet, Earnshaw, Kalichman, & Quinn, 2013)the stigma of centrality and salience improves pessimistic results. Research examined that individuals greater salience stigma would be associated with negative psychological consequences(Quinn & Chaudoir, 2009).Few previous researchers identified that centrality of stigmatized identity as moderator variable between internal stigma and its negative outcomes(Overstreet, Gaskins, Quinn, & Williams, 2017)and suggested that in future magnitude of stigmatized identity including centrality and salience of identity used as potential moderator. Current study have evaluated that individuals believe that their victimization (TB) is fundamental to their concept of self as an important part of their identity along with the frequency (magnitude) in terms of salience identity and considers them guilty or ashamed of this and internalized in front of others. The impact of internal stigma on SE of TB employees as an important part of their identity, and the salience of identity has not been appropriately addressed in the literature and represents a significant gap in current study.

Therefore, current research used social identity theory (SIT) as an overarching theory to investigate impact of stigmatized identities at the workplace. According to social identity theory individuals enter into various social categories, on the basis of these categories they develop their identities(Hogg, 2016).These categories are internalized by individuals integrating social group membership into their identity. In general, stigmatized people are aware of the negative connotations of their social identity in the eyes of others. In addition, social identity theory reveals that in social setting, these identities are known as collective identities and linked with ones self-esteem. People will try to maintain their self-esteem by seeing their social groups positively. On the other hand, stigmatized groups belong with poor self-esteem. They become unable to maintain their self-esteem(Aviram& Rosenfeld, 2002). Therefore, when considering the issue of stigmatization, people diagnosed with TB group are likely to be perceived less favorably than the non-TB group and are therefore more likely to suffer discrimination and reduce self-esteem. Social identities, such as gender, actually affect the assessment of workplace deviance(Bowles & Gelfand, 2010).Individuals have stigmatized identities will show negative behaviors at workplace. From the previous discussion this theory used as an overarching theory of investigated model.

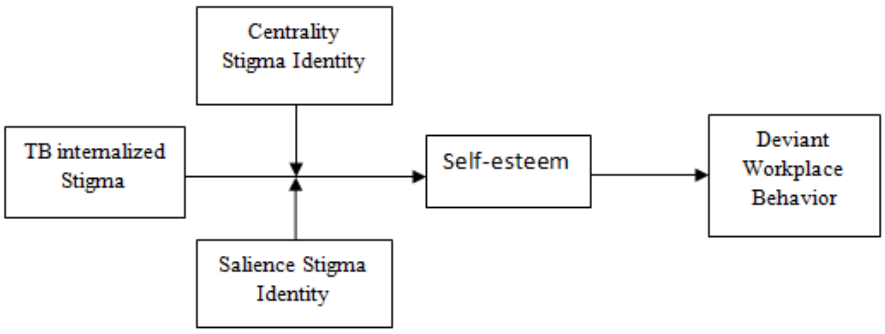

Figure1. The conceptual model

Literature Review

Internal stigma and self-esteem

Internal stigma is a term that generally refers to how individuals respond to possession of a stigma (Bos, Pryor, Reeder, & Stutterheim, 2013)and internalization is the process in which negative stereotypes, attitudes and perceptions of people who participate in a socially degraded group(P. Corrigan, 2004).Previous research has shown that internal stigmatization can, therefore, threaten self-esteem(Rüsch et al., 2009).People

stigmatized internally because of tuberculosis have low self-esteem(Drapalski et al., 2013). Stigmatized identities have negative association with self-esteem(Wiener et al., 2012; Wright, Gronfein, & Owens, 2000).In addition, many previous studies have suggested that individuals who are stigmatized have the least trusted identity in comparison with non stigmatized(Hinshaw, 2004, 2005; Ow & Lee, 2015).The above arguments have shown that there is a negative association between internal stigma and self-esteem. Therefore, we hypothesize as follows.

H1: Internalized tuberculosis stigma has negative impact on SE.

Self-esteem as a mediating mechanism between internal stigma and deviant workplace behavior.

People who have confidence in their own worth and ability in that kind of morality and trust are known as self-esteem(Baumeister, 2013).According theory of social identity, humans seek to increase their self-esteem and belong to a social group, but stigmatized people internalize these negative beliefs in a particular situation remain out of the group and have an estimate of a negative nature (Rüsch et al., 2009).Negative self-esteem have a strong association with internal stigmatized identities(Sibitz et al., 2011).The modified labeling theory also support this construct that internal stigma through chronic illness has negative impact on self-esteem (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001).In addition, past research investigated self-esteem as a mediating variable between internal stigma and quality of life(Świtaj et al., 2017).One argument that has been suggested that the individuals negative self-esteem (Brown, 1993)leads to deviant behavior(Ferris et al., 2009).Studies have also found that negative self-esteem not only associated with negative beliefs, but at the workplace improves deviant behavior(Ferris, Lian, Brown, Pang, & Keeping, 2010). According to (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989), people with stigmatized identities have a low self-esteem that impacts on negative behaviors. Therefore, based on the previous empirical and theoretical support, authors argued that self-esteem acts as an interlinking mechanism between the internal stigma and the deviant behavior of stigmatized individuals by tuberculosis. Therefore, hypothesized as

H2: Self-esteem is the association between stigmatized internal identities and deviant behavior in the workplace.

Centrality and Salience Stigma as a moderator between IS and self-esteem.

Centrality is measure where individuals feel a specific identity or an aspect of the self (Quinn & Earnshaw, 2011). Greater centrality of stigmatized identities reduce self-esteem of individuals (Quinn &

Chaudoir, 2009). Identity centrality dampens physical health and negatively associated with self-esteem (Earnshaw, Lang, Lippitt, Jin, &Chaudoir, 2015).According to(Crocker & Major, 2003) the higher stigmatized centrality strengthen the relationship between negative beliefs and SE. Though centrality of stigmatized identity enhances the negative self-esteem of people with infectious diseases such as tuberculosis, and therefore hypothesis about the moderator of the central role is as follows:

H3: The centrality stigma positively moderates the association between IS and negative self-esteem.

In addition, we know that stigmatized identities also vary to the extent that they are salient to identity holders. Stigmatized identities may think about their identities at different times with different frequencies in a whole day. The magnitude of identity will cross their minds only once a day, twice a day and in few situations will frequencies as compared to non stigmatized individuals(Quinn, Kahng, & Crocker, 2004). To some extent, people with infectious and chronic illness often think of their stigmatized identity as non-stigmatized persons. One of the previous studies has shown that the high-profile stigmatized identity is more violent than that of low salience identities (Elliott, Ziegler, Altman, & Scott, 1982).These cognitive burdens diminish employee self-esteem (Zhang, Wang, Li, Yu, & Bi, 2011). Although, according to (Quinn & Chaudoir, 2009) greater frequency of stigmatized individuals per day improves the anxiety that ultimately leads to low self-esteem (Park, Heppner, & Lee, 2010).Therefore, in this study salience identity of stigmatized individuals by TB is moderate between internal stigma and negative self-esteem.

H4: The salience of stigmatized identity positively moderates between internal stigma and the self-esteem of people stigmatized with tuberculosis.

Methodology

Population and Sample

From June to October 2017, contact people diagnosed with tuberculosis was established in several public and private hospitals of TB in Pakistan, including cities such as Islamabad, Murree, Sargodha, as well as different cities of KPK and AJK. All the cities mentioned above have a huge number of employees in direct contact with TB patients. The reason for selecting this population of interest is that, like HIV, tuberculosis is an epidemic that places a double burden on human resources and for that it is one of the reasons to handle this disease in the workplace. For example, it has been shown that healthcare professionals working with people diagnosed TB experience discrimination against their peers for

fear of contagion and association with "improper or immoral behavior" (Siegel et al., 2015). Secondly, Pakistan was the appropriate country to launch this study. The number of cases of tuberculosis accidents in Pakistan is among the top 30 countries in the world according to the WHO (Organization, 2016).The main purpose of this study to collected data from hospitals is that (1) Transmission is most likely to occur due to an unrecognized or inadequately treated TB patients. The risk of transmission varies according to the environment, the professional group, the number of patients (Menzies, Joshi, & Pai, 2007) (ii) Another most important concern was that the Tuberculosis was generally considered to be higher in healthcare than the general population(Baussano et al., 2011) (iii) One more reason to conduct research only in TB hospitals is that these organizations keep the history of each employee and facilitate their employees through various risk benefits. So from the record section, authors got the record of employees working in each private and public hospital.

Six days a week for a four consecutive months of positive cultures of Mycobacterium tuberculosis individuals were targeted. To recruit participants and control the injury to social desirability, the following procedure was followed. Waiting for their advice at the TB clinic, employees who diagnosed tuberculosis were contacted and provided details of the study. The authors contacted the medical superintendent (MS) of the public and private hospitals mentioned above and explained the reason of data collection from employees, especially in direct contact with TB patients each day and have more than 8 hours of work in this infectious environment along with six days a week. All through these face-to-face meetings in numerous hospitals, the scholars offered them an accompanying letter stating that participation could be voluntary and the responses stay distinct. Unit of analysis of this study was composed of middle and low level employees who have the maximum contact with patients having infectious disease i.e. TB.

However, this study depends on two goals. First, look for people with tuberculosis who work in different public and private hospitals throughout Pakistan. Second, analyze the indirect impact of internalized stigma due to tuberculosis at workplace outcomes (deviant behavior in the workplace) through the mechanism of negative self-esteem and the moderating effect of centrality and salience stigma between the IS and self-esteem.

The exact population was unknown, thus according to the nature of the study non-probability sampling technique has been used in this research i.e. purposive sampling technique. After receiving consent of the superintendent, the questionnaires were distributed among all

infected employees. The size of the sample was about 300 individuals with tuberculosis. An accompanying letter with questionnaires is also attached that describe the purpose of data collection for respondents. The respondents were guaranteed the confidentiality of the data and will be provoked for voluntary participation. The research design of investigated model was time lagged survey design. Time lagged is a flexible method. To collect reliable data and capture the precise effects of variables and to avoid common method distortions, data was collected by infected with TB in two-week lags, which was related to the sampling research experience in management literature.(Reis & Wheeler, 1991) suggested that two weeks represent a generalizable standard of individual life standards. In addition to this, (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003) advocated that data collected at different time intervals reduce the common method bias. Current research has two times lagged.The first time lagged included internalized tuberculosis stigma and centrality and salience of stigmatized identities. Self-esteem and deviant work behavior of employees included in second time lagged. The important point is that there was a two-week interval between each time interval to minimize the bias error of the collected data.

Measures

In order to investigate the hypothesis of the present research study, primary data has been gathered from tuberculosis stigmatized employees at the workplace. Questionnaires were adopted and translated into the native language to obtain better results. The data were gathered on five-point Likert scales, from 1 "strongly disagree" (S.D) to 5 representing "strongly agree" (S.A). In the first phase, the questionnaires were distributed among 50 employees in the pilot study. Reliabilities were tested using the Cronbach's alpha approach. All measurements showed a score in a suitable range, which was greater than .65. After establishing reliability, the questionnaires had been distributed among the samples and received 202 responses out of 300. The scale of Internal stigma was adopted by (Earnshaw & Quinn, 2012) and included 11 items. The sample items include: "I feel i not as good a person as others because i have tuberculosis", I never feel ashamed of having tuberculosis". The alpha reliability of this scale was 0.87. The scale of (self-esteem) adopted by (Rosenberg, 1965) including 10-items. Items include the following: "On the whole, I am satisfied with myself". The Cronbach's alpha of this scale was 0.72. To test centrality of stigmatized identity, authors used a 8-items scale of (Luhtanen & Crocker, 1992) and the α reliability for the scale was 0.76. The investigated model used 3-items subscale for salience tuberculosis stigma including of (Luhtanen & Crocker, 1992).Sample items included the following: "How often do you think

about your tuberculosis stigmatized identity" and I spend a lot of time thinking about my tuberculosis stigmatized identity, with Cronbach's value i.e. .93. In current study the deviant workplace behavior was measured using the 19-items by (Bennett & Robinson, 2000).Sample items included the following: "Made fun of someone at work" and "Said something hurtful to someone at work". Alpha reliability for the scale was .78.

Results and Findings

Correlation Analyses

Table 1 Means, Standard Deviations, Coefficients Alpha Reliabilities and Inter-Correlations

Variables	Mean	SD	1	2	3	4	5
1 Internalized stigma	3.78	.58	(.84)				
2 Centrality stigma identity	3.14	.64	.43**	(.97)			
3 Salience stigma identity	3.65	.63	.15	.23	(.57)		
4 Self-esteem	3.61	.94	-.58**	- .16	- .14	(.84)	
5 Deviant workplace behavior	3.73	.65	.14	.20*	-.108	-.374**	(.72)

N=202, $^{*}p < 0.05$ $^{**}p < 0.01$*. Correlation is significant at 0.01 levels (2-tailed); Correlation is significant at 0.05 levels (2-tailed); alpha reliabilities are given in parentheses*

Table.1 presents the correlation between all variables. Internal TB stigma was positively correlated with centrality stigma (r= .43**, p < .01). Internal tuberculosis stigmatized identity was insignificantly correlated with salience stigma (r=.23). On the other hand, IS was negatively correlated with self-esteem (r-.58**, p<.01). Internalized tuberculosis stigma has insignificant correlation with deviant workplace behavior (r=-.108). In addition, self-esteem was negatively correlated with deviant work place behavior (r= -.374**, p < .01).

Regression Analyses

Table 2 Path coefficients in the baseline model

Structural path	Path coefficients
Internalized TB stigma ⟶ Self-esteem	-0.31***
Self-esteem ⟶ Deviant workplace behavior	-0.21***

N=202, $^{*}p < 0.05$ $^{**}p < 0.01$*,p****< .001.*

To test the hypothesis1 results are displayed in Table 2.In current study hypothesis 1 stated that internal tuberculosis stigma has negative impact on self-esteem. Results supported the first hypothesis (β =-0.31, P< .001) reported in table 2.

Table 3 Results on the mediating roles of Self Esteem with Internalized Stigma and Deviant Workplace Behavior

	Indirect Effects	BC (95% CI)
Bootstrapping Internalized stigma ⟶ Self-esteem ⟶ Deviant workplace behavior	-.34**	(.50, .76)

BC means bias corrected, 2,000-bootstrap samples, CI confidence interval

Hypothesis 2 affirmed that self-esteem mediates the relationship between internal (TB) stigmatized identities and deviant workplace behavior. Most of the researchers have used (Preacher & Hayes, 2008)methods to test the mediation. Bootstrapping is a computationally intensive approach that entails repeated sampling of the data set and estimating the oblique effect in each re-sampled data set. With the aid of repeating this procedure thousands of times, an empirical approximation of the sampling distribution is built and used to construct confidence intervals for the indirect effect(Preacher & Hayes, 2004, 2008). In the current study, researchers used bootstraps at 2000 samples. Table 3 includes the results of hypothesis 2, First, the internal stigma should be negatively related to SE; second, SE should be negatively related with DWB; third, when regress deviant workplace behavior on both IS and self-esteem. The self-esteem should be negatively related with DWB and the previously significant relationship between internal stigma and SE should be turn insignificant. When DWB was regressed onboth IS and SE, the previous regression coefficient between IS and SE reduced in size (β = -.34, p < .01). This showed that self-esteem mediates the relationship between IS and DWB.

Table 4 Results on the moderating roles of Central stigma, Salience stigma with Internalized Stigma and self-esteem

	Self-esteem	
Predictors	β	$\Delta R2$
Step 1		
Internalized stigma (IS)	-.19**	
Centrality stigma (CS)	.347**	
Salience Stigma (SS)	.12	.17**
Step 2		
IS x CS	.179**	
IS x SS	-.08	.44**

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

The next table 4 includes the results of a step- wise regression to test the hypothesis 3 as well as hypothesis 4. To test the moderation,

demographic variables were again controlled in step 1. Internalized tuberculosis stigma and centrality stigma of TB stigmatized identities were entered in the second step, and the interaction between internalized TB stigma and CS was entered in the third step. The interaction term was statistically significant; indicating that the centrality of stigmatized identity strengthened the negative relationship between internalized tuberculosis stigma and self-esteem with a value of (β = -.179**, P< .01). Similarly, table 4 includes the results of a step- wise regression to test the hypothesis 4.To test the hypothesis 4 the authors used the same method and found that interaction term was statistically insignificant in this case; indicating that the salience of TB stigmatized identity not strengthened the negative relationship between internalized stigma and self-esteem of Tuberculosis infected individuals with value (β = -.08).

This study contributes that centrality of stigmatized identities buffer the negativity of individual's self-esteem. Centrality of stigmatized identities due to any infectious disease reduces individual's self-confidence (Chaudoir & Quinn, 2010). Another study conducted by (Quinn et al., 2014) identified that stigmatized individuals more centralized these negative beliefs towards themselves and show negative self-esteem. Likewise this study contributes that higher frequency of these negative beliefs in terms of salience stigma impact on more negative psychological outcomes(Quinn & Earnshaw, 2011). The finding of current research is incongruent with findings of previous studies of TB infected individuals. This contradict may be due to there is better stigma reduction strategies and better awareness about tuberculosis. Also there is a collectivist culture in Pakistani context that is one of the reason that salience of stigmatized identities did not moderate with self-esteem and internal stigma. Building on the body of this research study provides insight in association between internal stigma, centrality and salience stigma as well as self-esteem and deviant workplace behavior of TB stigmatized individuals in Pakistan. Previous studies found that internal stigmatized identities negatively associated with psychological outcomes i.e. negative self-esteem, anxiety and depression (Quinn & Earnshaw, 2011) of individuals having chronic diseases. This study suggests that self-esteem is an interlinking mechanism through which internal stigma effects deviant workplace behavior of tuberculosis stigmatized identities. This phenomenon supported by previous studies conducted in Pakistani context that at workplace internal stigma has a negative association with self-esteem (Noor et al., 2016). Also, modified labeling theory suggested that individuals due to negative societal reactions labeled themselves and become stigmatized, that leads to low self-esteem (Link et al., 1989).

Conclusion

In spite of some significant results, there are some limitations for the present study. The sample did not, to a certain extent, represent the whole population. There was no database of patients with tuberculosis at the workplace in Pakistan. Only WHO provides patient data but does not preserve the actual data of these patients who are professionals and spend more time in the workplace.. In the future search, a more representative sample should be used to generalize the results. In addition, future research should also try to improve the size of the sample to get better results. Stigma is an emerging concept in social and behavioral sciences so; researches can identify different negative workplace outcomes as consequences of stigma. In the future, researchers can also check the relationship between stigmatized identities and workplace outcomes through different victims like epilepsy and diabetes etc in Pakistani context. This research provides that stigmatized identities show negative behaviors in the workplace compared with non-stigmatized persons. This study also identified that not only internal stigma creates a negative self-esteem, but some external factors play an important role in attenuating self-esteem negativity. This study revealed the centrality and salience of stigmatized identity in the workplace and considers them as important moderators. The importance of this research is that not only due to psychological outcomes of stigma are discussed, but discussed that how negative behaviors appeared at workplace through stigma. Population selection was appropriate because hospitals are the places where most employees are infected with this infectious disease. This study will be useful for employers to recognize this issue and generate different stigma reduction strategies for betterment of their workforce as well as for organizations.

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