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Tuberculosis (TB) Related Stigma; A Conceptual Framework and Workplace Implications

by

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Tuberculosis (TB) Related Stigma; A Conceptual Framework and Workplace Implications

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This thesis is dedicated with lots of love and respect to my beloved parents (Shaukat Hussain) and (Shamim Shaukat)

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This is to certify that the research work presented in the thesis, entitled "**Tuberculosis (TB) Related Stigma; A Conceptual Framework and Workplace Implications**" was conducted under the supervision of **Dr. S. M. M. Raza Naqvi**. No part of this thesis has been submitted anywhere else for any other degree. This thesis is submitted to the **Department of Management Sciences, Capital University of Science and Technology** in partial fulfillment of the requirements for the degree of Doctor in Philosophy in the field of **Management Sciences.** The open defence of the thesis was conducted on **September 27, 2019.**

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Abstract

People living with Tuberculosis (TB) are stigmatized socially. Tuberculosis is an infectious disease transmitted through the air and can affect any part of the body, majority people do not know much about its mode of transmission and treatment protocols. Despite being curable, Tuberculosis is still a stigmatized disease, not only because of its clinical manifestations but also due to psychosocial behaviors. TB affected individuals are consider devalued in society and in an organizational context they get reduced opportunities of selection, promotion and income. Stigma is often explained as a discrediting attribute leading to an impairment of social status and position, rejection and/or exclusion.

Likewise, stigmatized identities are devalued social identities or attributes given to an affected individual due to infectious diseases. This study examines the relatively new phenomenon of (deviant workplace behavior, turnover intention and social isolation) as an outcome of tuberculosis stigmatized identities at workplace. The current study empirically and theoretically investigates self-esteem as an interlinking mechanism in the relationship between valence content (internal, enacted, anticipated and disclosure) tuberculosis stigmatized identities and workplace outcomes (deviant workplace behavior, turnover intention and social isolation). In addition, magnitude (centrality and salience) Tb induced stigma used as a potential moderating variable between valence content of TB induced stigmatized identities and self-esteem. Also, moderating role of perceived organizational support is also a salient feature of the study in the relationship between self-esteem and workplace outcomes.

Data were collected through self-administrated questionnaire that is translated into native language. Population of current study was middle and low level employees working in public and private Tuberculosis hospitals of Pakistan. Author used convenience/purposive sampling to obtain the data. The data of current study collected into three time lags. The total number of questionnaire was 550. The same number of questionnaires was distributed in all three time intervals and the response rate was 321 only.

The result of current study indicates that valence content (internalized and anticipated) TB stigmatized identities positively related with self-esteem. IV Accordingly, enacted TB stigma has negative impact on self-esteem and disclosure TB stigma has positive impact on self-esteem.

The moderating role of centrality TB stigma only established in the relationship between enacted TB induces stigma and self-esteem. The role of centrality tuberculosis stigma as moderator is not established with (internal, anticipated, disclosure) TB stigmatized individuals and self-esteem. Similarly, the role of salience tuberculosis stigma as moderating variable also not established in current study. Furthermore, self-esteem as interlinking mechanism in the relationship between valence content and workplace outcome i.e. turnover intention not established in current study. Accordingly, self-esteem mediates in the relationship between valence content of TB stigmatized identities workplace outcomes (deviant workplace behavior and social isolation).In addition, self-esteem not act as a mediating variable in the relationship between (enacted, disclosure) tuberculosis stigmatized identities and social isolation. In the current research POS not act as a moderating variable between self-esteem and workplace outcome (Deviant workplace behaviors and social isolation).In addition, perceived organizational support act as facilitating moderating variable in the relationship between self-esteem and social isolation. Social identity theory has been used as an overarching theory for current theoretical model. Theoretical and practical implications along with future recommendations have been discussed.

Keywords: Valence Content and Magnitude of TB Stigmatized Identities; Self-Esteem; Perceived Organizational Support, Deviant Workplace Behavior; Turnover Intention; Social Isolation

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Chapter 1

Introduction

1.1 Background of the Study

1.1.1 Stigma

The term stigma arises in the time of ancient Greek when people get marked or tattooed, cut or burned in the skin to be considered as illegal, slaves or the enemies. These marked individuals are then recognized as the corrupted one by the other unmarked people. 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. These discrediting attributes made a particular identity known as stigma (Bonnington & Rose, 2014).

Stigma is used primarily for the person who is considered to be a misfortune for him/herself. It is a term that makes an individual lesser than the rest of people because of some features that are not worthy compared to the rest of the people within social relations. These negative attributes create devalued identities of stigmatized people (Beyan, Erdal, Alici, Cimrin & Demiral, 2018). Indeed, stigma is not a self-evident phenomenon but like all concepts carries a particular history. It is the process that can be attributed to the individual's rejection and disbelief

based on their devalued identities (Tyler & Slater, 2018). Stigma begins when individuals with stigmatized conditions are considered by the public as unacceptable in some way (Bresnahan & Zhuang, 2016).Regularly, negative emotions such as anger and fear are triggered by stigmatized conditions and often lead to negative behavioral responses including evasion and rejection of stigmatized people (Smith, 2014).

Stigma is also referred to as a label which makes a separate identity of an individual on the basis of devalued attributes. Goffman (1963), in his book, has identified three particular types of stigma. The first one is disgrace of the body (e.g. physical disorder, scars on skin as well as any serious chronic or mental illnesses), Secondly, disorders of the individual character (i.e. generalized bad character, unnatural passions or substance abuse) and thirdly, it includes visible devalued identities (i.e. group affiliations: race, nationality or religion). Moreover, it has been divided into two levels including discredited and discreditable. Discredited stigmatized people have identities that are quite visible and the latter is an invisible stigma. A discreditable stigma is not widely known publicly. To manage their discreditable stigmatized identities, people might conceal their identities and do not disclose them in front of non-stigmatized group (Binnix, Rambo, Abrutyn& Mueller, 2016).Stigma has also been divided into six dimensions which are concealable, the course of the mark, interruption, aesthetics, origin and danger. These numerous dimensions affect the health and wellbeing of an individual (Pachankis, Hatzenbuehler, Wang, Burton Crawford et al., 2018).Substantially, survivors may experience stigma that includes victim blaming messages from others. On the basis of these reactions, victims may disclose their stigmatized identities. Mostly people internalize their attributes leading to anticipated stigma (Kennedy & Prock, 2018).

Stigma is taken into consideration as a social technique that offers a sign or characteristic to people historically; poor labels had been attributed to people with positive conditions including mental fitness troubles, infectious diseases along with physical disabilities. Various research works have been identified that labeling a

stigmatized identity can be dangerous as it results in negative stereotypes, prejudices and deterioration of the identity of a stigmatized person characterized by exclusion, rejection, guilt or devaluation of that infected person (Marsh & Noguera, 2018).

Besides this, such people tend to hide their identities from non-stigmatized group of people. These hidden identities are known as concealable stigmatized identities which are one of the most known dimensions of discreditable stigma. Concealing involves behaviors that keep to seek one's stigmatized identity hidden from others and adopt different strategies to avoid others to know about their stigmatized identities (Sabat, Lindsey, King, Ahmad, Membere & Arena, 2017). A concealable stigmatized identity not only modifies the behavior of stigmatized people, but also influences their beliefs and emotion. These beliefs might be positive or negative known as valence content of stigmatized identities including internal stigmatized identities, enacted stigma, anticipated and disclosure of stigma; secondly, the frequency of emotions and thoughts of these devalued identities is known as the magnitude of stigmatized identities i.e. stigma of centrality and salience identity (Quinn et al., 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. The magnitude of stigmatized identities may be an important factor that influences the selection and retention policies of workforce (Tracey & Phillips, 2016). 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. These studies suggested that at workplace individuals face different experiences living with these stigmatizing identities. Employees may struggle to acquire legitimacy with in social interaction at work and face drastic consequences like job loss, limited career development and isolation at work (Cox, 1993).

Employers face difficulties to provide opportunities to these stigmatized individuals and maintaining their jobs (Clair, Beatty & Maclean, 2005). In organization

we can be act as a colleagues, worker, and boss supervisor or might be a friend at the same time they want to maintain these identities but there are some identities (stigmatizing) they want to conceal in front of others. Stigma victimized by poor health conditions at workplace adhering organizational demands and reduces performance and commitment of employees towards their job (Elraz, 2017). Studies suggested that employees lost numerous working days because of poor mental health conditions that lead to psychological strain with low confidence on themselves (Mausner-Dorsch & Eaton, 2000).

1.2 Gap Analysis

1.2.1 Valence content of Tuberculosis Stigmatized Identities at the Workplace

Tuberculosis stigma is a social determinant of health. Stigma has considerable impact on individuals and community including delay in health care seeking. People with infectious and persistent sicknesses consisting of tuberculosis or HIV/AIDS have an excessive stigma attached to them (Craig, Daftary, Engel, Driscoll &Loannaki, 2017). Recent studies identified that TB-related stigma is higher in low incidence countries that negatively influence the efficacy of TB control (Faccini, Cantoni, Ciconali, Filipponi & Minardi, 2015). 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. The two important barriers to affect tuberculosis management negatively are that tuberculosis is often perceived as a contagious and "touchy" disease, hard to diagnose and upfront interrupted. Anti-Tuberculosis treatment is needed to reduce the stigma due to this infectious disease (Rood, Mergenthaler, Bakker, Redwood & Mitchell, 2017).

Previous studies identified that Tuberculosis is stigmatized due to connotations with its malnutrition. TB stigmatized individuals feel shame and become isolated. At workplace, health care workers might play an essential role to increase awareness related to occupational tuberculosis (Nathavitharana et al., 2018). Employees utilize maximum time of their life at workplace as well as during working hours to engage with their colleagues rather than others who are not a part of their circle of relatives. Organizations have tendencies to establish dense informal networks in which information (precise and not-precise) can be transmitted efficiently. At workplace, perception of stigma is an important barrier to health care take-up (Sommerland et al., 2017). For example, Mr. Bilal Ahmad working in Medizan Laboratories (plot no 313 Kahuta triangle Islamabad, Pakistan) when diagnosed with tuberculosis had been fired upon decision of upper management due to risk of spread of this disease among the coworkers.

Survivors of tuberculosis have been characterized as a burden on the fitness system (because of remedy expenses), at workplace (due to insurance expenses) and among their colleagues (because of the danger of propagation) in international settings. Employers have expressed concerns about the potential of tuberculosis survivors to overcome their ailment owing to the fact that tuberculosis may take place more than once, if they do not receive appropriate treatment, survivors may not meet their work needs and remain productive, and that employing tuberculosis survivors will incur additional insurance and treatment costs. Inside the place of business, these concerns can result in negative perceptions of the rights of those affected by tuberculosis. Therefore, employers will be more aware of taking on people previously recognized with tuberculosis, as well as their unwillingness to work with tuberculosis survivors. The anticipated stigmatized identities feel risks and issues at workplace. They anticipate that due to their past bad experiences and rejection from others owing to their infected identities, they might be rejected in future by their supervisors and co-workers. Numerous negative consequences have been analyzed by tuberculosis survivors at all stages of the employment relationship.

The consequences faced by (TB) infected employees at workplace include hiring discrimination because of a record of TB, mostly those employees directly in contact with tuberculosis infected patients face different issues at workplace. Employees who have direct contact with infected individuals are more vulnerable to job stress and burnout. These employees have low level of job satisfaction (Seo, Kim, Hwang, Hoong & Lee, 2016).

Many TB survivors have reported avoiding the decision to disclose their actual identity at workplace to their boss or co-workers because of fear of job loss, and limited opportunity for career advancement. There are numerous studies conducted on the stigmatization of TB patients' worldwide (Aryal et al., 2012). Occupational exposure to tuberculosis constitutes a major health risk for healthcare workers and it is highly cost effective (Wouters et al., 2016).Studies demonstrated that maximum number of tuberculosis infected individuals survives in densely populated countries. The higher ranked countries of TB infected patients are India and Pakistan (WHO, 2018).

The number of TB diagnosed people is increasing day by day in developing countries. Indeed, stigma plays a vital role in delayed diagnosis, poor treatment outcomes and hinders the well-being of individuals (Nathavitharana et al., 2017).Despite the feeling of isolation, the sense of shame is also related with Tuberculosis stigmatized identities. These stigmatized identities also become the source of social disconnectedness and positively influence isolation (Chang & Cataldo, 2014). In addition to the social stigma in workplaces for people with illnesses such as (TB), they also face abuse by their collaborators leading to negative consequences. They might be psychologically or physically unfit. In the organizational context, managers are unenthusiastic to initially take on unhealthy employees (chronic illness) and even decide to dismiss their employees as soon as the chronic disease is diagnosed. The spread of this infectious disease attributes to lack of awareness and delayed treatment. TB is an infectious disease and numerous modes have been identified of its infectious nature. There is a belief that tuberculosis spreads through handshakes and shared food with an infected person and makes the patient keep his condition secret or hidden for fear of being rejected, even by their

own relatives (Wilson, Ramso, Castillo, Castellanos & Escalante, 2016). Patients with TB are often marginalized by the society resulting in their poor quality of emotional life and low self-esteem (Gerrish, Naisby& Ismail, 2012).

Therefore, the organization for chronic disease of stigmatized identities has investigated that stigmatized people often hide their disease from others. These stigmatized people develop their positive and negative beliefs about their illness and remain hidden from others. These beliefs are known as the stigmatized valence content of chronic disease. It includes internal stigma, experienced stigma, anticipated and disclosure reactions of stigmatizing attributes (Quinn & Earnshaw, 2013). The researchers studied the valence content of these stigmatized identities with psychological and health outcomes in their investigated model and identified that individuals hide their identities stigmatized by others in any particular situation in front of family members, friends and co-workers (Quinn et al., 2014).

In Asian context, approximately 85.9***Thus, the first gap in the literature of this study is going to examine an empirical and theoretical integral relationship of the stigma induced by the TB, which includes the content of the valence and its implications at the workplace in the Pakistani context.***

1.2.2 Self-Esteem as an Interlinking Mechanism between Valence Content of Stigmatized Identities and Workplace Outcomes

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. Stigmatized individuals at workplace are strongly associated with negative attitudes and behaviors because of low level of self-esteem. In addition, tuberculosis stigmatized individuals have negative impact on their self-esteem (Mayo, Biswas, Baray, Martinez & Lomeli, 2014).

The internalized stigma victimized by chronic disease impedes recovery and is often

associated with decrease in self-esteem (Boyd, Otilingam & DeForge, 2014).Infected people have internalized these negative beliefs to non-stigmatized people with low self-esteem. Numerous individuals conceal their tuberculosis because of its infectious nature that induce stigma reducing their self-esteem. Half of the patients with stigmatized tuberculosis (50.4Furthermore, stigma also involves experiences of discrimination and stereotyping of others in the past. The highest level of chronic stigmatization is related to an increase in negative psychological outcomes (Arseniou, Arvaniti & Samakouri, 2014). One of the recent studies showed that approximately (75.4Particularly, internalized stigma and social relation dissatisfaction as well as socio-demographic factors reduce the individual's self-esteem and increase their social-disconnectedness. For that reason, structured interventions are needed to reduce social-isolation due to lack of self-esteem (Oliveira, Esteves, Carvalho, 2015). Due to negative stereotypes, people internalized stigma because of self-stigma that leads to hopelessness and reduced self-esteem (Oexle et al., 2017).In particular, people accepting stereotype with low resisting stigma have reduced self-esteem. To maintain the self-esteem awareness about stigma is necessary (Karakas, Okanali & Yilmaz, 2016). Individuals experiencing bad responses from others might reduce their self-esteem (Lundberg, Hansson, Wentz & Bjorkman, 2009).

Most of the earlier scholars have shown that, due to unemployment, people associate themselves with stigmatized individuals and suffer from poor psychological and health outcomes. Unemployed participants expected to experience a greater stigma than non-stigmatized individuals. Scholars revealed that a more anticipated stigma is positively associated with greater psychological distress (O'Donnell, Corrigan & Gallagher, 2015).Likewise, most people diagnosed with tuberculosis face negative responses from others in the past and anticipate that stigma will lead to HIV in the near future (Bond, Marais, Faussett, Ayles, & Beyers, 2012).The experience of individuals with chronic pain and the transformation of the identity that will accompany this experience would alter the way people perceive and feel about themselves and potentially can become a recovery inhibitor among those who have this long medical condition.

Research has investigated that 77On the other hand, people stigmatized because of their infectious and chronic diseases primarily have negative psychological outcomes and poor health problems. These people want to overcome their stigmatization to share their problems and illnesses with those closest to them. When they receive a favorable environment, they reveal their stigmatized identities and try to maintain their self-esteem in front of non-stigmatized people (Chaudoir & Quinn, 2010). Disclosure of stigma can provide the opportunity to express hidden thoughts, feelings and emotions with those closest to an individual. It also creates a sense of self in stigmatized individuals. It will be useful for the well-being of infected people (Chaudoir & Fisher, 2010).

The disclosure of stigmatized identities is beneficial for people to keep their positive esteem. Also, it is considered that positive beliefs of stigmatized individuals have strong association with self-esteem (Quinn & Earnshaw, 2013). There are different reasons that disclosure of stigmatized identities often associate with self-esteem. In like manner TB related stigma was driven due to shame and blame of infection. These drastic consequences of TB related stigma result in isolation, exclusion, negative psychological outcomes and stigmatized identities reluctance to disclose their stigmatized identities. Findings showed that different financial factors specially unemployment can negatively influence treatment adherence (Lohiniva et al., 2016). Another interesting finding showed that if the employers him/herself become stigmatized due to infectious disease like Tuberculosis, both face financial difficulties and experience fear of stigma(Ozturk & Hisar, 2017).

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 (Whelpley & McDainel, 2016). Employees with poor self-esteem mostly show negative behaviors at job. Their poor confidence and lack of self-esteem engage them in destructive activities at workplace (Chirasha & Mahapa, 2012). These deviant behaviors arose mainly when they had little confidence in their abilities. In addition to these, devalued people in a work environment have little confidence which

increase their intention to leave the organization (Bowling, Eschleman, Wang, Kirkendall & Alarcon, 2010). Most people try to avoid problems instead of solving them and, in some situations, feel better in withdrawing from the real position; therefore, they prefer isolation rather than engaging with other individuals (Gembeck & Nesdale, 2013).

Accordingly, negative psychological results of employees, such as their low self-esteem become the source of employee participation in counterproductive work behavior. The lack of control over their esteem increases their association with negative behaviors to (Mitchell, Vogel & Folger 2015). Self-esteem is an individual personal perception or belief that how he/she is appreciated across the world. People with low self-esteem often show social problems and their identity becomes inconsistent (Palermiti, Servidio, Bartolo & Costbaile, 2017). In contrast, employees with high self-esteem do not participate in these negative activities. They avoid deviant behavior in the workplace because they trust their abilities. The high trust due to the disclosure of their negative characteristics with collaborators has made them safer and less engaged in digressive activities (Avey, Palanski & Walumbwa, 2011).Workplace deviance is an individual voluntarily behavior that reduces the organizational norms. Individuals with low self-esteem might show these behaviors (Mackey, Frider, Perrewe, Gallagher & Brymer, 2015).

However, not only low-skilled employees engage in deviant behavior, but also attempt to make sudden decisions, such as showing their intention to leave the organization. At work, the high workload recovers employees' skills; they become less secure and more stressed. The researchers examined that people with this condition usually lose the courage and intention to leave the workplace instead of being part of the organization (Semmer et al., 2015). Likewise, when employees negatively associate these assessments to themselves, they build their trust to leave the organization instead of living in a stressful situation (Judge & Kammeyer-Mueller, 2011). The rate of turnover increases in different organizations at different level. Negative psychological factors that are related to high job stress increase employee's negative intention. Employees with low self-esteem mostly increase turnover rate. In addition, self-esteem mediates in the relationship

between job stress and turnover intention (Kim, Song & Lee, 2016).

Additionally, self-esteem is one of the strongest psychological outcomes of infected people in the workplace. Employees with little esteem become isolated. They prefer to live alone and do not share or discuss their problems with anyone; even with their family members or their work colleagues. It is not surprising that people with chronic diseases often associate with lower self-esteem and greater social isolation. Because of low self-esteem, such individuals highly anticipate receiving others' refusal and prefer to avoid rejection of their relatives (Mittal et al., 2012). For them, isolation is much better than becoming social but on the other hand, when these people retain their self-esteem, they become more powerful and less socially isolated (Bennis et al., 2017). The study identified that greater self-esteem in revealing negative attributes with others primarily reduces the level of social isolation (Ragins, 2008).

Therefore, the body of existing literature has explored that stigmatized people based on diseases either chronic or infectious have poor psychological (self-esteem) outcomes. But they paid little attention to how these stigmatized people survive at work. What will be their attitudes and behavior in the workplace? Current research has explored the association between infected tuberculosis stigmatized individuals and workplace through the interconnection mechanism, i.e. self-esteem. ***Hence, this study explores the second theoretical gap empirically investigating the interlinking mechanism of self-esteem with the valence content of stigmatized individuals tuberculosis and workplace consequences (deviant behavior of the work, the intention of rotation and isolation social).***

1.2.3 Magnitude (Centrality & Salience) Tuberculosis Stigmatized Identities as a Potential Moderator between Valence Content Tuberculosis Stigmatized Identities and Self-Esteem

The research has identified the positive and negative valence content of stigmatized identities associated with low self-esteem. However, there are other factors that increase the negative content of valence in stigmatized identities. These are the dimensions of infected stigmatized people. Previous scholars called them the magnitude of stigmatized identities. It includes the centrality of the stigmatized infected individuals and the salience of the stigmatized people.

People living in variety of socially devalued identities suggest that centrality of stigmatized individuals moderates in the association between enacted and anticipated stigma on stress (Earnshaw, Lang, Lippitt, Jin &Chaudoir, 2015).Moreover, research predicted that magnitude of identity including centrality and salience of stigmatized identities moderates the negative effects of internalized and anticipated stigma on psychological distress (Quinn et al., 2014). Centrality of identities moderates the relationship between internalized stigma and outness about intimate partner violence (Overstreet, Gaskins, Quinn & Williams, 2017).

According to Social Identity Theory, individuals develop their identities in social context. On the basis of these identities, they keep themselves separated from others (Tajfel & Turner, 1986). Perception of personal identity cannot be separated from perception of social context and individual's social identity. Centrality is defined as the extent to which the individual has specifically identified who they are as a person (Seller et al., 1998). They identified that people with a high centrality of stigmatized identity are associated with the positive and negative valence content disease based stigma. It means that when individuals strongly centralize these negative attributes, they have an internal and anticipated representation of the stigmatized reactions (Quinn & Earnshaw, 2013). Additionally, several researchers demonstrated that centrality of stigmatized identity enhances the negative beliefs of infected individual. They found that high centrality of these

negative attributes boost individuals to internalize these identities as their actual identity as well as due to centrality of these negative beliefs, they experience bad response from others (Meyer, 2013;Thoits, 2013).

Furthermore, magnitude of stigmatized identity also includes another element known as identity salience. Salience means thoughts of devalued identity. It is a frequency of thoughts; not of beliefs about thoughts. The researchers described that the greater the frequency of devalued identities, the greater the positive and negative valence content of the disease that induces stigmatized attributes (Quinn & Earnshaw, 2013). Few studies have explored this new idea that increases the frequency of thoughts closely associated with the internalization of stigmatized identities (Nolen-Hoeksema, Stice, Wade & Bohon, 2007). Likewise, evidence that the magnitude of stigmatized identities is the centrality or salience associated with negative psychological outcomes (Quinn & Chaudoir, 2009).

Previous researchers have also explored that the centrality of identity and the identity salience have the ability to amplify the positive and negative beliefs of stigmatized individuals (Jambekar, Crocker & Quinn, 2001).The study conducted on social networks, including individual and community groups, has identified the highly anticipated chronic stigmatized individuals having higher centrality of stigmatization. It means that the centrality of these negative attributes and the anticipation of the stigma are positively associated with each other (Smith & Baker, 2012).

Very little work has been done on the magnitude of stigmatized identities. The previous qualitative researches have explored the magnitude of stigmatized identities (centrality and salience). They depicted that future studies consider these identities as the potential moderators in the literature of stigma.

Therefore, current study has a third novel theoretical contribution to empirically examine the magnitude of the stigma induced by tuberculosis, including the centrality and salience as moderator between the valence content of stigma and self-esteem.

1.2.4 Perceived Organizational Support as a Moderator Between Self-Esteem and Workplace Outcomes (Deviant Workplace Behavior, Turnover Intention Social Isolation) of Tuberculosis Stigmatized Individuals

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). Organizational Support Theory, empirically investigated that positive perceptions of employees towards their organization helped them to establish a great psychological attachment to the organization (Rhoades, Eisenberger & Armeli, 2001). The positive support of the organization will help the workforce to maintain esteem and trust, as well as meet the socio-emotional needs of employees and the mechanism of reinforcement of self-esteem. The identification of the employee within the organization and their positive esteem are maintained when they receive positive support from their organization (Edwards & Peccei, 2010).

Moreover, the POS is rooted in the theory of organizational support, according to which, employees personify their organization and see their favorable or unfavorable treatment as an indication that the organization favors or disapproves of them (Rhoades & Eisenberger, 2002). 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. These authors have shown that the (dis) respect based on high equality received by group members increases the feeling of being treated as a (non) human being. They have investigated that POS identified that the organization treats its employees respectfully (Renger, Mommert, Renger & Simon, 2016).

Earlier studies have suggested the violation of basic needs of employees, such as self-esteem, in the workplace which seriously compromise their well-being and physical health. 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).

According to the theory of organizational support, most of the workforce develops the general perception that your organization will support and be able to maintain the well-being of the employees. Their positive perceptions of organizational support increase their self-confidence, their courage and their identification in the workplace (Vardaman et al., 2016). In particular, in workplaces to increase positive behaviors and attitudes to meet socio-emotional and self-control needs is due to the high perceived organizational support (Kurtessis et al., 2017). According to, social comparison and self-assessment involve comparing someone with others to meet their basic needs, such as self-esteem (Suls, Martin & Wheeler, 2000). The social comparison theory suggested that the self-assessment of the individual increased with favorable comparison and was compromised by an unfavorable comparison (Taylor & Lobel, 1989).

Moreover, in the context of the theory of organizational support, POS comparisons, being favorable, can evoke positive responses because they provide such enhancement. Researchers have studied that the organizations perceive themselves to be more reliable and competent to meet the social-emotional needs of their workforce by providing a more reliable source of feedback to promote self-esteem. They have identified that organizations can promote the initiative structures of the leader by facilitating the POS (Kim, Eisenberger & Baik, 2016). One of the descriptive investigations also examined that the perceived support of the organization

reduces the exhaustion of work. It also demonstrated that increase in perceived organizational support affects various organizational policies. It plays a key role in maintaining a fair environment (e.g. premiums) in the workplace that will improve the self-esteem of the employees (Yaghoubi, Pourghaz, Hamideh & Toomaj, 2014). High self-esteem employees with perceived organizational support will reduce the emotional exhaustion of employees (Penhaligone, Louis & Restubog, 2009). On the other hand, perceived support of the organization has a positive association with the employee's commitment to their organization (Narang, Singh & Kang, 2011). Studies confirmed that positive support from organization reduce negative behaviors and attitudes of employees in the workplace. The previous arguments and tests have led us to consider that perceived organizational support captures the socio-emotional needs of employees including a positive self-esteem by maintaining negative consequences in the workplace (Bagger & Li, 2014; Clark, Rudolph, Zhdanova, Michel & Baltes, 2017). However, in previous studies, its moderating effect between self-esteem and workplace outcomes (deviant workplace behavior, turnover intention and social isolation) received little concentration. The current research used POS as a moderator to deal with these negative workplace consequences.

That's why, perceived organizational support act as a moderating variable between low self-esteem of individuals stigmatized with tuberculosis and workplace results (deviant behavior at the workplace, intention to leave the organization and social isolation). The current study considers this as a theoretical and empirical contribution.

1.3 Statement of the Problem

Employees at workplace are living in different group identities categorized by themselves or others on the basis of some similar characteristics. There are different types of identities exists at workplace including positive and negative. Both positive and negative identities exist at workplace and both are important to study. A plethora of literature is available on positive identities. But negative identities

haven't got much attention of researchers irrespective of its equal importance as compared to positive identities. And this inclination of researchers towards positive identities have imbalance the literature of identities at workplace. Among the limited studies on negative stigmatized identities, there are also inconsistent finding for some types of stigmatization.

Tuberculosis (TB) is one of the main public health problems in Pakistan. Pakistan is fifth among the countries with a high burden of tuberculosis in the world. Tuberculosis is a highly infectious disease that leads to exclusion in the workplace. Tuberculosis is an infectious disease with a prolonged cough that leads to a significant disruption of patients' lives and predisposes patients to the stigma. Stigmatization is a complex process involving organizations, communities, inter and intra personal attitudes. It has been recognized as an important social determinant of health and health disparities. Substantially, less research has been conducted on the mechanisms through which stigma impacts the health of individuals at risk of or infected with tuberculosis (TB) especially at workplace.

Stigma against people with Tuberculosis can occur throughout the workplace leading to avoidance and sometimes physical violence. In last few decades, management science researchers have identified that the deviant workplace behavior (DWB) is one of the most important components of poor workplace performance (Metofe, 2017). Deviance is socially constructed behavior that may be considered deviant at one time, by one set of people, but may not be considered deviant by others. Moreover, workplace deviance decreases the wellbeing of individuals and groups (Lugosi, 2019). In the last few years, the frequency of these negative behaviors has been on a constant rise. A plethora of research is available on employee's negative behavior in social science literature but still there is ample room to pursue research on serious causes of deviant workplace behaviors of employees. Moreover, employers find it difficult to control turnover rate of their workforce. Organizations retain their talented employees in order to compete in the modern world. It is quite difficult to maintain employees and employers relationship because of high turnover rate. Employees become isolated at workplace and the organizations endeavor to maintain their efficient employees and reduce the turnover

intention (Gupta & Shaheen, 2017). There are a lot of studies conducted on these problems at workplace but still some important antecedents missing that why and how these negative outcomes are increased at workplace. At workplace, retrenchment due to sick leave is one of the basic issues arising due to TB stigma. TB stigmatized individuals face lack of access to advanced training and promotion opportunities. Mostly avoidance by management and co-workers for fear of contamination may occur due to Tuberculosis stigma. Moreover, inappropriate and unfair rumor about employees who have or may have TB and/or HIV/AIDS is one of the causes of stigma due to Tuberculosis. Even when patients receive treatment, social disapproval from family or community members decreases compliance with treatment. At workplace, individuals diagnosed with Tuberculosis face similar risks like disapprovals from their colleagues and boss. Social isolation, experienced rejection, shame and blame due to TB diagnosis can lead to psychosomatic stress, loneliness and feelings of hopelessness. The negative effect of Tuberculosis stigma on workplace increases burden on healthcare workers and mostly increase the cost at workplace. It needs interventions to reduce TB stigma among workers at workplace (Sommerland et al., 2017). In Pakistani context, research on stigma victims of tuberculosis in the public and private sectors is very rare. In fact, there is a lack of management science literature in this perspective. Therefore, current study addressed a comprehensive theoretical and empirical analysis examining the relationship between TB-induced stigma and workplace outcomes in several public and private hospitals across Pakistan.

At workplace, infected employees experience personal threats and social rejection. These infected (TB) individuals are often marginalized economically and socially with poor quality of life, low self-esteem and clinical depression. The widespread perception of this associated stigma leads to the fear of loss of work. Even during the treatment, patients are placed in isolation in order to remove the spread of disease. After that they feel stigmatized and mostly isolate themselves from their close ones including family and friends (Zuniga, Munoz, Johnoson & Garcia, 2016).

Stigmatized identities are also considered as negative attributes characterized by

exclusion, rejection, guilt or devaluation of that individual (Craig, Daftary, Engel, Driscoll & Loannaki, 2017).Beyond physical and health consequences, stigma against people with TB can have devastating social and psychological impact. Individuals with TB-induced stigma have internalized their stigmatized identities against other individuals. Internal stigmatized identities will decrease their self-esteem.

Furthermore, this study showed that the negative and positive beliefs of individuals stigmatized with TB improve with the frequency or magnitude of infected persons. The dilemma of how infected people label these beliefs as their true identity and remain hidden from others is still debatable. This study showed that the frequency of negative thoughts and emotions attenuates the negative and positive beliefs of stigmatized infected individuals. Current research has explored low self-esteem of TB stigmatized acts such as interconnection between tuberculosis-induced stigma and workplace outcomes (deviant work behavior, turnover intention and social isolation). In the workplace, employees with infectious or chronic diseases face a high level of rejection from their colleagues and their boss. These employees become more psychologically anguished. These infected people associate themselves with poor psychological and work results. Therefore, this study performs a complete empirical analysis through the use of perceived organizational support as a moderation mechanism between low self-esteem and negative workplace consequences.

1.4 Research Questions

The present study is aimed at empirically demonstrating the relationship between the stigmatized identity induced by tuberculosis and its negative results at the workplace.

Research Question 1:

How internal TB induced stigma is negatively related with self-esteem?

Research Question 2:

How enacted/ experienced TB induced stigma is negatively related with self-esteem?

Research Question 3:

How anticipated Tuberculosis induced stigma is negatively related with self-esteem?

Research Question 4:

How disclosure reactions of TB induced stigma are positively related with self-esteem?

Research Question 5:

Does centrality of stigmatized identity moderate the relationship between valence content (internalized, enacted, anticipated and disclosure) and self-esteem of TB infected employees such that negative relationship is stronger with high centrality of TB induced stigma?

Research Question 6:

Does salience of stigmatized identity moderate the relationship between valence content (internalized, enacted, anticipated and disclosure) and self-esteem of TB infected employees such that negative relationship is stronger with high centrality of TB induced stigma?

Research Question 7:

Does self-esteem mediate the relationship between valance content (internalized, enacted, anticipated and disclosure) of TB induced stigma and deviant workplace behavior?

Research Question 8:

Does self-esteem act as a mediator between valance content (internalized, enacted, anticipated and disclosure) of TB induced stigma and turnover intention?

Research Question 9:

Does self-esteem mediate the relationship between valance content (internalized, enacted anticipated and disclosure) of TB induced stigma and social isolation?

Research Question 10:

Does perceived organizational support moderate the relationship between self-esteem and deviant workplace behavior of TB infected individuals such that this relationship is weaker with greater POS?

Research Question 11:

Does perceived organizational support positively moderate the relationship between self- esteem and infected employees' turnover intention?

Research Question 12:

Does perceived organizational support moderate the relationship between self-esteem and social isolation?

1.5 Research Objectives

In general, the objective was to test the relationship of "TB induced stigmatized identity" and its workplace implications i.e. DWB, Turnover Intention and Social isolation. This study also checked mediating mechanism of self-esteem and perceived organizational support as a moderator variable between self-esteem and workplace outcomes. The specific objectives of the study in Pakistani context are as under:

I. To establish the relationship between TB induced stigma and self-esteem in public and private hospitals of Pakistan.

II. To find out the relationship between valence content of TB induced stigma and self-esteem of employees.

III. To examine that magnitude (centrality and salience) TB induced stigma does moderate the relationship between valence content of stigmatized identities and self-esteem of employees.

IV. To explore that self-esteem does mediate the relationship among TB induced stigma valence content and deviant workplace behavior, turn over intention and social isolation.

V. To determine perceived organizational support does moderate the relationship among self-esteem and deviant workplace behavior, turn over intention and social isolation.

1.6 Significance of the Study

Researchers have studied the laudable results of stigmatized identities against

tuberculosis and its implications in the workplace. Most of existing research demonstrates people with stigma due to chronic diseases and their impact on psychological and health outcomes (Quinn et al., 2014). At the workplace, employees have discreet identities. They try to manage these identities. These identities are known as stigmatized identities. Managing these identities in the workplace helps to reduce negative job results (Jones & King, 2014). Therefore, this study focuses on the impact of TB-infected stigmatized identities with workplace outcomes (deviant work behavior, intention to leave the job and social isolation).

Accordingly, stigmatized identities, due to chronic diseases, have a negative impact on psychological outcomes (e.g. self-esteem, depression & anxiety). Current study has investigated that the stigma victimized through tuberculosis affects employees in the workplace through interlinking mechanism of poor self-esteem (Quinn & Chaudoir, 2009).

Furthermore, people with stigmatized identities due to chronic disabilities, including the positive and negative valence content, have reduced positive psychological and health outcomes (Quinn & Earnshaw, 2013). This study also explores those factors that have been discussed very rarely in both social-psychological literatures. These are the magnitudes of stigmatized identities that act as potential moderators to increase the negative association between the valence content of stigmatized people and their self-esteem. The frequency of negative thoughts and emotions of infected individuals promotes the valence content of tuberculosis stigmatized identities reducing their level of self-esteem.

Previous research found that those employees who perceive organizational support show minimal deviant behavior in the workplace (Nair & Bhantnagar, 2011), less intentions to leave the organization (Shusha, 2013) and are negatively related to isolation in workplace (Riggle, Solomon & Artis, 2015). Indeed, stigmatized people who perceive their organization as supportive, to disclose their stigmatized identities, state that this supportive behavior will reduce the negative consequences in the workplace (Griffith & Hebl, 2002). This empirical study highlighted this issue and studied the support perceived by the organization as a moderating variable between self-esteem and workplace outcomes of TB infected employees in public

and private hospitals in Pakistan.

1.6.1 Contextual Contribution

From the management point of view, this study is useful for executives to keep their staff with identities stigmatized in the workplace providing perceived organizational support to their workforce. Employees with positive perception that organization valued them often face diminished negative stigmatization at workplace.

This study also became the source of awareness of the ways in which TB affects the psycho-social lives and develops strategies to mitigate these effects by providing opportunities for employees to share their stigmatized identities and its drastic psychological consequences as well as bio-psychological changes.

In addition to this, if health professionals spread information regarding TB in different organizations about this disease, they will break the existing misinformation and vicious bias, which in turn will cause the reduction in fear of death by tuberculosis. With the help of this literature, most of the infected individuals maintain their self-esteem and will positively perceive that their organizations valued them, especially in low income countries like Pakistan.

1.7 Social Identity Theory

In the current study, authors depicted that Social Identity Theory (SIT) provides a strong theoretical explanation of the present model. It provides foundation to investigate TB infected stigmatized individuals at workplace. It is a social psychological theory associated with cognitive processes, social beliefs and individual's self-conceptions. In certain situations or social settings, individuals develop a sense of identity. On the basis of these identities, they belong to certain category, class or group that reflect their identity and remain separated from others. It relates to the awareness of an individual about a certain classification in which he or she thought to be belonged (Hogg & Turner, 1987). It has been known that all the

people belong to a social group, in social comparison; people with similar identities are considered as in-group people while the dissimilar identities people are considered as the out-group people. People become stigmatized, face discrimination and prejudice (Stets & Burke, 2000).

Moreover, those individuals belonging to stigmatized groups, on the basis of their negative beliefs and emotions, develop their separate identity. Stigmatized identities bridge the gap between stigmatized group of individuals and non-stigmatized group. Most of the infected individuals internalized these identities that increase negative psychological outcomes.

Theory also revealed that on the basis of social-categorization, mostly people classified their identities into in-group and out-group. One of the core functions of these classified groups are their self-esteem. Social identities boost self-esteem of individuals within group and become reduced when they interact with out-group. In like manner, stigmatized group of people classified themselves as a separate group and reduce their self-esteem when associated with non-stigmatized identities. Social Identity Theory identified that people surviving the infectious diseases (e.g. Tuberculosis, HIV/AIDS) develop their own identity and remain separated from the uninfected people Hogg, & Turner, 1987).

This theory supports that the infected individuals diagnosed with TB have the separate identity as compared to the people who are uninfected, and the infected individual identity has been perceived negatively due to nature of the infection as well as negative perceptions by others that the infected individuals might have HIV. The negative perceptions in a social setting are associated with psychological outcomes including low self-esteem.

Moreover, people with spoiled identities known as stigmatized people whereas stigma is a mark, attribute or spoiled identity that separates one's self from others. Though, group of stigmatized people due to their spoiled identities categorized themselves in separate group, with low level self-esteem (Goffman, 1963).

Stigmatized infected people mostly internalized their identities with others. These stigmatized people, due to their past negative experiences, conceal their actual identity. They also anticipate that they will be rejected by others in future as

well because they are diagnosed with serious infected disease. On the basis of these identities, they reduce their level of self-esteem and confidence (Quinn & Earnshaw, 2013).

Social Identity Theory also demonstrated that each individual belongs to a certain social group. On the basis of their social group, the individuals develop their identity. In the organizational context, infected stigmatized individuals develop their separate identity. Their positive and negative beliefs about their identity as well as perceptions that they will be rejected and discriminated persuade them to remain separate. Their negative anticipation and earlier bad experiences at workplace, due to infected disease, will reduce their self-esteem.

With respect to organizational context, the overall organizational identity has important implications for organizational behavior as well as well-being, turnover intention of employees, and economically important aspects of organizational commitment (Abrams, Ando, & Hinkle, 1998; Abrams & Randsley de Moura, 2001; Ashforth & Humphrey, 1995; Ashforth & Mael, 1989; Hogg & Terry, 2000). At workplace, stigmatized individuals classified their separate identity and had positive impact on negative workplace behaviors (Bowles & Galfand, 2010). People belonging to this category show their intention to leave the organization. Therefore, Social Identity Theory also explained that individuals, due to devalued stigmatized identities, are positively associated with social isolation (substance use stigma) (Dingle, Curvays & Frings, 2015). This theory also explained that infected individuals, on the basis of categorization, remain separate and show aggressive and negative behaviors with others at workplace by showing their intention to leave the organization instead of remaining the part of organization where non-stigmatized individuals consider them devalued.

1.7.1 Supporting Theory

To explain the phenomenon of perceived organizational support, most of the management scholars use Social Exchange Theory. The social exchange process has been used to explain the relationship between employees' perception that organization will value them and their attitudes and behaviors. SET revealed that

exchange process between both parties depends upon economic or social principles (P. Blau, 1964). When exchange of association between them, in terms of social interaction, builds trust, the mutual exchange flanked by two parties is a symbol of high quality relationship.

According to Social Exchange Theory, the entire human life revolves around giving and receiving. Social exchange has been conceptualized as a broad term. In the organizational context, this exchange of relationship lies between organization and workforce. Workers form a positive belief concerning the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al., 1986). They labeled this belief as a perceived organizational support. Employees' optimistic perception towards their organization persuades them to repay the organization i.e. through their positive attitudes and behaviors at job. SET pays much attention to organizational support and found that when employees receive more support, they have much attention towards their organization and reduce their negative behaviors at workplace as well as low level of voluntarily turnover in an organization (Ziaaddini & Farasat 2013). Owing to this explanation, this research study used POS as a moderator variable that will reduce the negativity of employee's low self-esteem and workplace outcomes (Deviant workplace behavior, Turnover intention and Social isolation).

1.8 Constitutive Definitions

To conduct this research, following variables are discussed. This study proposed some operational definitions as follows;

A. Independent Variables.

Valence Content.

The term valence is mostly used in psychology including emotions and beliefs that can be intrinsic attractiveness known as positive valence or averseness that is called as pessimistic valence about an event, object or situation (Frijda, 1986).

Following valence content has been used.

1. Internalized Stigma

The stigmatized identity when individuals feel negative beliefs and discrimination against himself/herself. Such type of identity is called as internal stigmatized identity (Quinn & Earnshaw, 2011).

2. Experienced/Enacted Stigma.

Individuals who have concealable stigmatized identities due to past bad experiences and discrimination from friends, family, or coworkers tend to form an invisible identity known as experienced stigmatized identity (Earnshaw & Quinn, 2012).

3. Anticipated Stigma.

It is the concealable stigmatized identity where individuals believe that they might receive negative response from others in future (Quinn & Earnshaw, 2011).

4. Disclosure Stigma/ Reaction

Disclosure stigma is the state that occurs when individuals want to expose his/her past discrimination. It can be positive as well as negative (Ragins, 2004).

Magnitude of Concealable Stigmatized Identity

The magnitude of concealable stigmatized identity refers to the volume or quantity of the individuality (Hogg & Turner, 1987; Reid & Deaux, 1996).

1. Stigma Centrality

It is the magnitude of concealable stigma where individuals consider these identities as a central part of themselves. Such type of stigma is called as centrality stigma (Hogg & Turner, 1987; Reid & Deaux, 1996).

2. Stigma Salience.

Salience stigmatized identity is a frequency of thoughts that measures the size of the concealable stigmatized identities instead of the emotions and beliefs (Quinn & Earnshaw, 2011).

A. Mediating Variables.

1. Self-Esteem

The affective component of the self-concept that signifies how people feel about themselves is called as self-esteem (Rosenberg, 1965).

C. Dependent Variables

1. Deviant Workplace Behavior

When any individual shows deviant acts toward co-workers, supervisors, and subordinates in the workplace, such type of workplace behavior is called as deviant workplace behavior (Robinson & Bennett, 1995).

2. Turnover Intention

It is an individual conscious willfulness to look for other alternatives in another organization or workplace (Camman et al., 1979).

3. Social Isolation

Individual's feeling of boredom and marginality, and withdraw from the situation is called as social isolation (Powers, Goodger & Byles, 2004).

D. Moderating Variable.

1. Perceived Organizational Support

It is the observation when managers are concerned about employees' commitments to the organization as well as workforce by paying attention on organizational commitment to them (Eisenberger, Huntington, Hutchison, & Sowa, 1986).

Chapter 2

Literature Review

2.1 Background of Stigmatization

The word "stigma" was proposed for the first time by Goffman, (1963) in his book "Notes on the management of spoiled identity". It is a mark, label, identity or attribute that makes an individual smaller than the rest of the people because of some features that are not considered worthy of being included among the rest of the people. It comes from the ancient Greek word "stigmata"; which is mostly used for those people who were considered deviants and slaves in a society. In addition, these people were diagnosed with any chronic or infectious serious illness. People develop stigmatized identities that cause a significant risk of harm to the individual that leads to discrimination.

Moreover, stigma also negatively influences psychological well-being of devalued people, lack of motivation to seek medical care (Plow, Holm & Gjerris, 2015). Stigma is a process that includes negative attributes that defines him/herself as deviant and mostly viewed as a personal flaws that are seen as undesirable (Beatty, 2018). Stigmatized people have been divided into two levels that are discredited and discreditable stigmatized identities. Individual with discredited stigma is clearly known or visible and a person with a discredited stigma is unknown and can be hidden (Chaudoir, Earnshaw & Andel, 2013).According to the theory of stigma, there are six dimensions that can influence the ways in which the stigma

leads to negative interpersonal outcomes. These dimensions include the concealable stigma, the course of the brand, the disruptive, the aesthetic, the origin and the danger (Jones et al., 1984). Therefore, the focus of the present study is on a particular type of stigmatized identity that is discreditable due to infectious diseases (tuberculosis). Persons with stigmatized identities based on illnesses identify social identities that can hide from others. These stigmatized identities due to tuberculosis include valence content and its magnitude.

2.2 Valence Content of (Tuberculosis) Stigmatized Identities and Self-Esteem

2.2.1 Internal Tuberculosis Stigma and Self-Esteem

Internal stigma is a term that generally refers to the way individuals respond to the possession of a stigma (Bos, Pryor, Reeder & Stutterheim, 2013). 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 & Busuttil, 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). It is the degree in which people associate negative traits and characteristics as a part of their identity (Earnshaw, Smith, Chaudoir, Amico & Copenhaver, 2013).The persistent pain of stigma occurs in socio-culture context. Studies illustrated that low self-esteem is an outcome of internal stigmatized people that is victimized by chronic illness (Waugh, Byrne & Nicholas, 2014). Internal stigma not only appears in individuals who are considered as disable but it is a mark that anyone internally associates with oneself. Those individuals who associate themselves with unhealthy individuals are also internally stigmatized. One of the study found that parents of disabled children are mostly stigmatized. They hide this from others and become more disappointed. High level of depression in

stigmatized identities mostly reduces their self-esteem (Cantwell, Muldoon & Gallagher, 2015). Another quantitative research found that self-esteem has a negative impact on internal stigma and is positively associated with social connectedness. It means internal stigmatized individuals have low self-esteem and social connections (Austin & Goodman, 2017).Indeed, different studies found the reason of self or internal stigma showing that public stigma is one of the major causes to generate the self-stigma. Another time lagged survey design among 448 college students identified that public or social stigma is one of the important predictors to increase individual's internal stigma (Vogel, Bitman, Hammer & Wade, 2013).

From the literature of social psychology, it is noted that internal stigma negatively influences the individuals' self-esteem (Herek, Gillis & Cogan, 2009) as well as threaten self-esteem of infected individuals (Rüsch et al., 2009). 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. They feel that others will consider them devalued because of this infectious disease. There is need to identify the actual factors that increase the negative association between stigma and individual's self-esteem. Mostly authors examined to reduce those factors that boost the internalization process in individuals who consider themselves as devalued by applying different coping strategies that lower self-esteem due to high internalization of stigma. They also identified that in a social connection individuals labialized these diseases as part of their identity. They highly internalized these labels and due to social rejection they reduce their level of esteem (Wiener et al., 2012; Wright, Gronfein& Owens, 2000).Consequently stigmatized individuals often internalize these rejections in the form of withdrawal from the situations and diminish their self-esteem (Hinshaw, 2004, 2005; Ow & Lee, 2015). The above arguments have shown that people with internal stigmatized identities with lower self-esteem are negatively related with each other (Yanos, Roe, Markus & Lysaker, 2015). 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). Numerous studies investigated that stigma can have drastic impact on physiological, psychological, social and economical values of people. At workplace internally stigmatized employees will be annoyed by other employees. (Major et al., 2002: Mak et al., 2007).

Internalized stigma is the adoption of negative attitudes and stereotypes of society with respect to the illness of a person which reduces self-esteem (Alpsoy et al., 2017). Individuals due to their infectious diseases have poor self-worth and confidence on themselves and generate stereotypes. A few other researchers explained that internally stigmatized people mostly delayed their treatment process. This will create negative psychological consequences like their poor self-esteem (Sibitz, 2011). People suffering from chronic illness mostly seen that they are stigmatized and they conceal their stigma because they have poor confidence on themselves as compared to non-stigmatized people (Hegarty & Wall, 2014). Different psychologists also agree with this statement and depicted that chronic and infectious diseases become the victim of stigma (Aydemir, Ozkara, Unsal & Canbeyli, 2011; Hatzenbuehler, Phelan & Link, 2013).Previous studies have found when individuals associate themselves with negative attributes, their level of esteem become reduced diminishing their quality of life (Markowitz, 2001; Vogel et al., 2013). Not only past literature has the argument that internalized stigma included a greater amount of emotional distress and self-esteem (Ritsher, Otilingam & Grajales, 2003; Ben-Porath, 2002). One of the current researches also supports the above argument that their self-esteem decreases because they internalize negative beliefs (Horsselenberg, van Busschbach, Aleman & Pijnenborg, 2016). People with highly stigmatized identities mostly decrease their confidence level and avoid sharing their attributes with others. They internalized these negative identities to survive in a specific situation (Rusch, Lieb, Bohus & Corrigan, 2006).

Previous studies also report that stigmatized individuals mostly internalized these identities, which are received from public. The reason of their internalization is that they have no trust on their abilities. A series of earlier studies investigated the

same result from people who have stigma victimized by chronic and psychiatric illness. Their internalization of negative attributes also reduces their level of esteem (Corrigan & Rao, 2012; Link, Struening, Neese-Todd, Asmussen & Phelan, 2001; Macinnes & Lewis, 2008). Moreover, Modified Labeling Theory also illustrated that there is a negative association between internal stigma and self-esteem (Link, 1987). An investigated body of research also showed that internal stigma is associated with range of negative psychological consequences (Livingston & Bayod, 2010). Psychologist also viewed that self-stigma is one of the important factors to not engage in therapy because of poor confidence level (Vogel, Wade & Haake, 2006). Internal stigma is the reduction of the self-esteem or lower self-esteem of a person caused by the single self-label or by someone socially unacceptable. Those individuals stigmatized with chronic and infectious diseases like (TB) mostly have poor quality life, low interpersonal relationship and have minimum confidence on their own abilities (Brakel, 2007). Beck's cognitive theory illustrated that people with HIV stigmatized identities found high depression rate (Ellar et al., 2014). They showed that 51% of depressive symptoms are due to low self-esteem. Once individuals internalized these negative beliefs, they become less appreciated by others (Ritsher, Otillingam & Grajales, 2003). Internalized stigma that is victimized by leprosy is negatively related with their self-esteem (Rensen, Bandyopadhyay, Gopal & vanBarkel, 2011). The highly stigmatized people with chronic diseases have little hope and confidence over non-stigmatized patients (Lee, Kochman & Sikkema, 2002).

Most of the stigmatized individuals when receive negative response from their society try to hide these attributes and become more sensitive to disclose with others (Herek, 1999; Chesney & Smith, 1999). Moreover, women with a low personality borderline have lower self-esteem mostly victimized of internal stigma (Rusch et al., 2006). It is often assumed that a member of the stigmatized group has negative consequences like poor self-confidence (Camp, Finlay & Lyons, 2002).Different researches identified that internal stigma is an attribute that help individuals to increase negative psychological consequence. They argued that one of the most common challenges faced by internally stigmatized identities is their lower-esteem

(Li et al., 2009).Internal stigma due to disease include feelings of negative results that they are less dignified and worthy from those who do not have any kind of stigma. People who acquire a devalued characteristic such as tuberculosis often learn about the characteristics which can sustain negative feelings and beliefs. After acquiring these characteristics, the process of dealing with these previous feelings and beliefs can result in an internalized stigma. It can be a common reaction to the acquisition of this disease reducing their level of self-esteem (Earnshaw et al., 2013).Moreover, internalization of the stigma due to chronic diseases acts as a barrier to improving the level of trust and well-being. They believed that stigmatizing meetings with others reduce their quality of life because they have poor confidence on their abilities (Earnshaw, Rosenthal & Lang, 2016). They primarily internalize these negative beliefs leading to poor psychological consequences. These negative beliefs mostly related with negative psychological outcomes for example, psychological distress (Breslow et al., 2015).

People who experienced public stigma due to disease or negative societal reactions mostly internalized their identities (Mizock & Mueser, 2014). Internal stigma is known as adopting the devalued identity in oneself by keeping oneself separate from the non-stigmatized group of people. There are numerous approaches that have been identified to tackle with stigma, first one is the generate intervention that helps to change the stigmatizing beliefs and second one is the development of strategies to cope with stigma. These approaches help in improvement of their self-esteem (Mittal et al., 2012). Most of the studies depicted that self-stigma is negatively related with one's self-esteem (Werner, Aviv & Barak, 2008). Similar ideas showed the amount of stigma that is internalized has a negative impact on their self-worth (Williams, 2008). In addition, quantitative research with the help of structural equation modeling, found that internal stigma has a negative impact on self-esteem and found that that low self-esteem is negatively related to internalized stigma (Eizenberg, Ohayaon, Yanos, Lysaker & Roe, 2013). People with poor health conditions become stigmatized and mostly blame their own self that they are responsible for this by associating with poor self-confidence (Austin & Goodman, 2017).

Researchers investigated along with others chronic and mental illness victims of internal stigma and their negative outcomes by focusing on previous literature. The current research study proposed that (Tuberculosis/TB) is victim of internal stigma because of its infectious nature and its negative psychological outcome. Hence, it is hypothesized as.

H1: Internal Tuberculosis stigma is negatively related with self-esteem

2.2.2 Enacted/ Experienced Tuberculosis Stigma and Self-Esteem

Individuals who face and experienced negative responses from others due to their devalued identities they become stigmatized known as experienced/ enacted stigmatized people (Balaji, Bowles, Hess, Smith & Paz-Bailey, 2017). Enacted stigmatized individuals mostly demoralized as well as rejected in their previous times (Link, 1987), these negative experiences leads to shame, low social status and emotional distress (Rusch et al., 2014). Those stigmatized identities having past bad experiences, developed negative beliefs and attitudes. Most of the psychologists raised question that why individuals are engaged in stigmatizing behaviors. They found that those people face bad experiences in their previous life due to different chronic diseases will be more stigmatized as well as will have low hope to recover their devalued identities. The highly experienced disease stigma mostly decreases individual's chances of employment, education and to recover their health (Goodall et al., 2018).There are few other studies that support the above statement that individuals with disease based stigma exclude themselves from their family, friends and from community because they have less confidence due to bad experiences in their past life (Benson et al., 2016). One of the past study conducted on enacted stigma found the direct and harmful effect of stigma. Authors choose different adults with disabilities and found negative psycho-social consequences of enacted stigma as well as complexities of experienced stigma. People with lack of knowledge, judgment, rejection and lack of support from others are considered the four different domains of experience stigma (Broady, Stoyles & Morse, 2017).

The study conducted on stigmatized individuals victimized by tuberculosis (TB)

found that high rate of stigma in patients is due to the fact that they felt discriminated by others in past; that's why they feel uneasy to discuss their disease with others. The past bad experience reduces their level of confidence (Baral, Karki & Newell, 2007). Even individuals' experience of discrimination due to stigma gives raise to negative self-concept (Livingston & Byod, 2010). People with enacted stigmatized identities mostly face numerous negative psychological consequences like lower self-esteem (Brohan, Slade, Clement, Graham & Thornicroft, 2010).

Although study conducted on stigma examined that past stigmatization has negative impact on individual's self-esteem, the poor self-esteem of individuals may be due to higher experienced of stigmatization (Zervoulis, Lyons & Dinos, 2015). Stigma experienced by patients is characterized as personal stigma and is associated with negative psychological outcomes i.e. low self-esteem (Sing, Mattoo & Grover, 2016).These stigmatized individuals endorse stigmatizing ideas about their disease and associate themselves as devalued from others. Moreover, the experiences of rejection associated with lower coherence as well as people with high enacted stigma are weekly associated with self-esteem (Lundberg, Hansson, Wentz & Bjorkman, 2009). Scholars examined that disclosure of visible stigmatized identities is negatively associated with their self-esteem because they receive negative response from others in their previous time (Stutterheim et al., 2011).

Experience stigmatized people or high enacted stigma has negative impact on individual's self-esteem (Friedman et al., 2005).It is not only important to discuss the stigma predict lower self-esteem but the fact that self-esteem develops a negative perception regarding experiences of stigma. Negative perception of devalued identities is closely associated with past bad experiences (Link et al., 2001; Lumoa et al., 2007). Sometimes, people face identity threat in their past in the form of enacted stigma and ultimately bear a loss of self-esteem. Yet, series of previous studies on the literature of stigma, either chronic or psychiatric disabilities, found that people with experienced stigmatized identities has a negative impact on their self-esteem (Link, Castille & Stuber, 2008). Scholars demonstrated different strategies and interventions regarding reduction of stigma. They examined that

due to high enacted stigmatized conditions, people mostly become unable to manage their values. Similarly, poor psychological well being of stigmatized identities is due to higher rate of stigma experience (Varni, Miller, McCuinn & Solomon, 2012).It will not only diminish their self-esteem but somehow enhance their level of depression (Vanable, Carey, Blair & Littlewood, 2006).Accordingly, experiences of stigma are strongly associated with negative psychological outcomes. One of other study conducted in same year on stigmatized identities also supports this argument that the symptoms of depression of experienced stigmatized people have negative self-esteem (Wright, Naar-King, Lam, Templin & Frey, 2007).

Stigmatized people due to chronic illness experienced more negative reactions from others with lower self-esteem as compared to cancer stigmatized people (Fife & Wright, 2000). Like chronic diseases, people who have infectious diseases like tuberculosis also associate with negative self-esteem. Aligned with Cognitive Behavioral Therapy (CBT), different experts on stigma examined that most of the people will lose their confidence in previous times because of their disabilities. They bear very bad experience from their closed ones; it means enacted stigmatized people survive with low self-esteem (Ross, Doctor, Dimito, Kuehl & Armstrong, 2007). Therefore, in low level community the chances of stigmatization will be higher as compared to high status. Those people belonging from below income/poverty level mostly develop their own concepts and identities by becoming stigmatized. Poverty becomes the victim of stigma. People living in such situations identified negative stereotypes that will reduce their confidence. These stigmatized identities may be visible or invisible.

Stigmatized identities experienced negative stereotypes which reduce individual's self-esteem. As well as stigmatized people have high depression and low self-esteem that stemmed from feelings of inadequacy and lack of care or respect from others in their past (Reutter et al., 2009). On the other hand, the stigma also affects the self-esteem of people with disabilities e.g. neurological disabilities. They have experienced discrimination; though they need support of others every day to survive in a society as well as need promotions in the workplace as compared to those

with non-stigmatized identities. These past bad experiences badly affect the individuals' confidence level (Rao, Choi, Victorson et al., 2009).

Like chronic diseases, Tuberculosis (TB) is an infectious disease that affects the number of other people. There are millions of people surviving with this dangerous disease and live their life with healthy people but they feel shame to disclose their disease. Infected people with TB face different problems because their family and friends avoid them thinking that they have HIV due to lack of knowledge. These experiences mostly reduce their confidence level in front of others (Asbring & Narvanen, 2002).These diseases, either chronic or infectious, create a burden for patients including lack of job opportunities, poor quality of life and financial costs. Tuberculosis is one of the main examples of socio-economic burden. Infected people have low confidence on themselves because they receive bad responses from others in their past (Macq, Solis & Martinez, 2006).

Few scholars conducted study on TB infected identities found similar results. They examined that enacted tuberculosis stigma reduces self-esteem of infected people (Long et al, 2001; Balasubramanian & Eckert, 2007; Eastwood & Hill, 2004). Evaluating the stigma and context of the stigma associated with tuberculosis often contribute to psycho-social discomfort and due to stigmatized identity experiences, contribute to low self-esteem and lack of pride (Karim Chowdhury, Islam & Wessi, 2007).Additionally, enacted stigma victimized through tuberculosis (TB) found that most of the time infected people are discriminated by others. This higher level of previous discrimination creates problems to maintain their self-esteem (Moller & Erstad, 2012). People surviving in stigmatization mostly linked themselves with devalued identities and they feel they are worse from others having poor confidence on their abilities. It might be associated with negative self-concept (Vickers, 2000; Taylor, 2001). Studies have identified the Tuberculosis diagnosed people were known about the characteristics of their disease but these infected individuals were more likely to experience or enact stigma because they have misconception about TB and HIV (Gerrish, Naisby & Ismail, 2013). So, it is need to generate different strategies to cope with stigmatized individuals. They boost the confidence and self-esteem of tuberculosis infected individuals especially

at workplace. Therefore, from the existing literature current research proposed the hypothesis that. **H2: Enacted/ Experienced (TB) stigma has negative impact on individual's self-esteem**

2.2.3 Anticipated (Tuberculosis) Stigma and Self-Esteem

People with devalued identities perceive or anticipate that group of non-stigmatized people socially alienate and devalue them in future because of their devalued identities. These people develop negative beliefs and identities known as anticipated stigmatized identities (Ikizer, Ramírez-Esparza & Quinn, 2017).The recent study found that anticipated stigma due to poor health issues results in terms of low self-esteem (Turan et al., 2016). Indeed, invisible stigmatized individuals hide their actual identities from others. They anticipated that if they disclose who they are; they will face deleterious outcomes either at workplace or with their family and friends. The high negative anticipation shows that they have poor confidence on themselves (Newheiser, Barreto & Tiemersma, 2017).

Similarly, Modified LabeliTheory identified that perceived stigma which is also known as anticipated stigma reduces people's self-esteem (Link, Cullen, Struening, Shrout & Dohrenwend, 1989). Anticipated stigmatization process, due to serious chronic illness, diminishes ones self-esteem. It is to the extent that higher the rate of anticipated stigma, the lower will be self-esteem of infected people (Berger, Ferrans & Lashley, 2001). The cross-sectional survey was conducted on anticipated chronic illness stigma and found that higher level of anticipation has negative impact on their abilities, worth, education and so on (Peltzer & Pengpid, 2016). Researchers showed that most of the people have less trust because of highest level of anticipated stigma and remain unable to manage both at one platform (Isaksson, Corker, Cotney & Hamillton, 2017). Higher anticipated stigmatized individuals mostly perceived discrimination from their closed ones (Vauth et al., 2007).

The biggest problem mostly faced due to anticipation is negative psychological outcome like poor self-esteem (Cook & Wang, 2010).Indeed, depression and perceived discrimination have greatly influenced a person's vulnerability to lower self-esteem

as well as different scholars illustrated that negative anticipation about their own disease will diminish their self-esteem (Rüsch, Lieb, Bohus & Corrigan, 2006). In addition, descriptive research on anticipated weight stigma on men and women found that those people experienced weight discrimination and highly negatively anticipation leads to high weight and poor confidence on their abilities to reduce weight. They became less motivated as compared to non-stigmatized individuals who perceived more discrimination. It means that negative perception about poor health or anticipated stigmatization is associated with individual's poor confidence (Jackson, Beeken & Wardle, 2014). High anticipation of stigma has negative impact on self-esteem (Puhl & Heuer, 2009). Moreover, research described that tuberculosis is an infectious disease. People diagnosed with this disease mostly hide and lose their confidence and trust on themselves. They anticipate that these individuals might have HIV or others will think that they are suffering from HIV so they avoid their treatment. Their poor esteem will make them unable to share their problems with others (Murray et al., 2012). In like manner, people with high anticipated devalued identities are mostly considered less worthy. Researchers have investigated that the perceptions of stigma by association have been related to low self-esteem (Nginya, Odundo, Ngaruiya, Kahiga & Muriithi, 2016).

Another longitudinal study showed that higher anticipated stigma is associated with lower self-esteem. The same results proved that perceived stigma is negatively correlated with people's self-esteem (Dwyer, Snyder & Omoto, 2013). The psychological well-being of people can be influenced by the stigma of chronic diseases as well as with the anticipation of being stigmatized or the fear of rejection by others (Scambler, 2004). Stigmatized people are mostly stressful because other people have stereotypical expectations about how people are stigmatized. They harbor prejudicial attitudes towards stigmatized people (Miller & Kaiser, 2001). People with chronic diseases can perceive many sources of stress related to their status such as the constant demands of medical regimens severe changes in nutrition, and physical changes accompanying to chronic disease. Anticipated stigma mostly showed adverse effects including withdrawal from the situation because these stigmatized people have potential of discrimination and lack of confidence

on themselves (Moore & Tangeny,2017).Most of the psychologists believe that the reason of negative psychological and social outcomes of individuals is their high anticipation that they are stigmatized because of infectious or chronic disease. It has also been discovered that the stigma, the early responses to anticipate depressive symptoms and perceived discrimination is related to lower efficacy of stigmatized people (Kleim, Vauth, Adam, Stieglitz, Hayward & Corrigan, 2008).

Moreover, research showed that the disease like Tuberculosis does not affect the lungs only, but it affects individuals' psycho-social needs and decreases their level of trust in front of other people at the workplace, as well as when they interact with family and friends. These patients develop their separate identity known as stigma. They anticipated that others would consider them devalued; the higher the anticipation of stigmatized identities the lower will be their self-esteem (Berge & Ranney, 2005).

It has been discovered that the stigma associated with the disease is a barrier to improving performance. Accordingly, a model that explained consequences of tuberculosis between different forms that influenced the ideas of experiences, the causes and transmission of tuberculosis from one individual to another because of their infectious nature and influenced attitudes that led to an initial stigma resulting in poor esteem (Gerrish, Naisby & Ismail, 2012). Attitudes and behaviors of early stigmatization of others are not likely to take measures to increase fear, such as attitudes and behaviors related to harmful results (Stuber & Schlesinger, 2006). Stigmatized individuals perceive differently than non-stigmatized identities. They anticipate that because of their serious illness others will not understand them. Once they receive negative response, they always continue anticipated stigmatization that will receive negative responses from society as well as at workplace. These strong negative beliefs will diminish their esteem to again share their actual identities in front of non-stigmatized group of people. These people face more rejection and are negatively related to their self-esteem (Leary, 2001).

On the other hand it has been demonstrated that social interpersonal relationships are associated with perception of individuals (Buckley, Winkel & Leary, 2004; Downey & Feldman, 1996). People with long-term negative interpersonal

relationships are associated with poorer psychological and physical health condition (Pressman & Cohen, 2005).It means the high and low stigmatization also depends upon the non-stigmatized individual's thoughts and beliefs. Additionally, the poor self-esteem of stigmatized people increases due to their high anticipated stigmatization. This anticipation state that they are discriminated because of their devalued attributes (Major, Spencer, Schmader, Wolfe & Crocker, 1998). Most of the studies found the strong relationship between anticipated stigma and poor self-esteem (Baumeister & Leary, 1995; Leary, 2001; KD Williams, Forgas & Von-Hippel, 2005).

Therefore, the stigma due to (TB) is a barrier for infected individuals. They face negative responses from others; even at workplace they get less opportunity from their boss and co-workers. Most of the infected individuals receive less supportive reactions from their closed ones and at workplace most importantly from their co-workers (Vaz, Travasso & Vaz, 2016). Their self-esteem will be decreased because they assume that they are not better than others; they avoid social interaction to hide their disease that becomes their actual stigmatized identity. On the contrary, tuberculosis is a preventable and treatable disease, but still remains a serious public health problem worldwide. That has been estimated that one third of the world's population suffers from tuberculosis that is negatively associated with esteem. One of the major reasons is that people highly anticipate their devalued identities. Tuberculosis is positively associated with depression that ultimately relates with self-esteem of infected individual (Ambaw, Mayston, Halon & Alem, 2017).

However, tuberculosis remains a stigmatized and debilitating transmissible disease that requires complex and aggressive treatment. The phenomenon of stigma in tuberculosis has been associated with different categories and these infected patients anticipate that they will receive negative responses from others in the workplace. Health professional develops strategies to mitigate these effects and offers better opportunities for infected people to reduce their anticipated stigmatization (Dias, Oliveira, Turato & De Figueiredo, 2013). There are several possible mechanisms that could explain a relationship between stigmatized identities that make less

positive health changes to deadly diseases including shame and the prevention of expected negative social interactions and low self-esteem (Puhl & Heuer, 2010). Previous studies have shown different aspects of stigma including the anticipated stigma due to chronic disease and its negative impact on self-esteem (Fido, Aman & Brihnu, 2016). One of the prior researchers examined that people who have been tagged with substance abuse stigma may react to devaluation as well as their anticipated discrimination developing negative stereotypes that mostly linked with poor confidence. Indeed, research scholars found that almost 50% of people due to their serious illness become stigmatized and anticipate hiding their actual identity from others (Schomerus et al., 2011).

There are several factors that boost these people to anticipate negatively. These highly anticipated stigmatized people have poor esteem (Ucok, Karadayi, Emiroglu & Sartorius, 2013). Though, high anticipation mostly creates different barriers in the way of infected individuals to trust on others. On the other hand, researchers identified that stigmatization, due to chronic or infectious disease increases the negative relationship between anticipated stigmatized identities and self-esteem (Lasalvia et al., 2014). Therefore, the existing literature on anticipated stigmatized identities victimized through chronic and even infectious diseases found low self-esteem. Hence, current study hypothesized as,

H3: An anticipated stigmatized identity due to (Tuberculosis/TB) is negatively related with self-esteem

2.2.4 Disclosure (Tuberculosis) Stigmatized Identities and Self-Esteem

Psychologists on the stigma identified that people with devalued identities generate both positive and negative beliefs. Whenever they feel support from others, they share their invisible attributes with them to build up their confidence and also tend to share their experiences with others (Corrigan et al., 2015).People when disclose their attributes to others, known as disclosure stigmatized identities. The disclosure of negative attributes with others show different reactions. These stigmatized attributes and beliefs are known as positive valence content

(Quinn & Earnshaw, 2013).They depicted that stigmatized people try to disclose their weaknesses with others and receive positive reaction. These reactions will increase their level of self-esteem. In a supportive environment stigmatized identities reveal their values with others; this revelation process affects the people through two different mechanisms. Disclosing stigmatized attributes with non-stigmatized people mostly depend upon how much they receive social support, which encourage them and educate them to disclose their actual identities (Chaudoir & Fisher, 2010).

Moreover, identification of actual identities provides an opportunity to increase their stigmatized identities (Derlega, Metts, Petronius & Margullis, 1993). The great exposure from disclosure of stigmatization will increase their esteem and they will develop trust on themselves. It is quite complex process to disclose their disease with others, because it may increase or decrease psychological consequences (Afifi & Caughlin, 2006). Another, descriptive study examined that people with low education standards, high life threats and more negative social reaction on disclosing their problems with others, develop the positive as well as negative reactions of one's disclosing their devalued identities (Ullman & Filipas, 2001). One of the previous researches have shown that the disclosure stigma is strongly associated with individual psychological outcomes; these outcomes may be in the form of their self-esteem (Zea, Reisen, Poppen, Bianchi & Echeverry, 2005).

Indeed, tuberculosis stigmatized people mostly hide or internalize their attributes with others to avoid rejection, but those find supportive environment, try to disclose their infectious nature that may enhance their esteem and worth, because they evaluate themselves positively (Heijnders & Meij, 2007).Coming from the literature of HIV/AIDS, different strategies are generated to cope with this hidden attribute and barriers that create different psychological issues. Disclosure of stigmatized identities in terms of educating others about their negative beliefs regarding disease are mostly associated with positive outcomes allowing the people to maintain their esteem through high disclosure reaction (Nyblade et al., 2003). In like manner, people diagnosed with tuberculosis try to reveal their identity to others receiving positive reaction from their disclosure of devalued identity and

becoming able to justify others about the actual difference between TB and HIV. These disclosure reactions increase their confidence and positively impact their trust level (Zolowere, Manda, Panulo & Muula, 2008).

The benefits of stigma disclosure have received more psychological support and more support from society as well (Greef et al., 2008), along with more support and attention from family members, friends and colleagues (Valley & Levy, 2009). Due to this support, infected people positively appraise themselves instead of negative evaluation. In addition, researchers have identified that tuberculosis remains a potentially fatal disease and patients experience different challenges regarding this disease so, it is necessary to educate people about the disease. It strongly affects physical and psychological health of individuals and to maintain their self-esteem, mostly people try to disclose their negative attributes to others (Tshivhase, Netshikweta & Ramakuela, 2014).

On the other hand, studies identified patients with tuberculosis who do not disclose their stigma identities are facing barriers to obtaining support from friends, family members and spouse (Daftary & Padayatchi, 2013). The recent study regarding (TB) stigma found that only few people have confidence and positively evaluate themselves to disclose their disease (Hayes et al., 2011). Few people with chronic disease do not disclose their disease to others for fear of loss of self-control (Akilimali al., 2017). Moreover, the positive psychological outcomes of stigmatized individuals are increased by disclosing their negative attributes (Barroso et al., 2014).Decision of disclosure may be conscious or sometimes they unconsciously disclose their identity to receive moral support (Valle & Levy, 2009). Past studies also investigated that these abrupt disclosure decisions are mostly linked with their emotions. Indeed, it reduces their stress and increases their abilities to maintain their positive behaviors (McDowell & Serovich, 2007; Meman, Medley & WHO, 2004).

Another study recognized that self-stigma reduces the self-esteem of the individual and puts the reaction to disclosure at risk. To avoid risks, people do not reveal their stigma in front of their family and friends (Vogel et al., 2011). Since living

with chronic diseases can have profound psychological results including anxiety, depression, loneliness, self-loathing and low esteem (Barr, Khan & Schneider, 2008). An emerging research demonstrates the association between disclosure and improvement of psychosocial health including anguish distress, better interpersonal relationships with each other and self-esteem maintenance (Hanghoj & Boisen, 2014; Quinn & Chaudoir, 2009; Patterson & Singer, 2007). Much has been said about that those people receive more social support, they become able to maintain their quality of life, self-esteem and the success of professional and educational goals. All this is possible when people try to disclose their negative attributes to supportive individuals (Hanghoj & Boisen, 2014).

The decisions to disclose about disease or not with friends, family members as well as to work colleagues mostly increases or decrease their rejection from others. Studies investigated that decision of disclosure of stigma is mostly based upon the nature of the disease. People revealed positive their positive response and will receive more attention after their disclosure (Kaushansky et al., 2017). These positive reactions have strong impact on self-esteem. Scholars in their recent literature demonstrate different stigma coping strategies to reduce the negative relationship between stigma and self-esteem via disclosure of stigmatized identities (Bhatta & Liabsuetraul, 2017). It has been found that the disclosure reaction offers great advantages such as improving the self-esteem of the stigmatized people and promoting physical health (Pérez-Garin, Molero and Bos, 2016).

Therefore, chronic diseases are life threatening diseases and show more negative consequences. In few situations people become more stigmatized when they reveal their stigmatized identity and receive rejection and discrimination that lead to negative self-esteem (Henry et al., 2015). As described in the existing literature, the stigma affects the lives of people suffering from various chronic and infectious diseases such as tuberculosis (Juniarti & Evans, 2011). Some diseases are more stigmatized than others becoming socially unacceptable and tuberculosis is one of them. Similarly, stigmatized people somehow refuse to disclose their identity because of serious infected diseases like (TB) that might negatively associate with their self-esteem (Arrey, Bilsen, Lacor & Deschepper, 2016).It is probable that lack

of disclosure stigma increases the risk of transmission resulting in increased negative consequences in the personal and professional life of the individual. Mostly, people maintain their self-esteem when they disclose their identities (Ullrich et al., 2003). They do not receive more support after their disclosure and depicted that disclosure of stigma has negative impact on one's self-esteem (Qiao, Li, Zhao, Zhao & Stanton, 2012). The above statement is further supported by another research on stigma due to chronic illness. Authors found the negative association between patients to disclose their diagnosis and their loneliness and self-esteem (Zhang et al., 2017).

People's personal and interpersonal relationships are positively related with their disclosure reactions (Stutterheim et al., 2011). When people diagnosed chronic/ infectious disease, find different ways to overcome their negative beliefs like trying to disclose their disease to their loved ones (Beals, Peplau & Gable, 2009). Their level of esteem will increase more. Disclosure of stigma is associated with numerous positive factors (Rosario, Hunter, Maguen, Gwadz & Smith, 2001) as well as negative factors (Cole, 2009). Disclosure stigmatized identities is positively related with self-esteem (MacKinnon, Fairchild & Fritz, 2007). Stigmatized people choose complementary counseling and increase their disclosure rates to develop positive self-esteem (Amoran, 2012). Different studies conducted on chronic illness found that these ill people disclose their attributes to maintain their values and confidence level (Lam, Naar-Re & Wright, 2007; Murphy, Moscicki, Vermund & Muenz, 2000).

In another study, self-esteem issues were considered as highly classified reasons for not disclosing the stigmatized identity because they may increase and decrease their value in front of others (Derlega, Winstead, Barron & Petronio, 2000).People anticipate that they become able to maintain their self-esteem when they reveal to others who they are actually (Cameron, Holmes & Vorauer, 2009). Research study also investigated that disclosure stigma has positive impact on self-esteem (Afifi & Caughlin, 2006). Accordingly, similar results were found in other research studies that disclosing the stigmatized identities increase people's self-esteem. They have suggested that people's self-esteem improves when they reveal their hidden labels

to their friends and family (Moskowitz & Seal, 2011). Self-esteem and revelation of the stigma are positively associated with each other. Few people publicly disclose their identities because they are internally very strong and have confidence on themselves (Zea, Resien, Poopen, Bianchi & Echeverry, 2005). Moreover, the openness to the diagnosis of the family, instead of avoiding it, can improve patients' self-esteem (Omiya, Ito & Yamazaki, 2014). They also examined that educating and raising awareness in terms of revealing stigmatized identities improve their self-esteem (Adhikari et al., 2014). Numerous previous studies in the western context identified that the intimate stigma and the disclosure of intimate partner improve the self-esteem of both (Marks & Crepaz, 2001; Stirrat et al., 2006).The study on children diagnosed with stigma investigated that parent's report the disease of their children with others to maintain their self-confidence instead of hiding it. Spreading information and enhancing education level improve the self-esteem of the individual (Corigan, Buchhloz, Michaelz & McKenzie, 2016).

Therefore, from the previous literature of positive valence content i.e. disclosure of disease based stigma and its positive association with self-esteem, study hypothesized that,

H4: Disclosure of Tuberculosis Stigma is positively related with Individual's Self-Esteem

2.3 Centrality Tuberculosis Stigma as a Moderator

2.3.1 Moderating Role of Centrality Stigma between Internal Tuberculosis Stigma and Self-Esteem

Centrality of stigmatized identity is the extent to which people consider a specific identity about themselves in certain situations. Whereas centrality of stigmatized people is the magnitude of stigma which means that how much individuals centralized these negative attributes towards themselves (Quinn, Williams, Quintana et al., 2014). Centrality of invisible stigmatized identities increase the positive

and negative valence content of stigmatized identities like internal stigma, enacted stigma, anticipated stigma and disclosure stigma reactions of invisible devalued identities and investigated that the higher the centrality of invisible stigmatization, the higher will be valence content of stigmatized people either positive or negative (Quinn & Earnshaw, 2013). The research conducted on intimate violence of partners showed that high centrality of stigmatized identity is positively associated with internalized devalued identities (Overstreet & Quinn, 2013).

People with high centrality of stigmatized identities mostly internalized their devalued identities and negative beliefs; they consider these negative beliefs as an important part of their identity (Overstreet, Gaskins, Quinn & Williams, 2017). Indeed, people with poor well-being diminish their quality (Mak, Poon, Pun & Cheung, 2007), and mostly centralize these negative beliefs to themselves. People establish different identities in their social context; these identities represent their values and standards in front of others e.g. they act like mothers, students etc (Reid & Deaux, 1996; Turner, Oakes & Haslam 1994).

People connect themselves as a part with any organization. As a part of organization their identities gradually change and they are known as an employee or employer. In an organizational world, those employees diagnosed with any infectious or chronic disease invisibly develop negative beliefs and attributes. These attributes and negative beliefs generate their separate identity known as stigma. Employees with these identities mostly neutralize as a part of themselves. Scholars investigate that the greater the centrality of these negative beliefs, the higher will be internal stigmatized identities. Furthermore, some research on visible stigmatized people in African-American culture found that the greater the visible centrality of stigmatization, the lower will be their psychological distress. On the other hand, internal stigmatized people, when accept these negative beliefs or stigma and centralize these negative attributes as their own identity, become more able to internalize these negative beliefs (Yip, Seaton & Sellers, 2006). They also found that their outcomes are quite different from visible stigmatized individuals. With higher internal centralized identities; there will be more chances of psychological distress. Those individuals suffer from chronic illness mostly centralize

these labels because they face bad behaviors from others in their past (Quinn & Chaudoir 2009).

H5: Centrality of tuberculosis stigma moderates in the relationship between internal tuberculosis stigma and SE such that it strengthens the pessimistic relationship between internal tuberculosis stigma and self-esteem.

2.3.2 Tuberculosis Centrality Stigma as A Moderator between Enacted Tuberculosis Stigmatized Identities and Self-Esteem

Stigmatized people in their past time face more negative responses from others because of their devalued attributes. Studies explained that when individuals centralized these devalued identities as a central part of themselves at that time they are more concerned from those events happened in their past. The research on stigmatized individuals demonstrated that centrality of stigmatized identity has positive association with individuals experiencing stigma (Earnshaw, Lang, Lippitt, Jin & Chaudoir, 2015). As negative consequences of centrality of stigma, individuals believe that this is due to the fact that they centralize their bad experiences and rejection from others with themselves (Pascoe & Richman, 2009). The authors also examined that high negative centrality of identity increases individual's chances of anticipated stigma. People who anticipate negative responses, risk have been associated with their social network. Researchers examined that anticipation of stigmatized identities and its risk should be associated with the characteristics of social network mechanism; these mechanisms include their identity centrality thus, the higher the centrality of stigma the greater will be the anticipation of risk (Smith & Baker, 2012). One of the prior studies conducted in psychology revealed that stigmatized people, due to chronic illness, show their different identities; some centralize these attributes as a part of their lives and some avoid these attributes and remain separated through whole life. Indeed, stigma developments theories also examined that people with disease based stigmatized

identities mostly centralize these identities as a part of their life (Overton & Medina, 2008).Thus, we hypothesized as;

H6: Centrality of TB stigma moderates the relationship between enacted/experience TB stigma and SE such that it strengthens the negative relationship between them.

2.3.3 Tuberculosis Centrality Stigma Moderates between Anticipated Tuberculosis Stigmatized Identities and Self-Esteem

Centrality of stigmatized people is the magnitude of stigma which means that how much individuals centralized these negative attributes towards themselves (Quinn, Williams, Quintana et al., 2014)When people are diagnosed with serious chronic illness, they become more internally weak and anticipate negative reactions from others. The high anticipation of negative responses is due to when stigmatized individuals highly centralized stigma towards themselves (Earnshaw & Quinn, 2012). In addition, those centralizing these negative attributes become unable to adjust psychologically (Chaudoir & Fisher, 2010). Hence, the most common factor of stigmatization is the centralization of devalued identity (Traunter & Collet, 2010). Research showed that belonging to a devalued group leads to negative psychological outcomes. The research on group identification justified the above statement that when individuals identified that they belong to a certain group known as devalue in a specific society, they perceive that they will receive negative responses from others. In group identification, authors define one of the important facets of group identification that is centrality of identification. They argued that the high centrality of belongingness buffers their anticipation to lead negative psychological consequences (Leach, Mosquera, Vliek & Hirt, 2010).This is a natural tendency for people to build autonomous concepts that they can admire or at least tolerate(Dunning, 2012). For example, members of stigmatized social groups are particularly alert to such threats (Lick, Durso & Johnson, 2013; Ong, Fuller-Rowell & Burrow, 2009).

Studies examined that the centrality of stigmatized identity can moderate the relationship between experienced discrimination or enacted stigma and the poor health outcomes of stigmatized individuals (Perry et al., 2015). Similarly, the meta-analysis conducted on stigmatized people found that centrality of devalued identity may moderate the association between positive and negative beliefs of stigma and health outcomes (Pascoe & Richman, 2009).Internally stigmatized persons mostly try to centralize these identities towards themselves (Frable, Platt & Hoey, 1998).Previous researchers have identified that the stigma of centrality can act as a moderating variable between internalized stigmatized identity and negative psychological outcomes (Burrow & Ong, 2010).

Additionally, the centrality of invisible stigmatized identities is mostly associated with high internal stigmatized identities (Quinn et al., 2014).Secondly, mostly people centralize these negative beliefs as their own identity, for that reason, internal stigmatization is associated with negative psychological outcomes, that is poor self-esteem, depression and anxiety (Calabrese, Burke & Dovidio et., 2016). Authors examined that people due to their chronic diseases anticipate negative responses from non-stigmatized people. Not only the anticipation associate with negative outcomes, people with high centrality of stigma mostly increase the level of anticipation that others will view them negatively (Bombay, Matheson & Anisman, 2014).

In spite of this, internally stigmatized people mostly anticipate these negative attributes as a part of their identity and as a centrality of identity (Schmitt, Branscombe, Postmes & Garcia, 2014). Furthermore, group identity is composed of cognitive centrality which refers to the frequency with which "belonging to a given group" (Cameron, 2004), is associated with "Affection within the group refers to the specific emotions that are derived from group membership (Obst & White, 2005). Consequently, it was found that the highest levels of internal stigma and the centralization of negative beliefs were significantly associated with low self-esteem (Visser, Kershaw, Makin & Forsyth, 2008). On the contrary, few authors described that the greater stigmatized centrality reinforces the relationship between internal negative beliefs and the anticipation of past negative

experiences along with poor self-esteem (SE) (Crocker & Major, 2003; Major & O'Brien, 2005).Hence, hypothesized as;

H7: Centrality of tuberculosis stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem due to this the negative relationship will be stronger between anticipated tuberculosis stigma and self-esteem.

2.3.4 Centrality Stigma Act as Moderating Variable between Disclosure Tuberculosis Stigma and Self-Esteem

Centrality refers to the relative importance of a characteristic of its concept, as well as to a positive association with the stigma of disclosure in the workplace (Law, Martinze, Ruggs, Hebl & Akers, 2010). A series of emerging literature has identified that when individuals admit that they are not inferior and centralize their identities as a part of their life, they become stronger to disclose their attributes to others (Griffith & Hebl, 2002).Hence, existing study supports the positive association between centrality of stigmatized identities and disclosure of stigma. Secondly, the past work on visible stigma found that individuals mostly accept these attributes, positive and negative beliefs and consider them as a central part of their identity; thus, they become stronger to disclose the negative response to their close ones especially to their soul mates (Hardesty et al., 2011; Morrison, Luchok, Richter, & Medina, 2006).

Therefore, evidence suggests that accepting the identity of stigma with disclosure stigma can reduce the negative psychological consequences (Dunham & Senn, 2000).While results from the existing literature showed that the association between centrality of stigmatized identity and disclosure of stigmatization with others have both positive and negative consequences, authors discussed that it depends upon the situation and nature of stigmatized identities (Brener, Callander, Slavin & De Wit, 2013). Stigmatized individuals find out those people that provide them positive response and understand their disease. They feel comfortable to disclose

their stigmatized attributes. Research also supports this frame of reference that disclosures of stigmatization are mostly increased when they highly centralize these negative attributes (Phinney, 1990; Sellers & Shelton, 2003). The greater centralization of these negative beliefs helps them to disclose these attributes to their close ones.

Moreover, on stigmatization series of studies showed that identified stigmatization will be more stressful for people who see it as a threat to personal identity (Crocker & Quinn, 2000; Major, Quinton & McCoy, 2002). Furthermore, perception of stigmatization by temporary workers also affects their well-being and is moderated by the centrality of the stigmatized identity (Boyce, Ryan, Imus & Morgeson, 2007). Secondly, several results showed that centrality of stigmatize people can improve or reduce psychological outcomes. The content of value that is the disclosure of the stigmatized identity has shown an association with the centrality of the stigma in the existing literature (Hatzenbuehler, 2009). Hence, people with invisible devalued identities are not generally perceived as stigmatized by others; this complicates the decision to disclose their stigmatized identities (Goffman, 1963). Moreover, most of the stigmatized people disclose their identities to reveal their internal stress. There are both positive and negative reactions of disclosing stigmatized identities. When people found positive environment, they try to disclose and receive positive outcomes (Ragins, 2008). There are different questions raised that why these people disclose their hidden identities. For this, Self-Verification Theory provides a well-argued explanation of why people are motivated to reveal their stigmatized invisible identity. The theory demonstrated that people centralize these negative attributes and beliefs as central part of their identity and feel supportive environment that others will understand them and appreciate them. They become able to disclose these beliefs with others (Swann & Ely, 1984).

Furthermore, positive perceptions about their beliefs also increase their chances of disclosing negative attributes. It means that high centrality of stigmatized identities will increase the disclosure reactions. Stigmatized individuals categorize their identities by remaining separate from non-stigmatized people(Leary & Tangney, 2003).The centralization of these negative identities encourage them to

avoid these negative emotions and thoughts and share their problems with their supportive family. Earlier studies compared the relationship between visible and invisible stigmatized identities with centrality of stigmatization and its impact on psychological outcomes. They revealed that visible stigmatized people and their centrality of identity reduce psychological distress. On the other hand, people who live in invisible stigmatization, their disclosure reactions are positively associated with their high centrality of stigmatized identities (Ashforth, 2001; Hogg & Terry, 2000).

Therefore, stigmatized individuals centralize these attributes; they become more powerful and are able to discuss with others about their issues, diseases and inferiorities. Centralized identities are based on individuals' self-concept; these concepts help them to develop positive or negative beliefs. Consequently, the studies depicted that the belief of stigmatized individuals is devalued; their centrality of identity motivates them to disclose their disease with others to receive more attention (Hudson, 2011).To some extent, they feel more comfortable that they easily disclose their stigma. Additionally, these centralized disclosure reactions bring a sense of relief and renewed the desire to no longer hide the stigma (Clair et al., 2005).From the psychiatric studies, it is found that the centrality of disclosing stigmatized identities increases individuals' esteem and confidence (Corrigan & Matthews, 2003).In organizational context, the disclosure of negative attributes help the organization to create positive change in organization (Creed & Scully, 2000).

Furthermore, centrality of stigmatization examined the centralized stigma as a potential moderator between disclosing stigmatization and well-being of individuals (Park, Bharadwaj & Blank, 2011).The centrality of stigmatized identities containing negative as well as positive valence is associated with psychological outcomes and this centrality has the capacity to strengthen and weaken this relationship with psychological consequences such as positive or negative self-esteem (Quinn et al., 2014).However, from the existing literature author hypothesized that,

H8: Centrality of tuberculosis stigma moderates in the relationship between disclosure tuberculosis stigma and self-esteem such increase the

positive relationship between them.

2.4 Salience Tuberculosis Stigma as Moderator

2.4.1 Moderating Role of Salience of Stigmatized Individuals between Valence Content of Stigmatized Identities and Self-Esteem of Tuberculosis Diagnosed Individual

The concept of salience stigmatized identity is addressed mostly in the literature of visible stigmatized identities. Previous scholars explained that salience identities are those identities that individuals mostly activate in their thoughts and memories (Markus & Nurius, 1986).People with infectious or chronic illness have maximum thought about their disease that becomes the victim of stigma. These thoughts turn into the identities of people known as salience stigmatized identities. It is basically the frequency of thought not the beliefs of stigmatized identity. The greater the frequency of stigmatization, the higher will be the chances that individuals internalize and anticipate these identities (Quinn, Kahng & Crocker, 2004).

Likewise, people who have greater salience of stigmatized identities may feel negative experiences due to this increased enactment of stigmatization as well as anticipate negative responses from others in near future (Quinn & Earnshaw, 2013). The identity salience stigma is basically the frequency of thoughts that measures the extent of the individual's negative and positive beliefs in terms of valence content. The higher the magnitude, the more positively it is connected with salience stigmatized identities. These identities have positive impact on valence content of stigmatized identities (Quinn et al., 2014). Authors examined that when people frequently think they are not valuable, they become stigmatized. The greater magnitude will increase negative beliefs and easily internalize their identities with non-stigmatized people (Quinn & Chaudoir, 2009). Similarly, the positive and negative thoughts of stigmatized people increase their expectations of rejection

by non-stigmatized group of people (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002).

Furthermore, it is investigated that salience of stigmatized identities is closely related with negative psychological outcomes. Higher salience identity stigmatization enhances people's confidence to internalize their stigma (Smart & Wegner, 1999).Undoubtedly, stigma is too rigid (Haghighat, 2001; Kurz-ban & Leary, 2001) that individual's thoughts enhance stigma and are responsible for its rigidity because they increase their frequency. As a result, this intensity of thoughts increases the level of stigmatization (Wenzlaff & Wegner, 2000).

It is a complex socio-psychological process; mostly people learn at the beginning of their childhood and continue throughout life. Indeed, the higher frequency of negative thoughts mostly increases their anticipation of rejection from others in near future. In addition, workers' role identification and stigmatized identities are associated with one another. These identities are influenced by a strong moderator that will increase the positivity of their association that is salience stigma (Ashforth & Kreiner, 1999). Secondly, researchers showed that magnitude of stigmatized identities has positive impact on internal stigma (Vogel, Bitman, Hammer & Wade, 2013). On the contrary, visible stigmatized individuals develop their positive thoughts to disclose their identities that will decrease the negative psychological outcomes (Seller, Smith & Shelton, 1998. Indeed, authors examined that in case of those people having high salience of stigmatization, they feel that they are capable of disclosing their devalued identities due to chronic illness (Quinn et al., 2014).

Indeed, most of the studies investigated that anticipated stigma increases when people with devalued identities increase salience or enhance frequency of negative attributes. The higher level of negative thoughts will generate negative beliefs that will anticipate more as compared to non-stigmatized individuals (King, Reilly & Hebl, 2008).Similarly, the negative self-esteem due to anticipated and experienced discrimination will increase when they have higher magnitude of negative identities (Major, Quinton & McCoy, 2002). As stated earlier, "anxious expectations of rejection are only activated in those situations where rejection is possible meaning

that they are also applicable" as exceptional personnel (Mendoza-Denton et al., 2002, p.897). It means they expect rejection because they have high magnitude of anticipated stigma. Furthermore, high magnitude of chronic illness stigma has positive impact on internal chronic disease stigma (Lekas, Siegel & Leider, 2011). On contrary, when people become stigmatized with infectious disease like tuberculosis (TB), they believe that the greater negative thoughts regarding their infectious disease, the greater the chance to internalize their identities in front of others. On the other hand, these thoughts sometimes help people to disclose their infectious identities to others to receive support and to encourage their confidence (Ojikutu, Phatak & Srithanaviboonchai et al., 2016). Secondly, they argue that frequency of thoughts has positive impact on disclosure reactions of stigmatized people (Pescosolido, Martin, Lang & Olafsdottir, 2008).

Psychological research on the disclosure of stigma suggests that there are benefits and drawbacks in revealing a stigma attribute (Pachanakis, 2007; Paxton, 2002). Disclosure of your devalued status may be under your personal control and, depending on the context, the person may choose to disclose it or not as well as it depends upon the frequency of thought that buffer people to try to disclose their attributes (Persson, 2004, 2005). Indeed, the disclosing nature of stigmatization depends upon one's thinking. The more he/she will be conscious about their disease or devalued identities, the more they become able to disclose them to others (Brener, Callander, Slavin & de-Wit, 2013). Stigmatized individuals have high frequency of anticipated stigma because of this most of the stigmatized individuals disclose their negative attributes to their close ones (Sabat, Trump & King, 2014).

Therefore, it is assumed that not only centralization of devalued identities increases valence content of stigmatization, previous researchers also investigated that the negative thoughts and their frequency level also increase their negative beliefs leading to negative outcomes. Hence, on the basis of existing literature, it is hypothesized that,

H9: Salience TB stigma act as a moderating variable between internal TB stigma and self-esteem.

H10: Salience TB stigma moderates the relationship between enacted/experience TB stigma and SE such that it strengthens the negative relationship between them.

H11: Salience TB stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem.

H12: Salience tuberculosis stigma moderates between disclosure TB stigma and self-esteem such that it strengthens positive relationship between DTS and self-esteem.

2.5 Self-Esteem as a Mediating Mechanism between Valence Content of Tuberculosis Stigmatized Identities and Workplace Outcomes

2.5.1 Self-Esteem as a Mediator between Internal Tuberculosis Stigma and Deviant Workplace Behavior

Management scholars investigated different facts that those individuals trust on their abilities and values; they become more confident and develop their own self-concepts. Self-concept is basically a perception about oneself; people ask questions about "who am i"? Whereas, the term self-esteem is not a self-concept; it is the part of self-concept (Baumeister, 2013; Rosenberg, Rosenberg & McCord, 1978). 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).

Additionally, those people belong from devalued group of identities; they categorize their identities different from other groups known as stigmatized group. These devalued individuals have low level of self-esteem. They develop negative beliefs about their identities victimized by disease or any bad social reaction (Hogg, 2016). Due to their negative beliefs and attributes, they become unable to manage their self-esteem. These stigmatized identities are negatively related with their self-esteem (Rusch et al., 2009). Also, valence stigmatized identities includes both positive and negative beliefs and attitudes known as internal, enacted, and anticipated along with disclosure stigmatized. Authors examined that negative valence content is negatively linked with their self-esteem and when they disclose their attributes with others, they become able to manage their esteem (Earnshaw & Quinn, 2012).

This content of beliefs leads to negative cognitive, behavioral and emotional consequences (Corrigan & Watson, 2002).Moreover, poor esteem of devalued identities is positively associated with negative valence content. Consistently, at workplace stigmatized devalued people have low confidence (Birchwood, 2007). Researchers have shown that negative self-esteem is due to stigmatization at the workplace (Ferris et al., 2009).As well as low self-esteem increase the intensity of internalization of stigma (Corrigan, Watson & Barr, 2006). At workplace, stigma in employees persuades them to associate with poor self-esteem that increases different negative behaviors. Most of the negative behaviors at workplace occur due to lack of maintenance of employee's self-esteem (Whelpley & McDaniel, 2016). In fact, people with internal stigmatization have negative emotions; these emotions mostly diminish their self-esteem (Wood, Byrne, Burke, Enache & Morrison, 2016). When employees try to survive with these emotions, they mostly engage in deviant behaviors (Ashkanasy, Härtel & Daus, 2002).In spite of this, individuals with low self-esteem are positively related to deviant workplace behaviors (Baumeister, Campbell, Krueger & Vohs,2003). Additionally, internal HCV stigma at workplace with lower self-esteem increases the chances of negative outcomes like workplace bullying (Noor, Bashir & Earnshaw, 2016).The low esteem at workplace is mostly observed with aggressive behaviors because other people make fun of their disease

that will not increase their confidence and at job mostly engage in negative activities (Baumeister, Smart & Boden, 1996).

Internalization of stigmatized identities means that people accept that devalued identities as a part of their actual identity. These devalued identities reduce their confidence to disclose in front of others (Herek, Gillis & Cogan, 2015). People with low SE often engage in offensive activities at the workplace. They represented that low self-esteem is positively related with deviant behavior of employees (Bai, Lin & Wang, 2016). Employees with poor health are mostly uncomfortable with their co-workers and assume that they are not capable to complete tasks and different activities at a time. At that extent, the poor confidence on their abilities mostly engages them to show unproductive behaviors. These unhealthy behaviors and poor esteem of workforce mostly increase their negative behavior (Thau & Mitchell, 2010).Hence, on the basis of previous theory and literature this study hypothesized as;

H13: Employees self-esteem as a mediating variable in the relationship between internal tuberculosis stigma and deviant workplace behavior.

2.5.2 Self-Esteem as a Mediating Mechanism between Enacted Tuberculosis Stigma and Deviant Workplace Behavior

Not only internally stigmatized (IS) people negatively associate with self-esteem, studies described that people belonging to devalued category face bad experiences from family and friends. Thus, high level of enacted disease based stigmatization mostly reduces their esteem and lack of opportunities as compared to non-stigmatized group of people (Link & Phelan, 2001). People anticipate from their past experience that they are less worthy; the higher negative anticipation and beliefs might decrease their level of esteem (Kleim et al., 2008). Due to bad experiences and higher negative anticipation, people internalize these beliefs in front of others. Few past results identified that self-esteem as an interlinking mechanism between anticipated stigmatized and internal stigmatized group of people (Vass et

al., 2015).

Therefore, at workplace when employees survive with poor self-esteem, they mostly engage in negative behaviors. With the support of Ego-Defense Theory, negative behaviors at workplace is an outcome low self-esteem. These negative behaviors increase negative psychological consequences like aggressive behaviors of employees. Similarly, one of the oldest researches support this argument that aggression is always the result of frustration that might be due to past bad experiences that people anticipate where others consider them devalued. Indeed, at workplace such type of individuals are mostly involved in deviant behaviors (Bushman & Baumeister, 1998).Lower self-esteem people due to stigmatized attributes at workplace is associated with negative workplace behaviors. Furthermore, experienced stigmatized identities face more negative responses from others in their past. These deleterious experiences might decrease their worth (Brohan, Slade, Clement and Thornicroft, 2010).In particular, these enacted stigmatized people mostly engage in destructive behaviors because they have no trust on their abilities. Most of the negative behaviors at workplace emerge when they lose their worth and identity with their fellow workers, e.g. the descriptive statistics showed the negative correlation between self-esteem and negative workplace behaviors (Avey, Palanski & Walumbwa, 2011; Ferris et al., 2009). Mostly, different chronic or infectious diseases become the source of poor self-esteem among stigmatized individuals (Moore, Stuewig & Tangeny, 2016).As well as, most of the people face negative responses from others. These negative stigmatized experiences (Fife & Wright, 2000) mostly diminish their esteem (Berger, Ferrans & Lashley, 2001).

Importantly its is noted that, at workplace employers need to manage the actual identities of their workforce to achieve organizational goals, and found that most important personal recourse to manage their workforce identity is to maintain their level of esteem (Hobfoll, 2002). On the other side, when employees perceive non-supportive responses from managers and their co-workers, they prefer to withdraw from the situation or show their intentions to quit the organization (Baldwin & Sinclair, 1996). These devalued stigmatized employees develop a belief that they are not able to accomplish their tasks; they have been assigned an

unrelated job and spend their working hours on things that are not related to work. For example, these employees tend to devote time to personal matters. Accordingly, internal disease based stigma negatively reacts with self-esteem (Austin & Goodman, 2017). Due to poor self-esteem, emergence of negative behaviors at workplace will enhance. Almost similar studies found that people with their deviant behaviors at workplace suffer from low esteem and have lower confidence on their abilities (Papadakaki et al., 2009; Donnellan et al., 2005). In organizational context when people with low self-esteem become unable to manage their identities and mostly involves in aggressive/deviant behaviors (Ferris, Spence, Brown & Heller, 2012; Aquino & Douglas, 2003). Stigmatized people with infectious disease mostly low level of self-esteem (Watson, Corrigan, Larson & Sells, 2007). Hence, hypothesized as;

H14: SE Mediates in the Relationship between ETS and DWB

2.5.3 The Mediating Role of Self-Esteem between Anticipated Tuberculosis Stigmatized Employees and Deviant Workplace Behavior

Additionally, social-psychologist assumed that the reason of negative behavioral reactions is due to low confidence on their abilities because they think that they are devalued or belong from stigmatized group of people. They label negative beliefs and attributes as their identity called as stigma. Indeed, these stigmatized people anticipate that disclosing of their negative attributes to others might increase the negative psychological outcomes (Quinn & Chaudoir, 2009). These negative psychological outcomes of highly anticipated stigmatized individuals mostly depend upon the situation. If situation or environment will be unfavorable, the disclosure of stigma will be negative. Indeed, negative psychological outcomes of stigmatized individuals will have high rate of depression and low esteem (Cooper-Evans et al., 2008). In organization, employees face bad experiences from their boss and co-workers because of their unhealthy conditions or due to any infectious or viral disease. They become less confident and feel that they are not as

good as others (Ferris et al., 2012). Due to these reactions, they labialize their negative attributes internally and psychologically become weaker. Some of the authors found that negative psychological behaviors of employees persuade them to show counterproductive work behaviors. Low self-esteem increases the feelings of guilt; an individual with low self-esteem becomes the source of unethical behavior. These unethical behaviors create more possibilities for deviant behavior at work (Mitchell, Vogel & Folger, 2015).

Moreover, people anticipate that they will be discriminated against others because of their devalued identities; thus, reducing their self-esteem. It means expectation of negative feedback related to such "obscure" work behaviors. In like manner, most of the stigmatized people experience frustrations and professional incompetence and are considered undervalued at workplace due to infectious diseases or chronic illness. Authors depicted that these employees mostly engage in deviant behavior (Iliescu, Ispas, Sulea, & Ilie, 2015).Their engagement in destructive behaviours at workplace is due to low confidence on themselves. One of the reasons of such destructive behaviors is their low confidence on their own abilities. Thus considering existing literature the current study hypothesized as;

H15: SE mediates in the relationship between anticipated stigma and DWB

2.5.4 Self-Esteem as an Interlinking Mechanism between Disclosure Tuberculosis Stigmatized Employees and Deviant Workplace Behavior

These stigmatized people receive more support from others as they become able to maintain their self-esteem. It means that self-esteem has positive association with disclosure of stigmatization as compared to negative valence of stigmatization (Sibitz et al., 2011). In consideration, individual based self-esteem is positively and negatively related with self-esteem. Studies showed that people with their positive self-esteem at job associate with positive behavioral outcomes. At workplace, these positive behaviors will be in terms of citizenship behavior. Research

scholars from organizational behavior found that self-esteem has positive impact on organizational citizenship behavior instead of deviant workplace behavior (Van Dyne et al, 2000). Management theories also support the above statement; with respect to cognitive coherence at workplace, employees are motivated to maintain their attitudes as well as behaviors. Moreover, workforce esteem has negative impact on deviant workplace behaviors. In fact, the authors examined that it is possible to change identities in a more positive direction if the reactions of the disclosure recipients are supportive (Beals, 2009).

Most of the prior literature demonstrated that when stigmatized people disclose their attributes and receive more supportive reactions, they become fearless to disclose their attributes in next situations. Indeed, a positive association exists between disclosure of stigmatization and self-esteem (Quinn & Chaudoir, 2009). People with a high level of self-esteem or self-confidence will be less committed to aggressive or deviant behavior in the workplace. They have originated that self-esteem is one of the important predictors that is related to different behaviors in the workplace. People who try to maintain their identity at the workplace, their value inside the organization with their co-workers will be less likely to engage in negative behavior (Avey, Palanski & Walumbwa, 2011).Furthermore; the above arguments identified that individual's poor self-esteem is positively associated with negative valence content as well as high self-esteem is linked with disclosure of tuberculosis stigmatized reactions.

Research examined the positive stigmatized beliefs like disclosure reactions and their association with self-esteem (Pachkins, 2007). Most of the stigmatized people, when feel supportive, try to disclose their negative attributes to others and receive positive responses that encourage their self-esteem.

Therefore, few studies investigated the positive aspects of self-esteem. On the basis of their investigation, results found that people with high esteem mostly increase their social connections (Owens & McDavitt, 2006). Even at workplace, the workforce with their strong esteem increases both the organizational competence and its performance. The positive employee's performance increases their positive behaviors. Stigmatized people with their disclosure reactions are mostly

linked with psychological outcomes in terms of self-esteem. At workplace, the disclosure reactions of stigmatized workforce are positively linked with high esteem (Zea, Reisen, Poppen, Bianchi & Echeverry, 2005). The high confidence due to disclosing their negative attributes with co-workers made them more confident and less engaged in deviant activities (Avey, Palanski, & Walumbwa, 2011). People with high self-esteem mostly show positive behaviors with others and vice versa. There are two reasons that why people associate with positive behaviors at workplace. The first reason is that their positive esteem and worth at job motivate them to do their job well and their self-worth about their identities increases their performance. These are the responses that people want to establish their esteem (Viswesvaran, Schmidt, & Ones, 2005; Rotundo and Sackett, 2002). So, the disclosure of negative attributes at workplace mostly encourages the devalued workforce and diminishes the deviant behaviors. The theoretical narratives highlighted the path to self-acceptance that was often imbued with oppressive experiences; however, stigmatized group of identities disclose their identities to maintain strength and confidence (Austin, 2016). A stigmatized identity at workplace assesses their work performances that reduce the relationship between their negative workplace behaviors and ostracism (Ferris et al., 2015). Hence, from existing literature current study hypothesized that,

H16: Employees self-esteem mediates between disclosure TB stigma and deviant workplace

2.6 The Mediating Role of Self-Esteem between Valence Content of Tuberculosis Stigmatized Employees and Turnover Intention

2.6.1 Self-Esteem as Mediator between Internal Tuberculosis Stigma and Turnover Intention

Employee's self-esteem (SE) refers to the employee's self-worth and confidence level that he/she labels at workplace. There are several studies that explain the association between stigmatized identities and their psychological results which is the negative self-esteem of stigmatized individuals. Consistently, a series of previous investigations have shown that the internal stigma demoralizes feelings of self-esteem (Hinshaw, 2004, 2005, Major & Brien, 2005). Reduction of self-esteem through the positive and negative beliefs of people in the workplace can be associated with negative results. These negative results are mainly seen through low self-esteem. A person with poor-esteem enhances the stress level of employees and increases their intention to leave the organization (Yang, Ju & Lee, 2016).

Therefore, from the literature of social psychology, scholars identified that internalized diseases based stigma (IS), known as self-stigma, represents the devaluation and discredit of oneself based on one's own stigma (Bharat, 2011). They examined that people with internal stigmatization have negative feelings about their own identity that they label internally.

Poor self-esteem of devalued people at work place loses their level of trust and their abilities to accomplish their tasks and mostly employees want to leave the organization (Pierce & Gardner, 2004). It increases the employee's turnover rate. Internally stigmatized people by chronic diseases have recently been conceptualized as one of the main causes of health inequalities (Hatzenbuehler Phelan & Link, 2013). Due to these dangerous diseases, people mostly avoid social relationships, even at workplace they avoid to interact with their colleagues. At workplace, employees with poor self-esteem reveal their intention to leave the organization. Prior studies identified that self-esteem and turnover intention has negative association with each other in organizational context (Riordan et al., 2001). Thus, hypothesized as;

H17: Employees SE act as mediator in the relationship between internal tuberculosis stigma and turnover intention

2.6.2 The Mediating Role of Self-Esteem between Enacted Stigma and Turnover Intention of Tb Infected Employees

These negative feelings are mostly increased when they experience negative reactions from their surroundings and anticipate that because of their disease and their status, they will be negatively received by others in near future just like their past bad experiences (Livingston & Boyd, 2010). Due to serious infectious or chronic disease, they internally feel guilty and consider themselves as internally stigmatized individuals justifying the reason of discriminatory behaviors (Earnshaw, Bogart, Dovidio & Williams, 2013).These negative beliefs known as enacted stigmatization, internalized and anticipated stigmatized identities are associated with negative psychological outcomes that will negatively associate with their self-esteem (Earnshaw & Quinn, 2012). These negative valence contents victimized through chronic illness have negative impact on one's self-esteem (Feigin, Sapir, Patinkin & Turner, 2013).

However, in organizational context and organizational experiences, employees motivate their attitudes and behaviors related to work associated with their level of esteem, their abilities and trust on their capabilities. Poor self-esteem of devalued people at work place loses their level of trust and their abilities to accomplish their tasks and mostly employees want to leave the organization (Pierce & Gardner, 2004). It increases the employee's turnover rate. Internally stigmatized people by chronic diseases have recently been conceptualized as one of the main causes of health inequalities (Hatzenbuehler Phelan & Link, 2013). Due to these dangerous diseases, people mostly avoid social relationships, even at workplace they avoid to interact with their colleagues. At workplace, employees with poor self-esteem reveal their intention to leave the organization. Prior studies identified that self-esteem and turnover intention has negative association with each other in organizational context (Riordan et al., 2001). In like manner, two studies conducted in different times illustrated that people with disease based experienced stigma is often associated with self-destructive emotions and cognitions such as

low self-esteem (Kalichman, 2013; Person, Bartholomew, Gyapong, et al., 2009). Consequently, this study hypothesized as;

H18: Self-esteem act as an interlinking mechanism in the relationship between ETS and turnover intention of employees

2.6.3 Self-Esteem as an Interlinking Mechanism between Anticipated Tuberculosis Stigma and Turnover Intention

A series of existing literature builds a strong association among internal, enacted, anticipated stigmatized people and their poor self-esteem (Hatzenbuehler, Keyes & Hasin, 2009). It seems that, members of the organization who come to believe that they are no longer important to their organization with little confidence on their abilities plan to leave the organization (Pierce & Gardner, 2004).It is believed that stigmatized group of individuals mostly harm their selves and fear of stigmatization might be influenced by negative societal reactions (Lillis et al., 2010). Hence, experience stigmatization is also linked with poor self-esteem of devalued people (Quinn & Chaudoir, 2009).They identified that the anticipated stigma represents the expectation of repercussions in the future; these are beliefs of chronic diseases that others will negatively treat them because of their stigmatized state.

In spite of this, at workplace high load of work ultimately abandons employees' abilities; they become less confident and more stressed. They examined that people with this condition mostly lose their worth and intent to leave or quit the workplace instead of being part of this organization (Semmer et al., 2015). Employee's turnover rate found positive results that poor self-esteem and higher intention are positively associated with each other (Apostel, Syrek & Antoni, 2017). Studies found that negative experiences from their colleagues at workplace force them to believe that they are not able to do work properly threatening their esteem (Baumeister, 1996). The study also found that not only negative past experiences from others at workplace hit one's self-esteem; they found that when devalued

people anticipate that others will treat them negatively and that they are not capable, they show their low worth at place of work. It means high anticipation and negative responses mostly at workplace create employee's frustration and persuade them to take step of voluntary leaving their organization (Hom, Mitchell, Lee & Griffeth, 2012). These negative intentions of employees at workplace are mostly considered as the predictors of their actual behaviors. Additionally, self-esteem is the central self-assessment or evaluation of oneself. At workplace stigmatized employees negatively evaluate and assess their identities, they build their confident to leave the organization instead of living in a stressful situation (Judge & Kammeyer-Mueller, 2011). Particularly, it is important for both employees and managers that there is a need to understand those factors that increase employees' intention to leave the organization (Farh & Chen, 2014). Employees due to lack of confidence and worth on their abilities mostly show their intention to leave the organization (Firth, Mellor, Moore & Loquet, 2004). Secondly, organizational based self-esteem is also linked to the behavioral intention of the employee to not remain the part of organization (Bowling, Eschleman, Wang, Kirkendall & Alarcon, 2010). On the other hand, in organizational behavior, the overall identification of organization is most important. Most of the employees raise their intention to quit the organization when they have low worth on their organization (Haslam et al., 2003). Most of the psychologists believed that the reason of poor self-esteem of individuals is their stigmatized identities (Earnshaw & Quinn, 2012).

At the workplace, these devalued people were associated with different behavioral results. The negative behavioral outcomes at workplace are linked with employee's poor worth and confidence. The past theories on social identification and self-classification suggested that people attached themselves to a particular group. If they belong to a devalued group known as stigmatized group of people then their confidence, trust and worth on their abilities will be low among non-stigmatized group of people (Tajfel & Turner, 1986). On the basis of existing theories, the current researchers depicted that negative organizational identification helps employees to develop their intention to leave their workplace. In organizational context, employees with low self-esteem are positively associated with turnover intention

(Cenkci & Otken, 2014).Thus, we hypothesize as;

H19: SE mediates the relationship between anticipated stigma and TOI

2.6.4 The Mediating Role of Self-Esteem between Disclosure Stigma and Turnover Intention of Tb Infected Employees

Even though, stigmatized identities, victimized by serious infectious diseases such as HIV and tuberculosis, when feel supportive environment around them, try to disclose their identities because they have confidence on themselves. Their disclosure reaction enhances their self-esteem (Ragins, 2008). These employees at workplace find different ways to handle worse situations and retain themselves as the part of the organizations. They use different strategies to cope with threat related to themselves (Lazarus, 1999). As a response to coping, employees tried their level best to avoid threat and less intent to leave their jobs (Rafferty & Griffin, 2006). Self-esteem refers to the assessment that individuals make and usually maintain with respect to themselves and their organization. Individual's identification at workplace is; therefore, a general and broad sense of the shared destiny between the self and the organization. Importantly, an employee with high identification at workplace and more trust on one's abilities believe that they are as capable as other healthy employees. They ultimately change decisions to quit the jobs (Dick et al., 2004).

Most of the people who have high esteem avoid their voluntarily behaviors of quitting the jobs. They can take the risks, difficult task from their boss and retain themselves as the part of company. Employees who believe they are important and organizationally competent do not think of abandoning their jobs or doing so with the same frequency as those who feel they are not "an important part of the organization (Pierce & Gardner, 2004). Moreover, those stigmatized group of people try to manage their devalued identities, they have high level of self-esteem. Studies illustrated that employees with high self-esteem show their commitment towards organization and less intention to quit from job (Siong, Mellor, Moore &

Firth 2006).Moreover, on difference between two generations and their commitment to the workplace has examined that the high self-esteem can lead them to feel more psychologically stronger at work. Their strong psychological strength helps them to tackle different issues and not to leave the organization (Park & Gursoy, 2012). Hence author hypothesized the current study as,

H20: Self-esteem mediates the relationship disclosure TB stigma and turnover intention.

2.7 Self-Esteem as a Mediator between Positive and Negative Valence Content of Stigmatized Identities and Social Isolation

2.7.1 Mediating Role of Self-Esteem between Internal Tuberculosis Stigma and Social Isolation

The word stigma is originated from the literature of social psychology which means people get stigmatized when they mark negative labels as part of their identity. These negative beliefs identified, that they are undesirable and inferiors. It might be due to poor health conditions or with serious infectious diseases (Goffman, 1963). In fact, series of past studies conducted in psychology identified that stigma can have multiple negative impacts in the lives of stigmatized people. They investigated that devalued identities, mostly emerged due to high internalization of negative attributes, may face bad behaviors from others in their past. It also may be due to their negative anticipation that others will consider them inferior if they know about their actual identity (Hatzenbuehler, Phelan & Link, 2013, Ahern, Stuber & Galea, 2007). Mostly individuals associate themselves with these negative beliefs when diagnosed with serious chronic or infectious disease like Tuberculosis (TB) or HIV.

Moreover, two studies on stigma conducted at different periods demonstrated that

people with internal disease based stigmatized identities mostly isolate themselves with others and feel ashamed to disclose as well as reduce their positive esteem (Quinn et al., 2014; Luoma et al., 2007). On the other side, when find support and positive response from others on their infectious illness either at workplace or in their social circle, they try to disclose their internal negative attributes (Stutterheim, Bos, Pryor, Brands, Liebregts, & Schaalma, 2011). The most drastic result identified from stigmatized personalities is that they have lower self-esteem. With the help of existing literature, the authors argued that the stigmatized individual is associated with negative results and (social isolation) is one of them that will increase due to low self-esteem.

In particular, internal stigmatized people are associated with poor social relationships and low self-esteem; these demographic factors in stigmatized identities increase the risk of social isolation (Oliveira, Esteves & Carvalho, 2015). At workplace such type of employees do the same activities and instead of giving justifications about their illness, they prefer isolation from their co-workers. They stigmatized themselves with poor confidence and remain separated from their colleagues. It means that poor self-esteem at workplace also associate with high isolation. Although identities associated with stigmatized positive and negative beliefs, to reduce their self-esteem, and lack of trust due to inconsistency in their beliefs increase their level of isolation (Hogg, 2016).Most of the diagnosed people internalized these negative identities in front of healthy ones because they have poor confidence and low esteem. Authors found that because of poor esteem and high internalization process of stigmatized people, they prefer isolation and become more socially isolated (Craig, Daftray, Engel, Driscoll & Lonnaki, 2017). Thus, we hypothesized;

H21: Self-esteem mediates the relationship between internal tuberculosis stigma and social isolation

2.7.2 Self-Esteem Mediates in the Relationship between Enacted Tuberculosis Stigma and Socially Isolated Individuals

Enacted or experienced stigmatized individuals mostly have low trust and confidence on their abilities. People who survive the poor esteem mostly isolate and withdraw from the society and groups (Goodman, Smyth, Borges & Singer, 2009).Although, self-esteem is an individual's evaluative as well as affective state of self-concept that helps the development of one's identity (Mann, Hosman, Schaalma & de-Vries 2004). Yet, people with stigmatized identities mostly have poor self-esteem as others. These devalued and low esteem people mostly prefer isolation. Those people experiencing negative responses from others threaten their esteem and face violence from their close ones and stigmatization process leads to social isolation (Matheson et al., 2015). Moreover, the research conducted on these stigmatized people identified the drastic outcomes of stigma and people with poor self-esteem due to stigmatization. They found that mostly stigmatized individuals having less confidence on their abilities not only show negative behaviors but they also increase their level of isolation (Yanos et al., 2008). Stigmatized employees during their workplace do the same activities and instead of giving justifications about their illness, they prefer isolation from their co-workers. They stigmatized themselves with poor confidence and remain separated from their colleagues. It means that poor self-esteem at workplace also associate with high isolation. Although identities associated with stigmatized positive and negative beliefs, to reduce their self-esteem, and lack of trust due to inconsistency in their beliefs increase their level of isolation (Hogg, 2016).Most of the employees become isolated because they have little confidence on their abilities and feel fear to be with others at workplace. Internal disease based stigmatized people mostly identified with the fact that they wanted to live away from their family, friends and even co-workers (Turan et al., 2016). Indeed, sometimes people with visible stigmatization also lose their hope and esteem and become socially isolated (Jackson, Grilo & Masheb, 2000; Friedman et al, 2008). Therefore, study by considering existing

literature hypothesized as;

H22: Self-esteem mediates the relationship between ETS and social isolation

2.7.3 Self-Esteem as a Mediating Variable between Anticipated Tuberculosis Stigma and Social Isolation

The self-concept of the individual can reflect the way they anticipate (or perceive themselves) to be seen by others and is associated with negative self-esteem (Ratcliffe & Ellison, 2015). Negative self-esteem associates with social isolation or social disconnection. They became unable to manage their identity with little self-confidence and prefer to be socially disconnected (Haslam, Cruwys, Haslam, Dingle & Chang, 2016).On the other hand, not only invisible stigmatized people but also most people with visible health problems anticipate that they will receive negative response from others. It will diminish their confidence and self-concept and because of this, social disconnections increase (Nguyen, Koo & Cordoro, 2016). Tuberculosis stigmatized people experience the ideas about the causes, transmission and treatment of tuberculosis, influencing the negative attitudes that result into anticipated (TB) stigma. Furthermore, anticipated stigmatization was ultimately more socially disruptive than enacted stigmatization because of the psychological (cover) work that an individual has to do to maintain the hidden stigma of relationships with others (Juniarti & Evans, 2011; Baral, Karki & Newell, 2007) resulting in greater social isolation. People diagnosed with chronic diseases mostly anticipate that attributes of their devalued identities receive less important from others. These individuals develop their thinking that to receive bad response from co-workers because of infected disease (Mo & Ng, 2017). They prefer to remain separate themselves instead of engaging with others. It is not surprising that people with chronic diseases threaten and associate with lower self-esteem and greater social isolation. Their low self-esteem increases their negative thinking because they face bad responses from others (Mittal, Sullivan, Chekuri, Elise, Allee & Corrigan, 2012), due to this they become more socially disconnected (Bennis, Thys, Brouwere, Sahibi & Boelaert, 2017). Thus, author on the basis of previous

theory hypothesized as;

H23: Self-esteem mediates the relationship between anticipated Tuberculosis stigma and social isolation

2.7.4 Self-Esteem as Mediator between Disclosure Tb Infected Stigma and Social Isolation

Most of the infected people try to disclose their attributes. Their positive self-esteem and high confidence help them to reveal negative attributes (Serovich et al., 1998). The research conducted in previous times found different outcomes of disclosing negative identities like less isolation; receive more social support, medical care and social services (Cline & Boyd, 1993). On the contrary, the investigation has begun that the loss of self-esteem caused by the internalization of stigma can be manifested by limited disclosure and the strong esteem and trust on their abilities mostly create social connection and people become less isolated (Sowell, seals, Phillips & Julious, 2003).

However, different strategies on reducing stigma have shown that people who believe in positive stereotyping and disclosure stigmatized reaction or highlight their conditions are less stigmatized as well as less isolated than those who mostly hide their internalized stigmatized identities (Tsai et al., 2017). Due to mental illness stigma and low self-esteem, in any situation people try to withdraw from the social network (Rüsch et al., 2015; Yang et al., 2015). Low self-esteem of stigmatized people plays an important role to boost them to increase their negative attitudes and beliefs. These situations make the individual socially disconnected (Zhu, Heekeren & Muller et al., 2016). The spread of chronic diseases allows people to expose their negative attributes to those who are closest to them, either with family, friends or in the workplace with their colleague and selective disclosure can generate more self-esteem, social support and low social isolation (de Vries, Koppen, Lopez & Foppen, 2016). The determinants of the stigma of dissemination due to a chronic disease include better health conditions (Whembolua, Conserve, Thomas & Handler, 2017). Regarding the potential health benefits, different result has been emerged that including greater self-esteem (Rosario, Hunter, Magen,

Gwadz & Smith, 2001).

Moreover, the positive self-esteem is one of the essential predictors for greater social support and better health conditions of people with devalued identities (Whembolua, Conserve, Thomas & Handler, 2017). People with high self-esteem and more social support might leads to reduce the level of social isolation (Feddes, Mann & Doosje, 2015). Few studies on the stigma of tuberculosis have identified that negative feelings seemed to be intensified by lack of disclosure and social isolation. Yet, the current study on the base of existing justifications and arguments hypothesized that,

H24: Self-esteem mediates the relationship disclosure tuberculosis stigma and social isolation

2.8 Perceived Organizational Support (Pos) as a Moderator

2.8.1 Perceived Organizational Support as a Moderating Variable between Self-Esteem and Deviant Workplace Behavior

The support of organization towards their employee's increases the overall productivity of organization. The concept of 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). Research investigated that perceive organizational support (POS) enhances the exchange of association between workforce and institutions that influence to behavioral outcomes. It increases employees' confidence that on their behalf, they could take risks and reduce negative workplace outcomes.

Indeed, in lives of human beings jobs play an essential role. It is not necessary that someone assumes that they receive more attention at that time of permanent

job. As well as those employees doing part time job also increase the productivity of organization; they are quite young and they have more abilities to take risk, so positive behavior of young employees and their health conditions depend upon the support of organization (Loughlin & Barling, 2001). The support from organization is mostly concerned to meet the socio-emotional needs because workers attempt to fulfill these needs that perceive organizational support. On the other hand, scholars investigated that when employees receive positive support from their organization, their level of esteem increases (Ucar & Otken, 2013). It showed that organizational support is positively connected with self-esteem of employee. Similarly, organization itself is an important source for employee's welfare. Employees spend a lot of time at the workplace as compared to their family and friends (Van Dyne et al., 2000). It is necessary to build a strong interpersonal relationship between the organizations. The strong association will diminish the negative consequences (O'Reilly & Robinson, 2009).

At workplace to maintain the well-being, employees perceive more support from their work environment. In like manner, the support from organization towards their work force is positively related with high self-esteem and their status. 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).

With the support of social psychological literature, people suffer from serious infectious and chronic diseases such as (tuberculosis) labeled this disease as a part of their devalued identities; they become stigmatized and known as (TB) stigmatized people. Most of the studies on stigmatization identified that these devalued identities reduce individual's self-esteem (Earnshaw & Quinn, 2013). Indeed, disease based stigma negatively related with the hope and SE of stigmatized people (Yanos et al., 2008). Since, 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. The management literature demonstrated that exchange of positive association between two parties will

reduce these negative outcomes (Ferris et al., 2009).

Similarly, Social Exchange Theory suggests a double approach based on a rewarding process that can shape relationships between organizations and employees. Due to exchange of relationships between organizations with their employees, the organizational goals and targets achieved (Edward & Peccei, 2010; Frenkel & Yu, 2011). Workers benefit from socio-emotional resources and improve their skills to carry out their tasks within the organization (Battistelli, Galletta, Vandenberghe & Odoarddi, 2016) and are less involved in deviant behaviors. Some scholars argued that the perceived support of the organization acts as a double-edged sword for both employees and organizations (Li, Chiaburu & Kirkman, 2014).This sword will strengthen employees' psychological process and boost their esteem. It will be helpful for employees to clear their identity at workplace. Most of the employees, due to their high esteem and more support, reduce their negative behaviors at workplace. Consistent with this reasoning, perceived support of the organization is positively connected to the self-esteem of the individual (Liu, Yang, Yang & Liu, 2014).

Self-esteem is basically social identification adhered to the values and emotions to a certain group (Tajfel, 1978). In reality, social identification is more specifically developed to meet the needs and the motivations of individual identity as well as maintain their self-esteem (Cooper & Thatcher, 2010). When organizations value their employees or employees develop positive perception of support from their job, they maintain their self-esteem. In addition, a series of previous studies explained by positive results in the workplace that there is a strong need for collaboration between the organization and its employees (Beheshtifar & Herat, 2013; Rastgar & Pourebrahimi, 2013).

Moreover, the sense of identification creates the association between organization and its workforce. A series of existing studies found that at workplace employees manage their esteem and confidence not only due to identifying their values at workplace but also establish the comparison and assessment of both parties identification. If they perceive more positive response after their comparison with organization, their level of esteem and trust will enhance (Aggarwal & Bhargava

2010; Suls, Martin & Wheeler, 2000). Organizations want to achieve maximum goals from their employees. Those employees receive much attention from their ventures becoming able to accomplish their goals. Such supportive responses from organization mostly increase employee's positive esteem (Vardaman et al., 2016). These employees are less engaged in negative behaviors. Strong socioeconomic resources at workplace provide strength to the employees that they become able to build their own concept and identities (Tang, Choi & Morrow-Howell, 2010).

Importantly, it is noted that at job, workers perceive high job satisfaction when their organization will support them (Sulsky & Smith 2005). Those workforce receive less support from their organization are mostly involved in counterproductive work behaviors and in few situations they try to avoid and prefer withdrawal. Most of the time, these workers prefer to leave the organization instead of being the part of an unhealthy environment (Hershcovis et al., 2007; Tett & Meyer 1993; Griffeth et al., 2000). Indeed, management science literature illustrated that POS has positive impact on employee's satisfaction. Satisfaction of employees from their work will be enhanced due to more support from their organization (Chen et al, 2009; Fila, Paik, Griffeth & Allen, 2014).In addition, one of the past studies, particularly on nurses, describes their professional success through the perceived support of the organization and their high self-esteem. High self-esteem employees act as a key role in the success of organization (Liu, Yang, Yang & Liu, 2015).

The positive support from organization increases both employees as well as organization's identification (Sluss et al., 2008). During job those employees perceive less support from their boss or from organization, they mostly engage in negative behaviors (Ferris, Brown & Heller, 2009). The management scholars examined that the majority of employees evaluate the treatment of the organization. The organizational support perceived at a higher level has been positively associated with the general self-esteem of the organization (Arshadi & Hayavi, 2013). Additionally, four different studies conducted in different period of time investigated similar results that those employees perceiving positive responses from their organization have better well-being (Dupre & Day , 2007; Jones, Smith & Johnston, 2005; Rhoades & Eisenberger 2002; Stamper & Johlke, 2003). High well-being due

to organizational support promotes their positive SE (Panaccio & Vandenberghe, 2009). It means that success and higher productivity of organization are associated with their stronger appreciation towards their workforce.

Management experts explained that most employees were strongly linked to their organization being able to combine direction and executes employees to complete their work tasks (Irving & Coleman , 2003) that will enhance a sense of identification for the organization, strengthens people's self-esteem and consequently allows them to carry out work tasks by unduly taxing its own resources (Hobfoll, 2002). Employees with low esteem and less trust on their abilities will be incompetent and less committed to fulfill their tasks. The productive organizations are more focused on the issue of employees' commitment towards their organization. They find different ways and develop different strategies that help them to increase commitment. They emphasize that organizational support will be helpful for employees enhancing their commitment at job. The existing literature on Asian context supports this argument as the support of the organization and colleagues enhance employees' capabilities to remain committed to accomplish their job (He et al., 2011). Individuals, due to their low self-esteem, may be more sensitive and negatively perceive safety of the interpersonal context (Liang et al., 2012).

As a result, other management researchers have explained that when confronted with the organization, the support of colleagues should be more concrete and frequent such as providing emotional support in daily verbal communications (Chen et al., 2011). A study conducted in the hospitality industry made it clear that the perceived support of the organization improves the prohibitive voice of its employees and reduces their psychological stress (Loi, Ao & Xu, 2013). It means that the perceived organizational support increases the confidence or esteem of the employee in the workplace. This exchange develops the long-term relationship with the employees and develops their sense of obligations towards the organization (Ladd & Henry, 2000). In addition, POS has positive associations with the most important resource of the organization. These resources increase their esteem and worth at workplace because of organizations' positive response (Loi et al., 2006). Furthermore, the importance of POS is not only based on national level, previous

studies have shown that if an organization has foreign employees, overall organizational support helps them to remain the part of the organization and improves their productivity. An investigation supports the previous argument that the POS means the foreign workers who are assisted, evaluated and recognized by the organization (Chiang & Hsieh, 2012). It is important that organizations keep their foreign employees and establish a strong partnership with them because foreign workers are sensitive to interpersonal relationships. Similarly, low esteem people mostly want that their organization recognize them when they perceive positive association from their company or ventures. Their psychological well-being and their powers will be increased in front of other workforce. Indeed, employees perceive more support at that time due to the exchange of positive associations between them. These strong connections between both parties enhance the employees' perception of the value of their attempts as well as increase their health and well-being (Stamper & Johlke, 2003). Similarly, there are factors that negatively influences on individual's perception of the organization's support. Management scholars described that the highest level of politics within the organization is negatively associated with the perceived support of the organization which leads to negative results in the workplace (Hochwarter, Kacmar, Perrewe & Johnson, 2003). These negative factors decrease the employee's elf-esteem, worth and identity inside the organization and their relationship with organization. Also, to maintain strong partnership between employees with their organization, some studies have justified that leaders play an essential role that workforce perceive more support from their organization.

In this sense, the theory of Social Exchange assumes that positive behavior reciprocity encourages the strengthening and maintenance of relationships between them and will help you to establish that what kind of leader supports this association (Epitropaki & Martin, 2012). Specifically, when relevant exchange members (RLMX) and POS, closely associated with one another, are high, employees are more likely to see generous and resourceful environment. The difference in the perception of the availability of resources will probably have important implications for their choice of behaviors of increasing influence (Yukl, Seifert & Chavez, 2008).

These high perceptions increase the employees' confidence level and maintain their self-esteem at the workplace.

Moreover, studies discussed that perceived organizational support is a dispositional variable. Some employees act in POS completely differently from others in the workplace, depending on their personality. Personalities of individuals at workplace involves in the exchange of relationship between the employee and the organization that leads to positive and negative performance at the workplace. In fact, few studies even stated that the POS depends on the cultural values of individuals (Tett & Burnett, 2003). Similarly, in the Asian context, high power distance can attenuate the effects of the POS on performance as compared to low-power culture (Farh, Hackett & Liang, 2007). The high and low organizational support perceived in terms of exchange of relationships depends mainly on the personality traits of the individual. A large body of literature emphasized that supplementary organizational support is positively related with employees' self-esteem. At job when any employee fulfills his/her social and emotional needs, the individuals' faith on their abilities will be improved. The previous research in organizational context also supported this argument and examined that POS has strong positive impact on workforce self-esteem (Armeli, Eisenberger, Fasolo & Lynch, 1998). These employees will be more established to maintain their performance.

Moreover, many psychologists develop different descriptions on self-esteem. They believed that esteem is basically individuals' self-concept and his/her worth on the basis of this developed identity. The development of individuals own identity depends upon his perceptions and beliefs. They may be positive and negative. When inconsistency emerges from one's beliefs at the time, various negative psychological results appear such as anxiety, depression as well as last but not the least, lack of confidence.

Indeed, lack of esteem mostly increases deviant behaviors. Research investigated that deviance is a phenomenon that is constituted through the reactions of persons caught up in a social process as well as with social interpretations. How people relate with other individuals on the basis of these interpretations? People with

low self-esteem and confidence on their abilities mostly negatively relate their personalities with others and show deviant behaviors (Rubington & Weinberg, 2015).When employees perceive that they receive little attention from their organization; they get involved in deviant behaviors. It might be due to low confidence and negative interpretation. On the other hand, when receive more attention from the organization, they increase their trust and positively fulfill their tasks. It is a valuable source for job seekers to join the organization (Rhoades & Eisenberger, 2002). They examined that those employees who do not receive much attention from their organization become involved in negative activities. It also found that most of employees remain physically engaged in working activities but are psychologically not satisfied with their jobs. They feel that organization gives them less value. They might reduce their esteem. While perception of valuable support within their organization generates group identification which promotes positive behaviors that maintain their association (Tyler & Blader, 2003).

In exchange of relationship employees perceive positive support from their organization and organizations provides supportive environment and expect more positive response from their workforce (Eisenberger, Armeli, Rexwinkel, Lynch & Rhoades, 2001). At that extent, workforce seeks to maintain and protect precious resources. Resources can be referred to as personal characteristics. These characteristics are known as self-esteem (Hobfoll, 2001).As well as, employees perceive that organizational resources will be maintained and increased when organization compensates them and values their work performance (Aube, Rousseau & Morin, 2007).

Therefore, at work most employees showed negative behavior because they feel less appreciated by the organization. These behaviors are related to the individual's personality which explains the identity and value of each individual (esteem) in the organization. Employee's self-esteem is an internal state of individuals that control the state of one's insertion in a social group as well as motivates the behaviors to maintain social acceptance (Leary, Tambor, Terdal & Downs, 1995). Less motivated and less confident employees engage in negative behavior in the workplace. An employee involved in negative activities in organization initiates deviant

behaviors (Alias et al., 2013). In social relationship, all positive or negative human behaviors are based on mutual benefits; exchange of these benefits is indicative of mutual support and investment in that relationship (Neves & Eisenberger, 2012). Research found different negative behavioral outcomes at workplace. They examined that perceived organizational support has the ability to diminish these negative behaviors (Vatankhah, Javid & Raoofi, 2017). The workers within a high supportive environment show their creativities and avoid negative behaviors. The organization's productivity depends upon its strong association with its positive workforce (Eisenberger et al., 2001).Workers see the positive contributions of the organization as signs of support from the organization that lead to a positive reaction toward the organization (Spence, 1973). Positive evaluation of employees of the organization's keys and the sensation of POS would lead to positive reciprocity by avoiding participation in dysfunctional or counterproductive work behavior.

According to this realization, the POS would reduce the negative behaviors in the workplace. The researchers confirmed that deviation at work is negative, unpleasant and harmful and has a negative relationship with staff and organizational well-being (Jelinek & Ahearne 2006). During job these negative behaviors increase the aspect of bullying with co-workers which can create poor psychological outcomes like lower self-esteem (Duffy & Sperry, 2007). In the worst situation, the organization may have to take responsibility and face a possible judgment on workplace aggression, although these behaviors were directed at individual workers (Speedy, 2006). At that time, employees need the support of their organization to maintain their survival and increase their trust / esteem in the workplace. They perceive that the organization's support will motivate them. High self-esteem involves employees to develop positive attitudes and accept the value of organizing your contribution as well as increase job motivation. Workforce with high self-esteem develops and maintains solid organizational relationships (Pierece & Gardner, 2009).

At workplace, self-esteem should be considered as global self-esteem. It will be maintained when organization shows positive response (Matsuda, Pierce & Ishikawa, 2011). In addition, research conducted on telecommunications sector of

Pakistan found that higher numbers of employees are engaged in deviant activities. From the sample of 508 employees of telecommunications and IT companies, it was found that these employees show negative behaviors because they receive less support from their organization (Khan, Quratulain & Crawshaw, 2013). It means that to reduce the deviant behavior in the workplace, it is necessary for the organization to evaluate and recognize its workforce.

Specifically, employees work in an individualistic culture with high support from organization is positively related with self-esteem and diminish their counterproductive behaviors at workplace (Eder & Eisenberger, 2008). One of the recent researches conducted on employees who work online has found that individuals are primarily involved in deviant productive behavior when they have negative personality traits (Thau, Bennett, Mitchell & Marrs, 2009). Positive organizational support also found as potential moderating variable between employees personality traits and negative workplace behaviors (Palmer, Komarraju, Carter & Karau, 2016). One of the cross-sectional survey with a sample conducted in Asian context showed that the high perceived organizational support will reduce negative or deviant behavior of employees (Alias & Rasdi, 2015).

Organizations face different issues that reduce their productivity. These issues include highly aggressive employees and their withdrawal from their tasks. These problems mostly decrease one's self-confidence, their morale and somehow develop less connection with their organization (Appelbaum, Iaconi & Matousek, 2007). A different organization focuses on this problem and wants to solve this problem. Deviant behavior creates problems for managers and the organization, as well as impact the overall performance. Academics have shown that perceived organization is negatively correlated with deviant behavior in the workplace. Specifically, in the Pakistani context this problem is above the regular level. One of the studies found that 82Therefore, the previous literature also supports that in the workplace deviant behaviors increase low productivity and performance. The negative behaviors will be reduced by highest perceived organizational support (Yildiz & Yildiz, 2015).Therefore, people with high POS will enhance the self-esteem of employees that will reduce the negative workplace behaviors. Hence, hypothesized as,

H25: POS acts as a moderating variable between self-esteem and deviant workplace behaviors. It decreases the negativity between self-esteem and DWB of people diagnosed with (Tuberculosis) at workplace

2.8.2 POS as a moderator variable between self-esteem and turnover intention of Tuberculosis stigmatized employees

Social identity theory identified that self-esteem is a phenomenon that establishes one's identity, improves worth and moral of individuals (Tajfel & Turner, 1986). On the basis of this, people become able to identify from which group or category they belong to. Similarly, one of the integrated models also supports that affirmative support from the organization maintains the sustainability and improves identification of employees in the workplace by increasing the exchange of relationships between them. Due to this identification the exchange of relationship build between employees and organization that leads to less intention turnover (Lamm, Tosti-Kharas & King, 2015). Employees who feel they have been well supported by their organizations tend to match, behave better and participate more easily in positive behaviors than those that report lower levels of POS. In fact, these employees have perceived that their organization fully supports them to increase workplace performance and maintain workplace value / esteem (Shen, Jackson & Ding et al., 2014). The high support from the organization strengthened their workforce attitudes and behaviors. Workers become capable to build a strong association with their organization. Few authors have investigated the fact that the reason for low self-esteem of employees at work is due to a negative organizational support (Shoss, Eisenberger, Restubog & Zagenczyk, 2013).

It has been shown that to maintain the performance of employees at work, they need support of their organization. More organizational support towards their employees will increase their level of self-esteem. The high level of organizational support is positively associated with their self-esteem and increases employees' confidence in the performance of their tasks (Karatepe, 2011). As postulated that

socio-emotional benefits in terms of high POS are positively associated with the physical health problems of employees and also help to maintain their self-esteem (Siegrist, Knesebeck & Pollack, 2004). The positive establishment between organization and its employees enhance their psychological outcomes (self-esteem) (Morrow-Howell et al., 1999). More support from boss and organization maintain employee's confidence and level of self-esteem (Chen, Aryee & Lee, 2005). In inter-organizational differences most of the workforce feel uneasy to maintain their confidence and level of self-esteem than others, these differences depends upon the organization's size, reputation, prestige, and visibility to establish organizational identification (Bartels et al., 2009; Fuller et al., 2006; George & Chattopadhyay, 2005; Lipponen et al., 2005).

The above argument figure out why POS plays an important role in establishing the organization as well as identity of their workforce? To improve employee confidence, increase your estimate to generate positive results at work. Self-categorization theory demonstrated that individuals categorize themselves and on the basis of these categories they develop their identities (Hogg & Terry, 2000). In organization employees are more concerned about their identities, they gathered relevant information and consider themselves in specific category (Cicero et al., 2010, Haslam et al., 2000). The positive information about right categories will enhance employee's confidence and self-esteem (Bartel & Wiesenfeld, 2013). High support develops these feelings because of its adaptation to the identity of the organization. Workers evaluate whether their organizations pay attention to their well-being. Their evaluation means that they appraise their identities and their self-concept (self- esteem). The positive response from organization increases their esteem (Lam, Liu & Loi, 2016).

Existing theories argued that in the organizational context, the supportive environment plays an essential role in generating individual identity; in general their trust and in advancing towards positive results in the workplace. Studies demonstrated that the uncertainties at workplace that organization will not give them value like other members of the organization and poor self-esteem increase their chance to leave the organization (Rafferty & Griffin, 2006). Yet, it is important

for both employees and organizations to consider this issue and retain their employees (Bartunek et al., 2006; Spreitzer & Mishra 2002). In fact, employees need strong support from their organization and leaders to reduce their frequent actions of change, maintain their self-esteem and reduce their intention to leave the organization (Babalola, Stouten & Euwema, 2014). In global world organization focused on their productivity to increase their businesses across world, for that reason they provide more support to their employees. The positive support from their organization is necessary to maintain employee's self-esteem and confidence (Tourangeau & Cranley, 2006). Positive exchange between both parties increase overall productivity of institutions (Wayne et al., 2002; Konijnenburg, 2010). This exchange of relationships helps employees maintain their self-esteem and become capable of performing different tasks.

Mostly studies have shown that organizations have a huge cost to replace employees because of this they try to retain existing staff by giving them value. When they perceive the value of their organization, it enhances confidence in them and their intention to leave the organization will decrease (De Coninck, De Coninck & Lockwood, 2015).

Scholars described in their research that POS is also related to work-related attitudes and its consequences. When the organization supports its workforce, it can perform demanding tasks and reduce its intention to leave this organization (Sluss, Klimchak & Holmes, 2008). Moreover, another survey carried out in the hospitality industry has found that the rate of casino employees has increased in recent decades because employees have felt their satisfaction and identity within the organization. Indeed, successful employers, in order to reduce staff turnover rates, generate different strategies and admit that retention of the workforce is not just a basic strategy. They identified that higher turnover depends on low employee self-esteem. By increasing their self-esteem, the organization could reduce the huge amount of turnover (Back, Ki -Lee & Abbott, 2011).

Therefore, increase in perceived organizational support and employee confidence is positively associated with employees' self-esteem. It also reduces the negativity between employee turnover intention and low self-esteem. Greater collaboration

of the workforce with their companies plays a vital role in building one's identity; the value of who they are within the organization and this increases the chances of remaining part of that specific organization. It is the degree in which the workforce feels that the support of an organization is positively associated with employees' self-esteem (Goodwin, Costa & Adonu, 2004).Likewise, underprivileged support of organization might reduce employees self-esteem to accomplish relevant tasks (Baumeister & Leary, 1995).

At work, people spend a lot of time with their family and friends. When employees face health problems at work, they cannot perform their duties well. Their confidence will be low as compared to others. Previous research illustrated that high and low self-esteem of employees depend on how the organization has evaluated or respected them. They argued that the exclusion of employees from specific tasks and their negative self-esteem are associated with poor means of support (Bowling, Eschleman, Wang, Kirkendall, & Alarcon, 2010). Employees feel confident that the organization will provide help and support if they need it; these expectations reassure employees of stressors and improves self-esteem. The support from the organization is it to fulfill its obligation to care for the well-being of their employees as well as employees also become responsible to meet the organizational goals. Likewise, authors examined that employees' self-identification and their categorization both are important aspects to build their association with their organization (Van-Knippenberg & Sleebos, 2006).They investigated that employee participation is an explanatory factor that focuses on employee perception about the psychological readiness, safety and importance of meeting formal role requirements (May, Gilson & Harter, 2004). Moreover, within the fields of Social Exchange Theory (SET, for its acronym in English), the commitment of employees seems to compromise individual loyalty and attachment to the support of the organization. Subsequent research indicated that employees tend to show affection and positive participation when they feel a temperament adjustment between themselves and their organizations (Kahn, 1992).Those employees want to participate in different activities and maintain interpersonal communication (Steige, Hammou, & Galib, 2014). Secondly, at organizational level employees develop over confidence and

their concepts regarding their organization which are termed as global esteem by the authors including esteem of both organization as well as its employees. They found that this will be maintained by strong association between both parties and low self-esteem increases chances of intention to leave the organization (Cenkci & Otken, 2014). Yet, in a competitive environment, workforce strongly believe on their identities as they are positively associated with perception of organizational support (Sumathi, Kamalanabhan & Thenmozhi, 2015).Hence , this study hypothesized as

H26: Perceived organizational support as a moderating variable between self-esteem and employees' turnover intention and weakens the negative relationship between low self-esteem and TOI.

2.8.3 POS Acts as a Moderating Variable between Self-Esteem and Social Isolation

In organization after a specific period of time they evaluate the performance of employees, in case of positive and favorable evaluation, they believe they are capable, meaningful and valuable members. Employee's positive perception from organization during exchange of relationship increases their confidence level. Similarly, past studies indicated that perceived support of the organization is positively related to organizational based self-esteem (Sang, Ji, Li & Zhao, 2017). The term perceived organizational support is about how their organization is interested in their well-being and how their contributions are appreciated (Chiang & Hsieh, 2012). Positive perception maintains employee's self-esteem and found significant and valuable in the development of individuals (Pila, Sabiston, Brunet, Castonguay & O'Loughlin, 2015).Moreover, employees with low self-esteem not only engage in deviant behaviors but sometimes become isolated from friends and co-workers (Hall-Lande, Eisenberg, Christenson, & Sztainer, 2007).

However, self-esteem is an important factor influencing the preparation to participate in activities focused on recovery as well as being necessary to maintain this commitment over a prolonged period of time. Most of the employees at workplace, due to their severe health issues, face different psychological and behavioral

problems. Though, it is necessary to increase the socialization process inside the workplace that manages the employees with poor health and save them from isolation (Drennan et al., 2014), it has been shown that high esteem at organization develops capabilities in employees to become less isolated. It happens due to positive perception of employees towards their organization. Few more management scholars in their studies discussed this issue that employees' esteem is mostly linked with different interpersonal factors. These factors might become helpful to manage esteem of workforce (Pierce & Gardner, 2004; Lee, 2003; Heck et al., 2005). Similarly, self-esteem and individuals identity are two important predictors that help employees remain part of the organization. It means that the high level of organization support helps employees maintain these emotional resources (Tolentino, Raymund, Garcia, Restubog, Scott & Aquino, 2017). Of the literature on stigma, most authors have examined that workplace stigma reduces employee work performance, but organizational support reduces the damaging effects of the stigma internalization due to disease and maintain their self-esteem (Treadway, Bentley, Yang, Xu & Everest, 2014).

Employees with high self-esteem perceive that organization is willing to compensate them when they will show positive response. High esteem due to these perceptions will be appropriate to complete challenging tasks (Aube, Rousseau & Morin, 2007). It is strongly correlated with the acceptance and sense of integrity of individuals in interpersonal relationships at the workplace. Moreover, leaders also act as the important indicators in exchange of relationship between two parties. The strongest the leader membership, the greater will be employee's morale and esteem. Employees consider that organizational support plays an integral role to establish their esteem at job. They believed that an organization itself serves as a source of employees where they establish their identities, values and their support plays an important role in maintaining self-esteem. Indeed, positive perception of employees is also essential because numerous employees at workplace negatively perceive the organizational support (Beheshtifar & Heart, 2013). These positive indications assumed that POS has positive impact on one's self-esteem. As well as organization-based self-esteem influences employee's self-esteem (Phillips & Hall,

2001). In addition to company's support, the level of commitment to contribute to employee satisfaction increases. High satisfaction creates positive self-esteem during working hours (Fuller, Barnett, Hester & Relyea, 2003).

At work, most employees evaluate their value internally and identify how much they support themselves. Scholars explained this concept in terms of the employee's central assessment and examined that the basic self-assessments are defined as self-assessment of their environment in relation to itself and constituted self-esteem. The workplace, where employees feel supported and valued, can help them feel engaged in their work. They also presumed that the POS could play an important role with central self-assessments in anticipating work commitments (Erez & Judge, 2001).

Moreover, Organizational Support Theory identified employees to manage their self-esteem and confidence at workplace and it should be focused on rule of reciprocity. The positive exchange of behavioral association between both parties will increase their worth. Secondly, high self-esteem of employees will be managed and boosted by increasing their identification at workplace (Smidts, Pruyn & Van Riel, 2001).The literature on organizational support explained that the success rate of businesses depends upon both type of business and their workforce. Indeed, employees develop beliefs about the organization's direction for employee's well-being. In addition, several studies have found an association between POS with variables related to health such as the sense of achievement (Jain & Sinha, 2005) based on the organization's esteem. For some authors, the positive self-esteem of employees strongly associate with the organization and their high trust; support from organizations help them to perform different tasks (Lee & Peccei, 2007).

Therefore, organizational fair treatment with their workforce increases employees' self-esteem (Tyler & Blader, 2000), as well as build trust of employees which leads them to better manage difficult or uncertain situations (Van den Bos & Lind, 2001). Yet, employees receive positive feedback from their organization enhancing their level of self-esteem (Caesens & Stinglhamber, 2014).POS is a reflection of social support at the organizational level which can also have a significant influence

on self-esteem. In fact, perceived organizational support affects all organizational policies. Creating favorable working conditions, adequate prizes and workplace equity that are based on human values lead to improved self-esteem (Yaghoubi, Pourghaz & Toomaj, 2014).

Consistently, a research conducted on POS describe that organizational success, employees satisfaction and high esteem of workers depends upon the positive perceive organizational support (Scott et al., 2014). Moreover, not only individuals' identity in organization help them to perceive positively, according to the previous research individuals' perception of unity or belonging to an organization, in which the individual defines himself as a member or part of organization also helps to perceive positively for organizational support. As well as positive organizational support built the organizational identification of employees during the socialization process (Mael & Ashforth, 1992; Bell & Menguc, 2002; Edwards & Peccei, 2010).Indeed, research depicted that employee's identification is very important to maintain positive support from organization to manage their esteem and confidence (Fuller et al., 2006). Based on this, perceived organizational support improves employees' confidence in maintaining their identification at the workplace (Marique, Stinghamber, Desmette, Caesens & De Zanet, 2013).

Conservation of resource theory (COR), demonstrated that employees spend resources during stressful situations and organizations endeavor to maintain these resources (Hobfoll, 1989). Accordingly, greater use of resources exhausts employees' self-esteem. Although the organization focuses on the perceived support, it reduces the resources of the employees and maintains their value as well as influences the results of a positive work performance (Tolentino, Raymund, Garcia, Restubog, Scott & Aquino, 2017). Similarly, past studies have examined that both the perceived support of the organization and the overall estimate of employees based on the organization are negatively associated with negative behaviors at the workplace (Abas, Omar, Halim & Hafidz, 2015).

At workplace, employees have different needs and wants but one of the essential needs that most of the workers want to accomplish to build positive interpersonal relationship with their group is their self-esteem. Another study also justified the

association between POS and self-esteem with the help of Social Exchange Theory. They examined that both sides have perceptions and expectations about the other party's behavior (Tansky & Cohen, 2001).These positive expectations and associations will increase self-esteem. In a favorable condition, employees tried to fulfill their expectation to achieve their goals. Though when receive more support from their organization, they become more able to achieve their targets (Loi, Yue & Foley, 2006). Lack of support reduces the morality of individuals in terms of identity, integrity and competence and unable to accomplish goals (Aquino & Douglas, 2003).Though, for the survival in organization, employees perceive that their organization will support them in their tough time. Similarly, positive results in the workplace are improved when the relationship between the employee and the employer is strong (DeConinck, 2010). So far, it has been argued that positive organizational behavior towards their employees involves them in the organization's production. Positive behavior is positively associated with personal resources, i.e. their self-esteem so employees reduce their intention to leave the organization (Bakker & Demerouti, 2008). Different studies conducted at different period of time examined the same results that POS has positive impact on employee's self-esteem (Demir, 2015; Wat & Shaffer, 2005).

However, it is quite difficult for employees to maintain their value and well-being at work. One of the recent studies have identified that the most important variables for maintaining individual trust and reducing stress at work is their organizational support (Girogi, Dubin & Perez, 2016). Researchers have recently focused on what employees should know about their identification in the organization and who they are within the organization? Why they behave negatively? They identified that one of the most important negative behaviors of concern related to the identification of employees in the organization is their deviant behavior in the workplace. Therefore, from the literature of social psychology, authors investigated that individuals diagnosed with tuberculosis stigmatized identities are mostly associated with social isolation because they have poor self-esteem (Cremers et al., 2015).

In social psychological literature, stigma is considered as an important determinant of poor health. Stigmatized people have negative impact on their self-esteem.

A person with low self-esteem creates fear and is linked to high social isolation (Oliveira, Esteves & Carvalho, 2015). If employees do not receive support to maintain their identification in the workplace, they will lead to deviant behavior at the workplace (Blader, Patil & Packer, 2017). Consequently, previous findings showed that employees who are prone to taking risks are more likely to develop networks to show innovative and constructive behavior in the workplace when they perceive high level of support from the organization. The proposed study consider the previous literature in the relationship between low self-esteem of employees and social isolation, the negativity between self-esteem and social isolation is weaken by perceived organizational support. Therefore, author hypothesized that,

H27: Perceived organizational support acts as a moderator between self-esteem and social isolation such that it weakens the relationship between negative self-esteem and socially isolated employees.

2.9 Research Hypotheses

H_1: Internal Tuberculosis stigma is negatively related with self-esteem.

H_2: Enacted/ Experienced (TB) stigma has negative impact on individual's self-esteem.

H_3: An anticipated stigmatized identity due to (Tuberculosis/TB) is negatively related with self-esteem.

H_4: Disclosure of (TB) stigma is positively related with individual's self-esteem.

H_5: Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the negative relationship will be stronger with centrality of TB stigma.

H_6: Centrality of TB stigma moderates the relationship between enacted/experience TB stigma and SE such that strengthen the negative relationship between them.

H_7: Centrality of TB stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem such that the negative relationship will be stronger with CTS.

H_8: Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the positive relationship will be stronger with greater CTS.

H_9: Salience TB stigma moderates the relationship between internal TB stigma and self-esteem such that the negative relationship will be stronger with salience of TB stigma.

H_{10}: Salience TB stigma moderates the relationship between enacted/experience TB stigma and SE such that strengthen the negative relationship between them.

H_{11}: Salience TB stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem.

H_{12}: Salience tuberculosis stigma moderates the relationship between disclosure TB stigma and self-esteem such that the positive relationship will be stronger with greater salience TB stigma.

H_{13}: SE mediates in the relationship between internal tuberculosis stigma and deviant workplace behavior.

H_{14}: SE mediates in the relationship between ETS and DWB.

H_{15}: SE mediates in the relationship between anticipated stigma and DWB.

H_{16}: Self-esteem mediates in the relationship disclosure TB stigma and deviant workplace.

H_{17}: Self-esteem mediates in the relationship between internal tuberculosis stigma and turnover intention.

H_{18}: Self-esteem mediates in the relationship between ETS and turnover intention of employees.

H_{19}: SE mediates in the relationship between anticipated stigma and TOI.

H_{20}: Self-esteem mediates in the relationship disclosure TB stigma and turnover intention.

H_{21}: Self-esteem mediates in the relationship between internal tuberculosis stigma and social isolation.

H_{22}: Self-esteem mediates in the relationship between ETS and social isolation.

H_{23}: Self-esteem mediates in the relationship between anticipated TB stigma and social isolation.

H_{24}: Self-esteem mediates in the relationship disclosure TB stigma and social isolation.

H_{25}: POS act as a moderating variable between self-esteem and deviant workplace behaviors. It decrease the negativity between self-esteem and DWB of people diagnosed with (Tuberculosis) at workplace.

H_{26}: Perceived organizational support, act as a moderator in the relationship between self-esteem and employees turnover intention such that it weakens the relationship between poor self-esteem and TOI.

H_{27}: Perceived organizational support, act as a moderator between self-esteem and social isolation such that weakens the relationship between negative self-esteem and high socially isolated employees.

2.10 Important Studies Regarding Stigma and their Contribution

TABLE 2.1: Important Studies Regarding Stigma and Their Contribution

Sr.No	**Author**	**Year**	**Research study**	**Contribution**
1	Emile Durkheim	1985	Rules of Sociological Method	Explore stigma as a social phenomenon
2	Goffman	1963	Notes on the management of spoiled identity	Identified spoiled identities
3	Jones.E.E	1984	Social stigma: The psychology of marked relationships	Dimensions of stigma i.e discredited and discreditable
4	Link & Phelan	2001	Conceptualizing of stigma	Labeling, Stereotyping deviance and exclusion due to stigma
5	Ragins	2008	Antecedents and consequences of stigma	Disclosure of stigmatized identities
6	Quinn & Earnshaw	2011	Concealable stigmatized identities	Valence content and magnitude of concealable stigma
7	Quinn & Earnshaw	2013	Concealable stigmatized identities and psychological well being	Psychological, behavioral and health outcomes of
Important studies regarding Tuberculosis stigmatized identities				
8	Chang and Cataldo	2014	Tuberculosis stigma	Health and attitudes of TB stigmatized identities

Table 2.1: Continued

9	Van Barkel	2014	Stigma in Leprosy	TB as a determinant of stigma
10	Cremer and his fellow authors	2015	Systematic review of TB stigma	Attitude and health regarding TB stigma
11	Tadesse	2016	Stigma against tuberculosis patients in Addis Ababa, Ethiopia	Qualitative study on tuberculosis stigma
12	Craig, Daftary,Engel, O'Driscoll, & Ioannaki,	2017	Tuberculosis stigma as a social determinant of health	Stigma due to Tuberculosis in low incidence countries
13	Solanki & Dhurvey	2018	Comparative study on stigma	Comparision of TB and psychiatric stigma
14	Oladimeji and fellow authors	2018	Knowledge, attitudes and perception of tuberculosis stigma	How knowledge, attitude and perception of TB stigmatized identities impact on isolation
15	Yin , Xiaoxv, Yan, Tong, Peng, Yang, Lu, and Gong	2018	Tuberculosis related stigma	Different factors contribute in TB stigma

2.11 Theoretical Framework

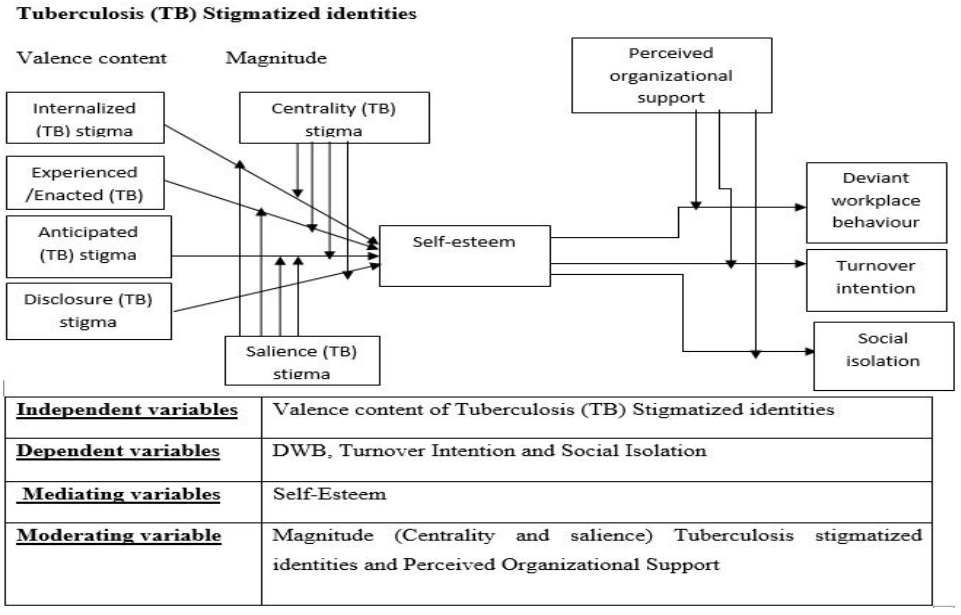

FIGURE 2.1: Tuberculosis (TB) Stigmatized identities and Workplace Implications

2.11.1 Theory Mapping

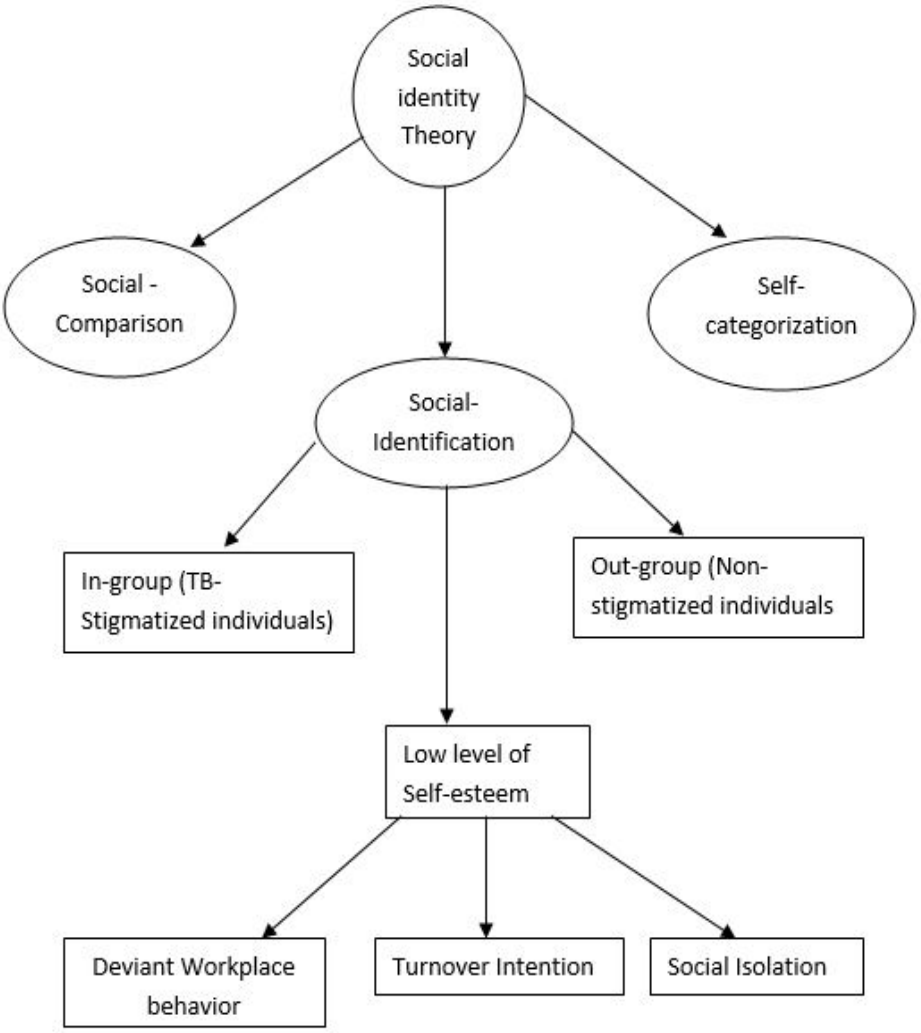

FIGURE 2.2: Social Identity Theory and its Mapping with Current Research Model

Chapter 3

Research Methodology

This specific section identifies the method and technology used to discover the relationships of Tuberculosis stigmatized employees at workplace. It is an explanatory mechanism that establishes the relationship between TB induced stigmatized identities at workplace outcomes (deviant workplace, turnover intention and social isolation) by using self-esteem as an interlinking mechanism between them with moderating role of magnitude of TB stigmatized identities between valence stigmatized identities and self-esteem.

This novel study also uses perceived organizational support as a moderating variable between self-esteem and workplace outcomes. The current study contains different methods. It includes the design of research study, size of population and sample, sampling techniques, procedures to collect data and the instruments to collect reliable data.

3.1 Research Design

Research design is a plan to answer the research questions. It enables the researcher to address the research problem logically and as unambiguously as possible. Moreover, in social sciences research, obtaining information relevant to the research problem generally entails specifying the type of evidence needed to test a theory, to evaluate a program, or to accurately describe and assess meaning related

to an observable phenomenon. A good research design is used to increase effectiveness of the study and to obtain tremendous results (Wiersma & Jurs, 2005).There are two most known methods of research in the discipline of management sciences, the first one is qualitative and the second is quantitative research.

The most valuable and consistent approach of research in management science literature is quantitative approach (Chase et al. 2016).Moreover, there are numerous research designs to collect the data in social science literature. Social scientists gather data systematically by focusing on critical thinking as well as statistical analysis. In order to achieve the accurate data about workforce behaviors social scientists prefer both critical and statistical analyses methods (Neuman, 2013). Studies examined a particular research design to analyze hypotheses based on existing theories and literature (Guba, 1990). The current research focuses on time-lagged survey design to collect the data of desired population of the study.

3.1.1 Time Lag Research Design

The research design of investigated model is time lagged survey design. Time lagged is a flexible method to collect reliable data and to capture the precise effects of variables by avoiding common method bias. The data was collected from employees infected with tuberculosis at workplace. Data was collected in time lags (time 1, time 2 & time 3) wherein, T represents time lags.

In first time lag, employees filled the questionnaire regarding independent variables (valence content of tuberculosis stigmatized employees), moderating variables (magnitude of tuberculosis stigmatized identities) and demographic variables (tenure, qualification, language, marital status, gender & age). In second time lag, the same respondents filled the questionnaires regarding mediator (self-esteem) and moderator (perceived organizational support). Similarly, in third time lag, data was collected on dependent variables (deviant workplace behavior, turnover intention and social isolation).In order to match the respondents of time1, time 2 and time3, respondents were asked to write the code of their job on the back side of questionnaire.

The technique of code of job was really appreciated by respondents because these techniques confirmed their secrecy. The total number of 550 questionnaires was distributed in first time lag and the responses of 470employees were received from which 80 responses were discarded due to lack of response from the desired respondents. In time lag 2, 470 questionnaires were distributed and 400 responses were received.

The remaining responses were removed due to their answers missing in data. Similarly, in time lag 3, the author distributed 400 questionnaires and received 350. The final sample was 321 again because 29 responses were discarded due to their answers missing in data. The reason to collect the data in the time lag is to remove the biases from the data and to confirm that these are the actual respondent or not.

Tuberculosis is an infectious disease and people diagnosed with tuberculosis become stigmatized and conceal their actual identity in front of others at workplace. That's why response rate was low. However, at workplace employees suffering from tuberculosis become the victims of stigma. These employees try to retain their jobs, and they hide their actual identities from others. It is also the reason of poor response rate. In Pakistani context at workplace, there is a lack of supportive culture; therefore, stigmatized people hide their devalued identities and do not disclose their issues related to their disease.

3.2 Population and Sample

From June 2017 to October 2017, a center for contacting people diagnosed with tuberculosis was established in several public and private hospitals of TB in Pakistan including cities such as Islamabad, Murree, Sargodha, and different cities of Khyber Pakhtunkhwa along with the state of Azad Jammu & Kashmir. 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 this reason,

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 with tuberculosis 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. According to the World Health Organization report, the number of cases diagnosed of tuberculosis in Pakistan makes this country amongst the top 30 countries in the world to contain tuberculosis patients (Organization, 2016).

Moreover, the collection of data from hospitals especially from employees working in tuberculosis hospitals and different TB centers was because of the following reasons (i) Transmission is most likely to occur due to an unrecognized or inadequately treated TB patient. The maximum spread of tuberculosis is due to lack of ignorance of health care workers not only in low income countries but also in high income countries (Menzies, Joshi, & Pai, 2007).

(ii) The most important concern was that the tuberculosis was generally considered to be higher in healthcare sector than the general population (Baussano et al., 2011) (iii) One more reason to conduct research only in TB hospitals and different tuberculosis centers was that these organizations keep the history of each employee and facilitate their employees through various risk benefits. Hence, from the record section, the record of employee's diagnosed with tuberculosis was easy to obtain. Employees working with TB patients mostly conceal their disease; thus, becoming the victim of stigma.

3.2.1 List of Targeted Population from Public and Private Hospitals of Pakistan

Table 3.1: List of Public and Private Hospitals of Pakistan

Sr. No	**Organizations**	**Number of Respondents**
1	Government TB Hospital Samli Sanitorium Murree	65
2	Government TB Hospital Rawalpindi	38
3	Rawalpindi Leprosy Hospital	44
4	Benazir Bhutto Hospital Rawalpindi (TB center)	3
5	Pakistan Institute of Medical Sciences/PIMS Islamabad	7
6	Combined Military Hospital (C.M.H) Rawalpindi	2
7	Military Hospital Rawalpindi	3
8	Holy Family Hospital Rawalpindi(TB center)	5
9	D.H.Q Hospital Attock	27
10	TB Sanitorium Dhirkot AJ&K	32
11	Combined Military Hospital (C.M.H) Rawalakot AJ&K	8
12	D.H.Q Muzaffarabad AJ&K	5
13	D.H.Q Kotli AJ&K	3
14	Military Hospital Hajira AJ&K	4
15	Military Hospital Trarkhal AJ&K	2
16	Provincial TB control center Abbottabad	11
17	Medizan Labs Pvt Ltd	1
18	Pearl pharmaceutical Islamabad	3
19	Government TB Hospital Sargodha SilanWali Sargodha	58

3.2.2 Sample, Sampling Design and Sample Size

In statistics, the term sample is defined as a subset of population. Only few elements of the population become able to shape the sample. In order to recognize the actual sample as a representative of the population, the scientist must be capable of achieving the reliable results. Thus, sampling is a process of choosing enough number of elements from the entire population (Singleton & Straits, 2005).

Sampling is the core of statistical investigation. The size of sample and methods used for sampling are considered as the main determinants of validity of statistical inferences. Likewise, the social science researcher used sampling instead of entire population because sampling representativeness shows that sample taken from population will have similar characteristics to those of its entire population (Melemtiou-Mavrotheris & Paparistodemou, 2015).

3.2.3 Techniques of Sampling

The methods used for the selection of individuals on which information is to be made in order to select the appropriate sample heterogeneity within the group should be considered and proper sampling technique should be applied (Singh & Masuku, 2014).In existing literature, some common sampling techniques have been designed like purposive sampling, random sampling, and quota sampling (Cochran, 1963).There are two most important forms of sampling designs. When the elements of selected population have equal number of chance of being selected as sample subjects, such type of sampling is known as probability sampling (Battaglia, 2008). Another technique is known as non-probability sampling, where each element of the population has an unequal chance to represent a part of the sample. Non-probability sampling technique includes convenience and purposive sampling. To observe convenience or purposive sampling, it is necessary to consider validity and efficiency of sample. The purposive sampling technique is focused on saturation and convenience sampling emphasizes on generalization of data (Etikan, Musa & Alkassim, 2016).According to the nature of current research model, the

author selected the non-probability sampling technique because the exact populations of infected TB individuals were unknown. The researcher has applied convenience/purposive sampling technique from non-probability sampling to achieve better results. Sample is the actual representation of population because it shows all the characteristics of entire population. Questionnaire has been distributed in three different time intervals. In the first time 500 questionnaires were distributed but did not receive all back and after third time 321 questionnaires received. The appropriate sample size of current population was 321.

3.3 Procedure

To recruit participants of positive cultures of Mycobacterium tuberculosis, the individuals at workplace were targeted. To control the social desirability, the following procedure was followed. Waiting for their advice at the TB clinic, employees who were diagnosed with tuberculosis were contacted and provided details of the study. The author contacted the medical superintendent (MS) of the public and private hospitals across Pakistan and notified them about the purpose of the survey. They were also informed that data will only be obtained by employees, especially in direct contact with TB patients each day and who have more than 8 hours of work in this infectious environment for six days a week. During these face-to-face meetings in several hospitals, the author offered them an accompanying letter stating that participation will be on voluntarily basis and the responses remain confidential.

The accompanying letter indicated that the author did not know any of the problems and make sure they read the instructions and the confidentiality statement together with the questionnaire indicating that "it takes just a few minutes to complete the attached questionnaire, so that those who gave their written consent were requested to compile a questionnaire to record the demographic characteristics and details of their TB. The unit of analysis of this study were individuals comprising 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. Looking for tuberculosis diagnosed employees who work in different public and private hospitals throughout Pakistan. Second, analyzing the indirect impact of valence content of stigma due to tuberculosis at workplace outcomes (deviant behavior in the workplace, employee's turnover intention and social isolation) through the interlinking mechanism of lower self-esteem and the moderating effect of centrality and salience stigma between valence stigmatized identities and self-esteem. In this research study, POS acts as a moderating variable between low self-esteem and workplace outcomes.

3.4 Characteristics of Demographic Variables

3.4.1 Tenure

Employees' total time spend with the particular organization was recorded in terms of tenure. To record the employee's tenure, scholars used categorical scale. The table under presentations shows the employees' total time spent inside the organization. According to the responses, 10.6% personnel have much less than one year of experience, 10.0% have 1-2 years of experience at a particular workplace, 23.1% have 2 to 3 years of experience and 56.4% workforce have more than 3 years' experience in an organization.

Table 3.2: Tenure of Tuberculosis Stigmatized Employees

Tenure	**Frequency**	**Valid Percent**	**Cumulative Percent**
Less than one year	34	10.6	10.6
1-2 years	32	10.0	20.6
2-3 years	74	23.1	43.6
More than 3 years	181	56.4	100.0

3.4.2 Qualification

In order to ensure the strength of current research study, complete information regarding employee's education has been recorded.

The table given underneath portrays that 31.2% employees were intermediate or hold any other diploma, 57.6% employees were bachelors and only 11.2% employees were masters.

Table 3.3: Qualification of Tuberculosis Stigmatized Employees

Qualification	**Frequency**	**Valid Percent**	**Cumulative Percent**
Intermediate or less	100	31.2	31.2
Bachelors	185	57.6	88.2
Masters or more	36	11.2	100.0

3.4.3 Language

The table given below provides complete information regarding employees' native language that identifies the maximum number of responses from a particular area of Pakistan. In current study, 46.7% employees were Urdu speaking while 26.8% were Punjabi speaking. On the other hand, 16.8% employees' native language was Kashmiri and 9.7% employees' spoke different languages.

Table 3.4: Language of Tuberculosis Stigmatized Employees

Language	**Frequency**	**Valid Percent**	**Cumulative Percent**
Urdu	150	46.7	46.7
Punjabi	86	26.8	73.5
Kashmiri	54	16.8	90.3
Any other	31	9.7	100.0

3.4.4 Marital Status

This study gathered the complete information about the marital status of selected sample to increase the effectiveness and credibility of the current study. The given table below demonstrates that 54.2% of participants are married and 45.8% are bachelors from the selected population.

Table 3.5: Marital Status of Tuberculosis Stigmatized Employees

Marital Status	Frequency	Valid Percent	Cumulative Percent
Married	174	54.2	61.7
Unmarried	147	45.8	100.0

3.4.5 Gender

The given table shows the actual results that males are 61.7% out of total population that is greater than females who only constitute 38.3% of total population.

Table 3.6: Gender of Tuberculosis Stigmatized Employees

Gender	Frequency	Valid Percent	Cumulative Percent
Male	198	61.7	61.7
Female	123	38.3	100.0

3.4.6 Age

The table provided beneath exemplifies employee data concerning their age. Consistent with the acquired responses, majority of workforce belongs to age group between 30 and 40 years. 29.6 %employees lie between 20-30 years, 15.6% employees belong to 40-50 years and only 0.6% employees belong to age group above 50 years.

TABLE 3.7: Age of Tuberculosis Stigmatized Employees

Age	**Frequency**	**Valid Percent**	**Cumulative Percent**
20-30 years	95	29.6	29.6
30-40 years	174	54.2	83.8
40-50 years	50	15.6	99.4
Above 50 years	2	0.6	100.0

3.5 Measures

3.5.1 Pilot Study

In management and social science literature, a pilot study is conducted prior to the actual research study to investigate the cost, time, reliability and usefulness of the tools. Pilot study is used to investigate the feasibility of data. It guides the planning of a large scale investigation. Pilot studies are conducted in both qualitative and quantitative studies. Also, pilot studies are conducted to assess the feasibility and the availability of resources to deal with assessing time management to cover the potential human and scientific errors to deal with assessment of treatment safety (Thabane et al., 2010).Pilot studies are referred to as the mini version of a large-scale study as they consider the previous test of particular instruments, e.g. questionnaire (Van Teijlingen & Hundley, 2001). Previous scholars have used the pilot study as a large study test to learn about the feasibility of data (Pilot, Beck & Hungler et al., 2001). Studies illustrated that a pilot study can be used as a preliminary test of a particular research tool (Baker, 1994). Similarly, to avoid the risks, it is important to conduct a pilot study (De vaus, 1993).

Quantitative and qualitative research methods prefer pilot studies before conducting a full scale investigation (Tashakkori & Teddlie, 1998). In quantitative research, focus groups should consider identifying key problems for which questionnaires can be developed and then testing them before the appropriate study (Hundley, Milne & Beck, 2000). With the help of pilot studies, researchers try to identify potential problems in research procedures. It is also possible to discover

local problems that could affect the research process. Therefore, current study conducted the pilot study by gathering the data of 50 potential Tuberculosis stigmatized employees. Moreover, the current research study conducted pilot study to check out the response from the selected population and to save time and cost. After changing the language regarding target population data has been collected from only fifty (50) tuberculosis infected individuals and checks the reliability of instruments.

3.6 Reliability Analyses of Pilot Testing

TABLE 3.8: Reliability Analyses of Pilot Testing

Variables	**No. of Items**	Cronbach's Alpha (α)
Internalized Tuberculosis Stigma	11	0.75
Experienced Tuberculosis Stigma	8	0.73
Anticipated Tuberculosis Stigma	12	0.8
Disclosure Tuberculosis Stigma	12	0.89
Centrality Tuberculosis Stigma	8	0.77
Salience Tuberculosis Stigma	3	0.69
Self-Esteem	10	0.74
Perceived Organizational Support	8	0.7
Deviant Workplace Behavior	19	0.87
Turnover Intention	3	0.73
Social Isolation	10	0.87

3.7 Instrumentation of the Study

In order to investigate the hypotheses of research study, primary data has been received from TB affected employees. To collect the data, the suitable instrument used in this study was "questionnaire". Author used adopted and adapted questionnaires in English as well as its Urdu translation to conduct the study. In management science literature to check the cross-culture validity and to adapt the instrument validity should be measured In social science to measure the validity of instrument the content of instrument means a lot that measure the content of

culture for that content validity should be consider. Also, the meaning of translated words and original should be same (Ahmer, Faruqui & Aijaz, 2007). Current study considered these processes before conducting the data gathering. Moreover, to check the validity of translated instrument the author conducted the convergent and discriminant validity as well as before analysis exploratory factor analysis has been conducted. To receive the data from desired population, scholars used Likert scale with five points of intervals.

According to the scale, number 1 represents "strongly disagree" symbolized as (S.D) and number 5 represents "strongly agree" abbreviated as (S.A). The reason for the adaptation of questionnaire was to target the population who is not well-educated and feels uneasy to response.

Following instruments are used for data gathering.

3.8 Instrumentation

Primary data is used in this study.

3.8.1 A. Valence Content

1. **Internal TB Stigmatized Identity.**

   In order to measure the internal TB stigma, 11 items scale was used which was developed by Earnshaw & Quinn, (2012) and the sample items of the scale are, I feel I am not a good individual as others because I have tuberculosis, and it is my fault that I have tuberculosis; hence, I am not a good employee". Alpha reliability of the scale was 0.87 that ranges from, 1. Strongly disagree to 5. Strongly agree.

   In current study, the questionnaire on internalized tuberculosis stigma has 11 items. Only one item was reverse coded and author mentioned this at the time of data entry. The scale ranges from 1= strongly agree, 2=agree, 3 neutral, 4=disagree to 5=strongly disagree.

2. **Experienced TB Stigma.**

   Experienced tuberculosis stigma scale adopted by Kessler et al. (1999) includes 9-items. The sample items include the following: "People act as if you are inferior" and "Treated with less respect than others due to TB". Alpha reliability for the scale was 0.93.

   The scale of experienced stigma was on five point of intervals ranging from 1. (Often) to 5. (Never).

3. **Anticipated TB Stigma.**

   Anticipated TB stigma scale was developed by Earnshaw, Quinn, Kalichman, & Park, (2013). This scale is divided into three different categories. The first one is anticipated stigmatization from friends and family members. Its items include; a friend or family member will blame you for not getting better. The second one is related to work colleagues. The item of this division is, "someone at work will discriminate against you'. The third division of this scale is based on healthcare workers. The item of this category is, as a healthcare worker you will be given less care'. Moreover, the alpha reliability of scale including three divisions are as follows, friends and family score (Alpha reliability, 0.91), for colleagues (Alpha reliability, 0.91) and for healthcare workers (Alpha reliability, 0.92).

   The scale of anticipated TB stigmatized identity ranges from 1 (Very Unlikely) to 5 (Very likely).

4. **Disclosure Tb Stigmatized Identities**

   Disclosure stigma has been measured by using the 12-items by (Van Rie et al., 2008). The scale used in the current study ranges from 1 (Very Unlikely) to 5 (Very likely) on five points of intervals. The value of Cronbach's alpha= 0.75 and 0.87.Similarly, in this study, the range is adapted from Likert scale instead of original scale to reduce the confusion of respondents.

3.8.2 Magnitude

1. **Centrality of TB Stigmatized Identity**

   To measure the scale of centrality of TB stigmatized identities, an 8-items scale has been used which was developed by Luhtanen & Crocker, (1992). The sample items of the scale are. "Overall, my tuberculosis stigmatized identity has very little to do with how I feel about myself" and "Tuberculosis stigmatized identity is an important reflection of who I am". Alpha reliability for the scale was 0.76.

   The range of current scale is 1. S.D to 5. S.A

2. **Salience TB Stigma Identity**

   Salience of stigma has been measured by using the 3-items scale developed by Luhtanen & Crocker, (1992). Sample items include the following: "How often do you think about your tuberculosis" and "I worry that people who do not know my tuberculosis might find out". Alpha reliability for the scale was 0.93.

   The scale of salience TB stigmatized identity ranges from 1(Almost never) to 5(Many times each day).

3.8.3 Mediating Variable

1. **Self-Esteem**

   Employees' self-esteem scale was measured using 10-items scale developed by Rosenberg, (1965), also known as "Rosenberg Self-Esteem Scale". Examples of items include the following: "I take a positive attitude toward myself," Alpha reliability of the scale was 0.72. Range of current scale is 1. S.D to 5. S.A

3.8.4 Moderating Variable

1. **Perceived Organizational Support**

The scale of POS is an 8-items scale measured by Eisenberger et al. (1986). The alpha reliability of the scale was 0.93 and eight items include: "The organization strongly considers my goals and values" and "The organization really cares about my well-being".

Scale of this variable is 1.Strongly disagree to 5. Strongly agree.

3.8.5 Dependent Variables

1. **Deviant Workplace Behavior**

   The scale of deviant workplace behavior has been developed by Bennett & Robinson, (2000) including 19-items. Sample items include the following: "Said something hurtful to someone at work". "Made fun of someone at work" and alpha reliability for the scale was 0.78. The scale of DWB ranges from 1. Strongly disagree to 5. Strongly agree.

2. **Turnover Intention**

   Current research measured employee's turnover intention including a 3-items scale developed by Camman et al. (1979). The first item of the scale is,I often think of leaving my organizationand the second item of the desired scale is, it is very possible that I will look for a new job next year. Alpha reliability for the scale was 0.78. The scale of this variable moves from 1. Extremely disagree to 5. Extremely agree.

3. **Social Isolation.**

   To measure the scale of social isolation, a 10-items scale developed by Powers, Goodger & Byles, (2004) has been used. This scale is also known as Duke Social Support Index (DSSI). Initially, the scale included 35-items. It has been reworked for a number of times and now it includes 10-items scale. From these 10-items, four items measure social interaction and 6 items measure social satisfaction by Wardian et al., (2013). Alpha reliability for the scale was 0.71. The scale of social isolation is, 1. Strongly disagree to 5. Strongly agree.

3.9 Scale Reliabilities from main Study after EFA and CFA

TABLE 3.9: Scale Reliabilities

Variables	**No. of Items**	Cronbach's Alpha (α)
Internalized Tuberculosis Stigma	11	0.78
Experienced Tuberculosis Stigma	8	0.83
Anticipated Tuberculosis Stigma	10	0.66
Disclosure Tuberculosis Stigma	9	0.87
Centrality Tuberculosis Stigma	8	0.88
Self-Esteem	7	0.84
Perceived Organizational Support	6	0.66
Deviant Workplace Behavior	7	0.84
Social Isolation	7	0.84
Turnover Intention	3	0.73
Social Isolation	10	0.87

The above **Table: 3.7**, showed the Cronbach's alpha of all variables after conducting the analysis. Numerous items of variables have been deleted that create the problem. Anticipated tuberculosis stigma with 12 item scale, two items ATS3 and ATS11 has been deleted due to lower alpha value. Disclosure TB stigma DTS1, DTS3 and DTS11 has been deleted. Salience stigma with 3 item scales has not been considered due to check their validity and in exploratory factor analysis cross loading all items of this scale has been deleted same is the case with turnover intention. Self-esteem with 10 item scale has been adopted but three items has been deleted these are SE2, SE9 and SE10. To measure the perceived organizational support 8 item scale has been used but to maintain the reliability POS1 POS2 has been deleted. Deviant workplace behavior included 19 DTS1, DTS2, DTS3, DTS11 till DTS19 and social isolation three items SI8, SI 9 and SI10 has been deleted to maintain the Cronbach's alpha .66 or above.

3.10 Analysis of Data

To identify the solution of problem, social science researchers use different techniques to conduct their research. There are a wide variety of statistical tools and techniques that have been used to generate the statistical results. Author analyzed the collected data and structural equation modeling (SEM) with the help of different statistical software (AMOS-21). Research scholars used the correlation analysis to check the relationship between two independent variables or independent and dependent variables. Additionally, structural equation modeling is applied to test the relationship among multiple independent, dependent variables as well as moderating and mediating variables with the help of above mentioned software. To test the proposed hypothesis, management scholar uses different statistical techniques to achieve the desired result that should be consistent with theory and theoretical framework. However, one thing that should be considered is that these techniques must be aligned with the research design.

The most appropriate statistical analysis to study the relationship between latent and observed variables structural equation modeling (SEM) analysis(Qureshi & Kang, 2014).This statistical analysis consists of two components including confirmatory factor analysis and multiple regression analysis and path analysis (Chen, Zhang, Liu & Mo 2011). The reason to use SEM is to underscore the error that may occur during this modeling process which is attuned while validating the model (Hair, Black, Babin & Anderson, 2009). It also allows to investigate the causal relationships, defined according to theoretical model and to create a link between two or more latent complex concepts.

Structural equation modeling comprises of two models known as measurement model and structural model. The measurement model is called as confirmatory factor analysis (CFA). It investigates the relationship between latent and observed variable. On the other hand, structural model is also known as exploratory factor analysis (EFA). It is used to investigate the inter-relationship among latent variables.

In current study, analysis of data is conducted in three different steps. The first step comprises of description of demographics variables including, tenure, qualification, language, marital status, gender and age. In this step, leading author also checked the reliabilities of theoretical variables i.e. Internalized tuberculosis stigma, enacted tuberculosis stigma, anticipated TB stigma, disclosure TB stigma, centrality of tuberculosis, salience TB stigma, self-esteem, perceived organizational support, deviant workplace behavior, turnover intention and social isolation. The reliability should be equal to or greater than 0.07. In the current study, variable's reliability lies within a range. One of the independent variable reliability lies between 0.66. It may be due to deleted number of items during exploratory factor analysis or due to the low response rate from selected population. The current model also investigated the correlation analysis by using Pearson correlation range from -1 to +1.

With the help of SEM, the relationship among theoretical variable i.e. Internalized tuberculosis stigma, enacted tuberculosis stigma, anticipated TB stigma, disclosure TB stigma, centrality of tuberculosis, self-esteem, perceived organizational support, deviant workplace behavior and social isolation have been tested. The reason to delete two variables from model is to clean the data and that to load all items on a single factor instead of cross loading or low loading (Fabrigar, Wegener, MacCallum & Strahan, 1999). The two variables i.e. salience of stigmatized identity and turnover intention have been deleted in order to remove the validity issue in EFA.

In the third step, moderating mediating as well as again moderating effects has been investigated. In this stage, the researcher checked the moderating effect of centrality of tuberculosis and salience TB stigma. The researcher also checked the mediating mechanism of self-esteem and identified POS as a moderator variable between self-esteem and workplace outcomes.

Chapter 4

Results

The present research uses statistical methods to discover the underlying structure of a comparatively large set of variables. The most appropriate statistical technique to check the immense set of variables is known as exploratory factor analysis (EFA). Its overarching goal is to identify the relationships between measured variables (Norris & Lecavailer, 2010). The study has also included confirmatory factor analysis (CFA) to confirm that each variable of current model embodies a distinct construct. CFA has been used to check the distinctness of variables (Anderson & Gerbing, 1988). Furthermore, to investigate the association among all theoretical variables, numerous statistical methods and techniques have been used that are discussed below in detail.

4.1 Exploratory Factor Analysis

It is a widely used approach in statistical evaluation to reduce collected records to a smaller set of variables for investigating the underlying theoretical structure. In quantitative research, scholars used EFA to identify the accurate number of factors loading on each factor (Norris & Lecavailer, 2010).It has been performed with the help of statistical package for social science (SPSS-21).The current theoretical model initially includes eleven variables. To analyze EFA, principle component analysis method has been used that explains maximum portion of variance in the

original variable. Moreover, Eigen value 0.02 has been used that explains how much factors need to be extracted. In order to resolve high correlation problem, researcher used orthogonal rotation that maintained axis at 90 degrees. Moreover the statistical significance of factors has been classified on their magnitude. The factors loading less than +.03 have been deleted. The given table 4.1, shows the measure adequacy sampling including KMO and Bartlett's test of current theoretical model.

Table 4.1: KMO and Bartlett's Test

Table 4.1: KMO and Bartlett's Test

Kaiser-Meyer-Olkin measure of sampling Adequacy	0.804
Bartlett's Test of Sphericity Approx. Chi-Square	13284.5
Df	2628
Sig.	0

Table 4.2: Pattern Matrix

Pattern Matrix									
	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
ITS1	0.68								
ITS2	0.72								
ITS3	0.73								
ITS4	0.64								
ITS5	0.67								
ITS6	0.69								
ITS7	0.62								
ITS8	0.77								
ITS9	0.78								
ITS10	0.79								
ITS11	0.69								
ETS1					0.77				
ETS2					0.76				

ETS3			0.72
ETS4			0.73
ETS5			0.77
ETS6			0.78
ETS7			0.7
ETS8			0.63
ATS1		0.51	
ATS2		0.56	
ATS4		0.65	
ATS5		0.63	
ATS6		0.66	
ATS7		0.75	
ATS8		0.74	
ATS9		0.77	
ATS10		0.68	
ATS12		0.57	
DTS2			0.47
DTS4			0.58
DTS5			0.68
DTS6			0.71
DTS7			0.69
DTS8			0.74
DTS9			0.79
DTS10			0.77
DTS12			0.7
CTS1	0.61		
CTS2	0.71		
CTS3	0.72		
CTS4	0.76		
CTS5	0.72		
CTS6	0.8		

CTS7	0.86				
CTS8	0.77				
SE1		0.59			
SE3		0.72			
SE4		0.72			
SE5		0.76			
SE6		0.71			
SE7		0.7			
SE8		0.73			
POS3					0.62
POS4					0.74
POS5					0.72
POS6					0.75
POS7					0.79
POS8					0.77
DWB4				0.57	
DWB5				0.7	
DWB6				0.77	
DWB7				0.78	
DWB8				0.77	
DWB9				0.7	
DWB10				0.62	
SI1			0.71		
SI2			0.76		
SI3			0.66		
SI4			0.72		
SI5			0.75		
SI6			0.74		
SI7			0.7		

Extraction Method: Principal Component Analysis.

Rotation Method: Promax with Kaiser Normalization.

Rotation converged in 7 iterations.

4.2 Convergent Validity and Discriminant Validity

After EFA, research scholar measured the validity of theoretical model. It has been performed with the help of Microsoft excel. Convergent and discriminant validity both are considered in construct validity. Convergent validity measures that each construct is highly correlated with each other.

On the other hand, discriminant validity measures that construct of validity correlate with validity of another construct. Table 4.3 shows nine variables and their composite reliability (CR) along with their average variance extracted (AVE). The value of CR must be greater than AVE. The threshold value for average variance extracted is 0.5 and composite reliability is 0.7 for all theoretical variables.

These values prove uni-dimensionality of all the theoretical variables of the study (Hair, Ringle & Sarstedt, 2011). The current research table (T) 4.3 shows that all variables having composite reliability lie within threshold value and are greater than AVE. In addition, the below table represents the average variance extracted of all proposed variables having values greater than 0.5 except AS and DWB.

Table 4.3: Convergent Validity

Variables	**CR**	**AVE**
Internalized Tuberculosis Stigma	0.916	0.500
Experienced Tuberculosis Stigma	0.903	0.539
Anticipated Tuberculosis Stigma	0.881	0.431
Disclosure Tuberculosis Stigma	0.887	0.571
Centrality Tuberculosis Stigma	0.908	0.556
Self-Esteem	0.872	0.495
Perceived Organizational Support	0.875	0.539
Deviant Workplace Behavior	0.862	0.448
Social Isolation	0.881	0.515

TABLE 4.4: Discriminant Validity

			Estimate	**Maximum Squared Correlation (MSV)**
F1	<–>	F2	0.517	0.267289
F1	<–>	F3	0.315	0.099225
F1	<–>	F4	0.259	0.067081
F1	<–>	F5	0.201	0.040401
F1	<–>	F6	0.021	0.000441
F1	<–>	F7	0.072	0.005184
F1	<–>	F8	0.073	0.005329
F1	<–>	F9	-0.006	0.000036
F2	<–>	F3	0.463	0.214369
F2	<–>	F4	0.401	0.160801
F2	<–>	F5	0.193	0.037249
F2	<–>	F6	0.029	0.000841
F2	<–>	F7	0.057	0.003249
F2	<–>	F8	0.054	0.002916
F2	<–>	F9	-0.006	0.000036
F3	<–>	F4	0.435	0.189225
F3	<–>	F5	0.349	0.121801
F3	<–>	F6	0.037	0.001369
F3	<–>	F7	0.151	0.022801
F3	<–>	F8	-0.009	0.000081
F3	<–>	F9	-0.029	0.000841
F4	<–>	F5	0.526	0.276676
F4	<–>	F6	0.213	0.045369
F4	<–>	F7	0.254	0.064516
F4	<–>	F8	0.13	0.0169
F4	<–>	F9	0.013	0.000169
F5	<–>	F6	0.206	0.042436
F5	<–>	F7	0.202	0.040804
F5	<–>	F8	0.087	0.007569

F5	<–>	F9	-0.067	0.004489
F6	<–>	F7	0.419	0.175561
F6	<–>	F8	0.304	0.092416
F6	<–>	F9	0.15	0.0225
F7	<–>	F8	0.304	0.092416
F7	<–>	F9	0.101	0.010201
F8	<–>	F9	0.126	0.015876

4.3 Confirmatory Factor Analysis (CFA)

In current research study, after exploratory factor analysis and before testing hypotheses, CFA was carried out to test the factor structure and the validity of construct. The current model consists of nine (9) latent variables including ITS, ETS, ATS, CTS, SE, POS, DWB and SI. Author analyzed CFA through statistical software in order to check the fitness of current model. In order to identify the fitness of model, numerous measurements have been observed. These measurements are incremental fit index (IFI), Tucker-Lewis coefficient (TLI) and comparative fit index (CFI). The root mean square error of approximation and its symbol is (RMSEA).

Table 4.5: Confirmatory Factor Analysis of the Measurement Model

	Chi-Square	**DF**	**CMIN/DF**	**IFI**	**TLI**	**CFI**	**RMSEA**
Initial Model	2562	731	3.50 **	0.789	0.779	0.788	0.08
Modified Model	3674	2472	1.48 **	0.899	0.892	0.898	0.039

The present theoretical model consists of nine variables including four IVs, two DVs, two moderators and one mediating variable. There are different thresholds for all above measurements in table 4.5 to check the fitness of model. The threshold value for RMSEA is 0.050, IFI = 0.902, TLI = 0.89 and for CFI = 0.90. In order to achieve the excellent model fitness, researchers can modify the results through

co-variances of error terms (Hair et al., 2011). After CFA, the measurements of current model become as follows. The value of RMSEA is 0.039 which is less than 0.05 pointing out a good fit of model, IFI value of current model is equal to 0.899 which illustrates a good fit, TLI = 0.892 which also proves excellent fit and CFI = 0.898 which again represents good fit of current theoretical model.

4.4 Descriptive Analyses

All theoretical variables i.e. Internal tuberculosis stigma, enacted TB stigma, anticipated TB stigma, disclosure TB stigma, centrality of tuberculosis stigma, self-esteem of employees, perceived organizational support, deviant workplace behaviors and social isolation and their descriptive statistical results are presented in the given table below. The table also includes the value of mean and standard deviation. The mean represents feedbacks of selected participants towards agree and disagree. Hence, the higher values of mean represents that respondents are inclined towards agree and vice versa.

The current study examining the descriptive statistics of all variables is shown in the given table.

Table 4.6: Descriptive Statistics

Research Variable	**Mean**	**Standard Deviation**
Internalized Tuberculosis Stigma	4.04	0.41
Experienced Tuberculosis Stigma	3.6	0.64
Anticipated Tuberculosis Stigma	3.44	0.52
Disclosure Tuberculosis Stigma	3.56	0.68
Centrality Tuberculosis Stigma	4.24	0.46
Self-Esteem	3.47	0.71
Perceived Organizational Support	3.92	0.57
Deviant Workplace Behavior	3.34	0.7
Social Isolation	3.52	0.69

The above table represents the mean (M) and standard deviation (SD) of the current investigated variables. It indicates that higher value of mean represents that participant's move towards agreement side of the statement whereas the lower value of mean shows negative side of the variable by respective feedback of the selected participants.

The mean value of internalized tuberculosis stigma (M=4.04, SD = 0.41) depicts that infected individuals agree with internalizing stigma in front of others. The mean value of enacted/experienced tuberculosis stigma (Mean=3.60, SD = 0.64) portrays that infected participants due to TB face high level of negative responses from others. The mean value of anticipated TB stigmatized identities (M=3.44, SD = 0.52) illustrates that respondents have anticipated stigma due to TB. The mean value of disclosure stigma (M=3.56, SD = 0.68) demonstrates that stigmatized individuals disclose their stigmatized identities in front of others and most of the participants agree with these statements. The mean value of centrality of TB stigmatized identity (M=3.24, SD = 0.46) indicates that infected employees centralize tuberculosis as their identity.

Furthermore, self-esteem (M=3.47, SD = 0.71) showed that infected individuals reduce self-esteem at workplace. The mean value of perceived organizational support (Mean=3.92, SD = 0.57) demonstrates that respondents perceive supports from their organization. In addition, the value of deviant workplace behavior (M=3.34, SD = 0.70) shows that infected employees exhibit more deviant workplace behaviors. In like manner, social isolation (M=3.52, SD = 0.69) depicts that individuals due to infected identities become more isolated.

4.5 Normality Test

In social science, statistical errors are very common, even most of the existing literature illustrated that if the sample size ¿ 30 or ¿40 it is hardly to meet the assumptions of normality. To check the current data normality and meet the assumptions of structural equation modeling normality test has been conduct, which is discussed in given below table.

TABLE 4.7: Normality Test

		Skewness		Kurtosis	
Variables	**N**	**Statistics**	**Std. Error**	**Statistics**	**Std. Error**
Internalized Tuberculosis stigma	321	0.032	0.184	1.08	0.365
Experienced Tuberculosis stigma	321	0.125	0.184	1.05	0.365
Anticipated Tuberculosis stigma	321	0.237	0.184	-0.088	0.365
Disclosure Tuberculosis stigma	321	-0.307	0.184	1.022	0.365
Centrality TB stigma	321	-0.356	0.184	1.28	0.365
Salience TB stigma	321	0.054	0.184	1.34	0.365
Self-esteem	321	-0.547	0.184	0.041	0.365
Perceived organizational support	321	-0.144	0.184	-0.374	0.365
Deviant workplace behavior	321	-0.448	0.184	0.338	0.365
Turnover intention	321	0.321	0.184	1.6	0.365
Social Isolation	321	-0.113	0.184	0.002	0.365

Table: 4.7, represents the normality of data. The total number of respondents for current theoretical model was 321, which have been showed as N in above table. To meet the assumption of structural equation modeling, data normality should be measured. The values of skewness and kurtosis identified that the data is normally distributed or not. The skewness is symmetry of distribution of variables as well as kurtosis measures the peakdness of variable. To check the normality of data, the absolute value of skewness for each variable is less than three times of its standard deviation and to measure the acceptance range of skewness measured by z-score value lie between -1 to +1. Similarly, for kurtosis the absolute value of each variable statistic should be less than three times of its standard error (Ho & Yo, 2015). In current study, all variables are skewed it means data is normally distributed. Moreover, to check the value of kurtosis, all values lies within the range except centrality TB stigma, salience Tuberculosis stigma and turnover intention. Thus, there is a minor difference in the values of these variables (0.18, 0.24 & 0.5) which lies in the threshold of kurtosis -2 to+ 2 (Sposito, Hand, & Skarpness, 1983).

4.6 Correlation Analyses

In quantitative research, correlation analysis is used to quantify the association among variables i.e. dependent and independent variables or between two independent variables. The value of correlation coefficient is represented as r which lies between +1 to -1. Such type of correlation analysis is also known as Pearson r correlation. It may be positive or negative between two variables. The positive values mean higher correlation between two variables and negative values mean the lower association between variables. Table 4.7 given below shows correlation analysis.

Table 4.8: Correlation Analysis

		ITS	ETS	ATS	DTS	CTS	SE	POS	DWB	SI
1	**ITS**									
2	**ETS**	0.099								
3	**ATS**	0.072	.247**							
4	**DTS**	-0.004	.244**	.315**						
5	**CTS**	-0.024	-0.053	-0.094	-0.049					
6	**SE**	.157**	0.065	.173**	.212**	0.034				
7	**POS**	-.251**	-0.022	-0.038	0.073	-0.058	.208**			
8	**DWB**	-0.001	-0.008	0.011	0.098	0.019	.224**	.132*		
9	**SI**	.117*	-0.067	0.019	0.008	0.065	.125*	0.029	.114*	

***p <.05, *p <.01, ITS=Internal TB stigma, ETS= Experience TB stigma, ATS=Anticipated TB stigma, DTS= Disclosure TB stigma, CTS= Centrality TB stigma, SE= Self-esteem, POS= Perceived Organizational Support, DWB= Deviant workplace behavior, SI= Social Isolation.*

The above table presented the correlation analyses.

In this study the correlation analyses shows that internalized tuberculosis stigma is insignificantly and positively correlated with experienced tuberculosis stigma (r= .099, p>.01). Anticipated tuberculosis stigma is insignificantly and positively correlated with internalized TB stigma (r=.072, p > .01) and it is also positively and significantly correlated with experienced tuberculosis stigma (r=.247, p < .05).

Disclosure TB stigma is negatively and insignificantly correlated with internal TB stigma (r=-.004, p > .01.) and disclosure stigmatized identity is positively and significantly correlated with experience tuberculosis stigmatized identity (r=.244, p < .05) as well as with anticipated TB stigma (r=.315, p <. 05).

In addition, centrality of tuberculosis stigma is insignificantly and negatively associated with internal tuberculosis stigma(r=-.024, p > .01), enacted/experienced TB stigmatized identity (r=-.053, p > .01), anticipated TB stigma (r=-.094, p > .01) and last but not the least with disclosure TB stigma/reaction (r=-.049, p > .01).

In the current research, the above table depicts that self-esteem is significantly as well as positively correlated with internalized tuberculosis stigma(r=.157, p < .05). Self-esteem of TB stigmatized individuals is positively but insignificantly correlated with experienced TB stigma (r=.065, p > .01).Additionally, the current research model also identifies that self-esteem is significantly and positively correlated with anticipated TB stigma(r=.173, p <. 05) as well as with disclosure TB stigma(r=. 212, p < .05). In addition, self-esteem is positively but insignificantly correlated with centrality of TB stigma (r=.034, p > .01).

Perceived organizational support is significantly as well as negatively correlated with internalized TB stigma (r=.-.251, p < .01). POS is insignificantly and negatively correlated with experienced TB stigma(r=-.022, p >. 01). The above table also presents that perceived organizational support is negatively and insignificantly correlated with anticipated TB stigma(r=-.038, p > .05), disclosure tuberculosis stigma(r=.073, p > .05). POS, on the other hand, in present model is insignificantly and negatively correlated with centrality of TB stigma(r=-.058, p > .01).

Perceived organizational support and employees' self-esteem are positively and significantly correlated with each other (r=. 208, p <.05).

Furthermore, deviant workplace behavior is negatively and insignificantly correlated with internalized TB stigma (r=-.001, p >. 01) and also with experienced tuberculosis stigma (r=-.008, p >. 01).In this current study, deviant workplace behavior is insignificantly correlated with anticipated tuberculosis stigma (r=.011, p >. 01). Additionally, deviant workplace behavior is insignificantly correlated with disclosure tuberculosis stigma (r=.098, p >. 01), centrality of TB stigma(r=.019, p > .01). Moreover, deviant workplace behavior is positively and significantly correlated with self-esteem (r=.224, p < .05) as well as with perceived organizational support (r=.132, p < .05).

The above table presents that social isolation is significantly correlated with internal TB stigma (r=.117, p < .01).Socially isolated employees are negatively as well as insignificantly correlated with experienced tuberculosis stigma (r=-.067, p >.01).Social isolation is insignificantly correlated with anticipated TB stigmatized identity (r=.019, p > .01) and disclosure TB stigma(r=.008, p > .01) as well as with centrality of TB stigma (r=.065, p > .01). Moreover, social isolation is positively and significantly correlated with self-esteem (r=.125, p < .01). In the current model, social isolation is negatively but insignificantly correlated with perceived organizational support(r=-.029, p >.01) while socially isolated employees are positively and significantly correlated with deviant workplace behavior of employees (r=.114, p < .01).

4.7 Hypotheses Testing

4.7.1 Control Variables

In the social science research, demographic variables provide the essential information regarding sample but on the other hand they affect this relationship also. Previous researchers investigated that there is a need to control the demographic variables for in depth analysis of hypothesis (Allworth & Hesketh, 1999). In this

current study, the demographic variables comprise of tenure, qualification, language, marital status, gender and age. These demographic variables were found to have their insignificant differences across different outcomes or dependent variables.

Earlier studies on stigmatized infected individuals recommended controlling demographic variables (Quinn et al., 2014). Controlling these demographic variables stimulate authentic assessments of tuberculosis stigmatized individuals as they were capable to answer each question on the basis of actual performance. In order to check the impact of demographic variables, one-way ANOVA was carried out. The current study comprises of three dependent variables i.e. deviant workplace, turnover intention and social isolation. The current results of one way ANOVA have been discussed beneath in detail with F statistics and P values.

Results show insignificant difference in deviant workplace behavior across tenure (F=1.558, P > .05), qualification (F=.073, P > .05), language (F=.441, P > .05), marital status (F=3.098, P > .05), gender (F=.024, P > .05) and age (F=.465, P > .05). Moreover, results depict the insignificant difference in social isolation across tenure (F=.303, P > .05), qualification (F=1.544, P > .05), language (F=.441, P > .05), marital status (F=.330, P > .05), gender (F=2.112, P > .05) and age (F=1.358, P > .05).

4.8 Test the Hypotheses of Theoretical Frame Work

The results of proposed hypothesis of direct relation, moderating variables and mediating variables through AMOS has been conducted the below mentioned figure explain the full model and result of all hypothesis has been discussed.

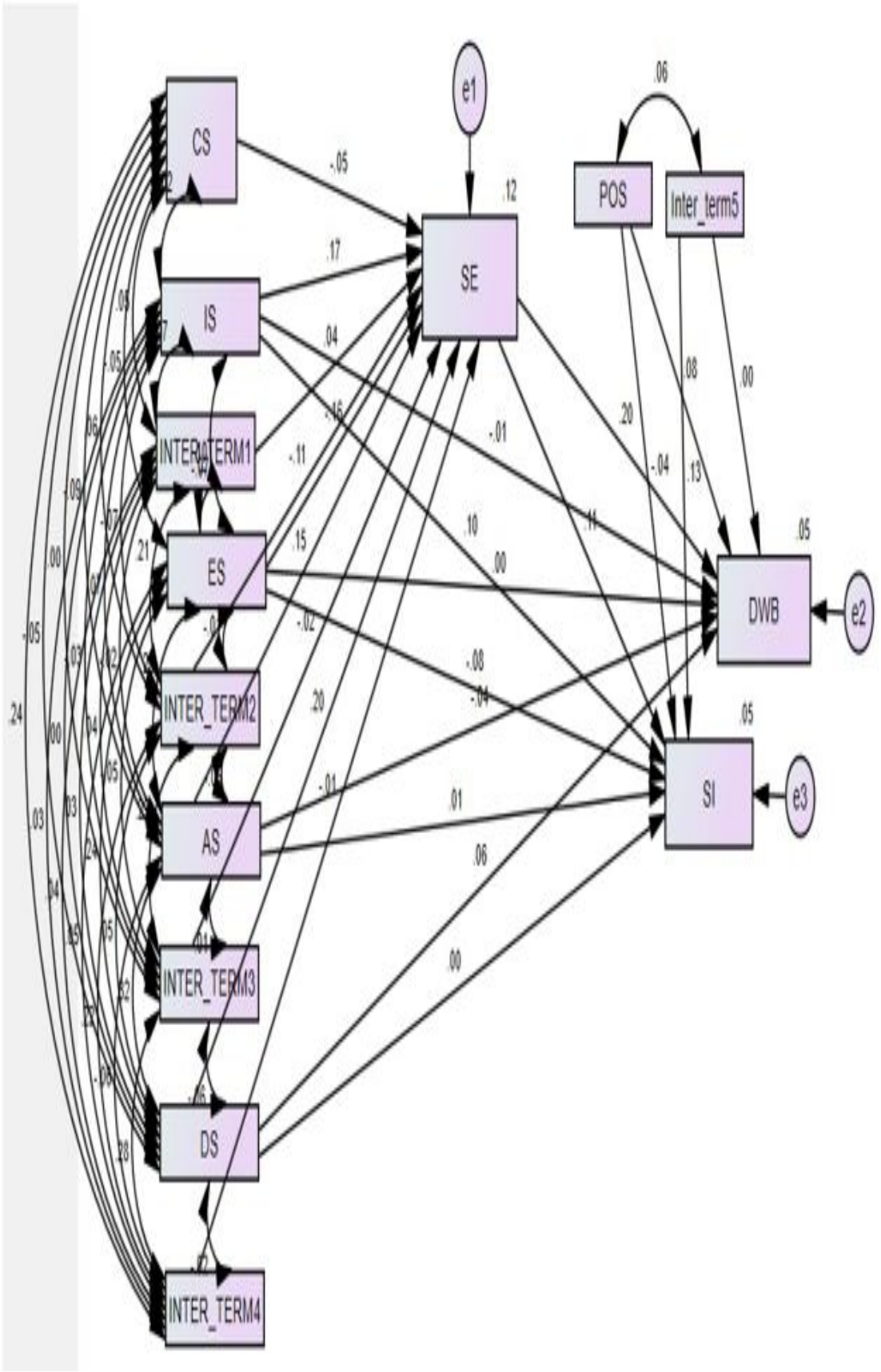

FIGURE 4.1: Theoretical Framework Full Model Test in AMOS

4.8.1 Test of Hypothesis 1-4

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

H2: Experienced TB stigmatized identity has negative impact on self-esteem.

H3: Anticipated tuberculosis stigma is negatively related with self-esteem.

H4: Disclosure TB stigma is positively related with SE.

TABLE 4.9: Standardize Co-Efficient for Structural Path (H1-H4)

Structural Path	β	β	**S.E**	**P-value**
Internal TB Stigma → Self-esteem	0.17	0.3	0.093	0.001
Experienced TB Stigma → Self-esteem	-0.16	-0.18	0.062	0.004
Anticipated TB Stigma → Self-esteem	0.15	0.2	0.078	0.009
Disclosure TB Stigma → Self-esteem	0.2	0.21	0.06	0.001

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

Author accepts or rejects the proposed hypotheses on the basis of above mentioned values.

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

According to the statistical facts and existing theory, internally TB stigmatized individuals are negatively and significantly associated with self-esteem with value of (β = .30, p < 0.01). The positive sign of estimate shows that increase of TB due to internal stigma will increase self-esteem which is against the theory and literature. The result showed that increase in internal TB stigma also increase in self-esteem that is against the theory and proposed hypothesis. Hence, hypothesis 1 is rejected.

H2. Experienced TB stigmatized identity has negative impact on self-esteem.

The above table mentioned that enacted/experienced TB stigmatized employees have negative but significant impact on their self-esteem (β = -.18, p < 0.01). Past bad experiences victimized by infected disease at work place diminish employee's self-esteem and the proposed hypothesis accepted.

H3. Anticipated tuberculosis stigma is negatively related with self-esteem.

The results illustrate that anticipated tuberculosis stigma has positive impact on self-esteem of infected employees with statistical value of (β = .20, p <0.01).Thus, according to above mentioned results, it is confirmed that H3 is rejected because positive value of estimates show that increase in estimate increases employees' self-esteem instead of decreasing it.

H4. Disclosure TB stigma is positively related with self-esteem.

According to the results of **Table: 4.8,** the disclosure tuberculosis stigma has significant and positive impact on self-esteem. The values (β= .21, p < 0.001) in the above table showed that when tuberculosis stigmatized employees feel supportive and favorable environment at that time they disclose their identities 'and maintain their self-esteem. Hence, DTS has significant impact on employees' self-esteem is accepted.

4.9 Test of Hypothesis H5 - H8

The given table proposed that centrality of tuberculosis stigma moderates the relationship between internal tuberculosis stigma and low self-esteem employees. The moderating effect of centrality stigma also strengthens the negative relationship between valence content and self-esteem same is the case with disclosure stigma.

Centrality of tuberculosis stigma moderates between Internal TB stigma and self-esteem such that it strengthens the negative relationship between ITB and self-esteem.

Table 4.10: Moderation Analysis

H5	**Structural Path**	**Coefficient**	**P**	**Accept/ Reject**
	Internal TB Stigma ⇒ Self-Esteem	0.3	0.001	
	Centrality TB Stigma ⇒ Self-Esteem	-0.05	0.38	
	INTER_TERM1(ITS CTS) ⇒ Self-Esteem	0.04	0.49	Rejected
H6	Enacted TB Stigma ⇒ Self-Esteem	-0.18	0.004	
	Centrality TB Stigma ⇒ Self-Esteem	-0.05	0.38	
	INTER_TERM2(ETS CTS) ⇒ Self-Esteem	-0.11	0.04	Accepted
H7	Anticipated TB Stigma ⇒ Self-Esteem	0.2	0.009	
	Centrality TB Stigma ⇒ Self-Esteem	-0.05	0.38	
	INTER_TERM3(ATS CTS) ⇒ Self-Esteem	-0.2	0.68	Rejected
H8	Disclosure Stigma ⇒ Self-Esteem	0.21	0.001	
	Centrality TB Stigma ⇒ Self-Esteem	-0.05	0.38	
	INTER_TERM4(DTS CTS) ⇒ Self-Esteem	-0.01	0.86	Rejected

H5. Centrality of tuberculosis stigma moderates between Internal TB stigma and self-esteem such that it strengthens the negative relationship between ITB and self-esteem.

Hypothesis 5 proposed that centrality of tuberculosis stigma moderates the relationship between internal TB stigma and low self-esteem employees. According to the above mentioned statistical results, the insignificant value of interaction term and the positive coefficient value that is ($\beta = .04$, p $>.05$) proved that there is no moderating role of centrality of tuberculosis stigma between ITS and self-esteem. Hence, hypothesis (H5) is rejected.

H6: Centrality of tuberculosis stigma moderates between experienced/enacted TB stigma and self-esteem such that it strengthens the negative relationship between enacted stigma of tuberculosis infected employees and self-esteem.

According to table 4.10 centrality of TB stigma will moderate the negative relationship between experienced stigmatized identities and self-esteem. The previous theory illustrated that CTS will enhance the negative relationship between enacted TB stigma and self-esteem. So, with the help of above mentioned table, the significant value of interaction term with negative coefficient (B = -.11, p ¡.05), depicted that there is moderating role of CTS between ETS and self-esteem. Therefore hypothesis H6 is accepted.

H7. Centrality of tuberculosis stigma moderates between anticipated TB stigma and self-esteem such that it strengthens the negative relationship between anticipated stigma of tuberculosis infected employees and self-esteem.

Hypothesis 7 proposed that centrality of tuberculosis stigma will increase the negative relationship between anticipated TB stigma and poor self-esteem. The above mentioned results in table 4.10 showing the insignificant value of interaction term (B= -.20, p >.05) illustrated that centrality of tuberculosis stigma does not moderate between anticipated TB stigmatized identities and self-esteem. Hence, hypothesis H7 is rejected.

H8. Centrality of tuberculosis stigma moderates between disclosure TB stigma and self-esteem such that it strengthens the negative relationship between disclosure stigma of tuberculosis infected employees and self-esteem.

Hypothesis 8 proposed that centrality of tuberculosis stigma will strengthen the positive relationship between disclosure stigma of tuberculosis infected employees and self-esteem. The above mentioned results in table 4.10 showing the insignificant value of interaction term (β = -.01, p >.05) illustrated that centrality of tuberculosis stigma does not moderate between disclosure TB stigmatized identities and self-esteem. Therefore, H8 is rejected.

4.10 Test of Hypotheses H13 and H21

H13: Self-esteem mediates the relationship between internal tuberculosis stigmatized identities and deviant workplace behavior.

H21: Self-esteem mediates the relationship between internal tuberculosis stigmatized identities and social isolation.

TABLE 4.11: Mediation Analysis (H13 & H21)

H13	**Direct Path**	β	**P**			**Accept/ Reject**
	Internal Stigma ⇒ Self-esteem	0.3	0.001			
	Self-esteem ⇒ Deviant workplace behavior	0.204	0.004			
	Internal TB stigma ⇒ Deviant workplace behavior	-0.01	0.862			
	Indirect Effect			UL	LL	Accepted
	Internal Stigma ⇒ Self-esteem ⇒ Deviant workplace behavior	-0.03	0.002	0.008	0.077	
H21	Internal Stigma ⇒ Self-esteem	0.3	0.001			
	Self-esteem ⇒ Social isolation	0.106	0.088			
	Internal TB stigma ⇒ Social isolation	0.097	0.12			
	Indirect Effect			UL	LL	Accepted
	Internal Stigma ⇒ Self-esteem ⇒ Social isolation	0.018	0.03	0	0.055	

Note: Bootstrap sample size 5000. LL= lower limit; CI = confidence interval; UL = upper limit; ITS=Internal TB stigma; SE=Self-esteem; DWB=Deviant workplace behavior; SI=social isolation

H13: SE mediates the relationship between internal tuberculosis stigmatized identities (ITS) and deviant workplace behavior.

Hypothesis H9 proposed that self-esteem acts as a mediating variable in the relationship between ITS and DWB. Results of H9 disclosed that relationship between internal tuberculosis stigma and deviant behavior is significant in the presence of self-esteem (β=0.030, p< .01) as well as insignificant in direct path (β =-0.010, p >.05); hence, proving full mediation. Therefore, H13 is accepted.

H21: Self-esteem mediates the relationship between internal tuberculosis stigmatized identities and social isolation.

According to table 4.14, self-esteem partially mediates between ITS and social isolation. The direct effect is greater than indirect effect but with insignificant value. The results showed that (β=0.097, p<.05). They also showed the significant value in indirect path with (β =0.018, p< .05). Self-esteem mediates but not fully mediates because indirect effect is lower than direct effect. Hence, hypothesis 21 is accepted.

4.11 Test of Hypothesis H14 and H22

Table 4.12: Mediation Analysis (H14-H22)

H14	**Direct Path**	**B**	**P**			**Accept/Reject**
	Enacted TB Stigma ⇒ Self-esteem	-0.18	0.004			
	Self-esteem ⇒ Deviant workplace behavior	0.204	0.004			
	Enacted TB stigma ⇒ Deviant workplace behavior	0.003	0.12			
	Indirect Effect			UL	LL	Accepted
	Enacted Stigma ⇒ Self-esteem ⇒ Deviant workplace behavior	-0.033	0.003	-0.072	-0.009	
H22	Enacted Stigma ⇒ Self-esteem	-0.18	0.004			
	Self-esteem ⇒ Social isolation	0.106	0.088			
	Enacted TB stigma ⇒ Social isolation	-0.084	0.167			
	Indirect Effect			UL	LL	Rejected
	Enacted Stigma ⇒ Self-esteem ⇒ Social isolation	-0.017	0.04	-0.046	0	

Note: Bootstrap sample size 5000. LL= lower limit; CI = confidence interval; UL = upper limit; ETS=Experience TB stigma; SE=Self-esteem; DWB=Deviant workplace behavior; SI=social isolation.

H14: Self-esteem mediates the relationship between enacted/experienced tuberculosis stigmatized identities and deviant workplace behavior.

The result showed that direct effect of experienced TB stigma on deviant workplace behavior is insignificant with value of (β =.003, p>.05), but the indirect effect ETS on DWB is significant with the presence of self-esteem (β =-.033, p<.01). It showed that there is mediation between ETS and DWB. Thus, hypothesis H14 is accepted. H22: Self-esteem mediates the relationship between ETS and social isolation.

The result showed that direct effect of experienced TB stigma on social isolation is insignificant with value of (β =.-.084, p>.05), but the indirect effect ETS on social isolation is significant with the presence of self-esteem (β =-.017, p<.05). However, the confidence interval lies between zero and minus which shows that there is no mediating effect of self-esteem. Hence, hypothesis H22 is rejected.

4.12 Test of Hypothesis H15 and H23

On the basis of existing literature the current research study proposed hypothesis that stigmatized people mostly negatively perceive that people will treat them badly when they share about their diseases. The mostly anticipate that infectious disease might be the cause of their rejection from non-stigmatized group of people. This study proposed that anticipated tuberculosis stigma leaders to workplace outcomes like deviant behavior of employees and most of these infected individuals prefer to live in isolation instead of engaging in problem solving with low level of self-esteem. The given table showed the statistical findings that at workplace these stigmatized individuals not directly express their aggression these stigmatized individuals become less psychologically stable and with low self-esteem they mostly exhibit negative behaviors.

TABLE 4.13: Mediation Analysis (H15-H23)

H15	**Direct Path**	β	**P**			**Accept/ Reject**
	Anticipated TB Stigma ⇒ Self- esteem	0.2	0.009			
	Self-esteem ⇒ Deviant workplace behavior	0.204	0.004			
	Anticipated TB stigma ⇒ Deviant workplace behavior	-0.041	0.467			
	Indirect Effect			UL	LL	Accepted
	Anticipated TB stigma ⇒ 0.03	0.001	0.01	0.073		
	Self-Esteem ⇒ Deviant workplace behavior					
H23	Anticipated TB Stigma ⇒ Self-esteem	0.2	0.009			
	Self-esteem ⇒ Social isolation	0.106	0.088			
	Anticipated TB stigma ⇒ Social isolation	0.006	0.93			
	Indirect Effect			UL	LL	Rejected
	Anticipated TB Stigma ⇒ Self-esteem ⇒ Social isolation	0.017	0.003	0.05	0.00	

Note: Bootstrap sample size 5000. LL= lower limit; CI = confidence interval; UL = upper limit; ATS=Anticipated TB stigma; SE=Self-esteem; DWB=Deviant workplace behavior; SI=social isolation.

H15: SE acts as a mediator in the relationship between anticipated tuberculosis stigmatized identities and deviant workplace behavior.

The result of proposed hypothesis revealed that direct effect of ATS on self-esteem is insignificant (β =-.041, p>.05) but indirect effect is significant with value (B =.030, p< .01). Moreover, the value of confidence interval lies between zero and revealed that there is full mediation. Hence, H15 is accepted.

H23: SE mediates the relationship between anticipated TB stigmatized identity and social isolation.

The result of proposed hypothesis revealed that direct effect of ATS on self-esteem is insignificant (β =.006, p>.05) but indirect effect is significant with value (β

=.016, p< .05). Moreover, the value of confidence interval lies between zero and revealed that there is full mediation. Hence, H23 is accepted.

4.13 Test of Hypotheses H16 and H24

Table 4.14: Mediation Analysis (H16 & H24)

H16	**Direct Path**	**B**	**P**			**Accept/ Reject**
	Disclosure TB Stigma ⇒ Self-esteem	0.21	0.001			
	Self-esteem ⇒ Deviant workplace behavior	0.204	0.004			
	Disclosure TB Stigma ⇒ Deviant workplace behavior	0.062	0.294			
	Indirect Effect			UL	LL	Accepted
	Disclosure TB Stigma ⇒ Self-Esteem ⇒ Deviant Workplace Behavior	0.041	0.002	0.012	0.085	
H24	Disclosure TB Stigma ⇒ Self-Esteem	0.21	0.001			
	Self-Esteem ⇒ Social Isolation	0.106	0.088			
	Disclosure TB Stigma ⇒ Social Isolation	0.001	0.99			
	Indirect Effect			UL	LL	Rejected
	Disclosure TB Stigma ⇒ Self-Esteem ⇒ Social Isolation	0.021	0.03	-0	0.057	

Note: Bootstrap sample size 5000. LL= lower limit; CI = confidence interval; UL = upper limit; DTS=Disclosure TB stigma; SE=Self-esteem; DWB=Deviant workplace behavior; SI=social isolation

H16: SE mediates the relationship between disclosure tuberculosis stigmatized identities and deviant workplace behavior.

The result from above table revealed that direct effect of disclosure TB stigma on self-esteem is insignificant (β =.062, p>.05) but indirect effect is significant with value (β =.041, p< .01). Moreover, the value of confidence interval lies between zero and revealed that there is partial mediation. Therefore, H16 is accepted.

H24: Self-esteem mediates the relationship between disclosure TB stigmatized identity and social isolation.

The result of proposed hypothesis revealed that direct effect of DTS on self-esteem is insignificant (β =.001, p>.05) but indirect effect is significant with value (β =.021, p< .001). However, the value of confidence interval lies between zero and minus value which revealed that there no mediation. Thus, hypothesis 24 is rejected.

4.14 Test of Hypothesis H25 and H27

H25. POS positively acts as a moderator between self-esteem and deviant workplace behavior.

Table 4.15: Moderation Analysis

H25	**Structural Path**	**Coefficient**	**P**	**Accept/ Reject**
	Self-Esteem ⇒ Deviant Workplace Behavior	0.204	0.004	
	Perceived Organizational Support ⇒ Deviant Workplace Behavior	0.08	0.208	Rejected
	INTER_TERM5(SE POS) ⇒ Deviant Workplace Behavior	0	0.963	
H6	Self-Esteem ⇒ Social Isolation	0.106	0.088	
	Perceived Organizational Support ⇒ Social Isolation	-0.04	0.583	
	INTER_TERM6(SE POS) ⇒ Social Isolation	0.13	0.01	

According to **Table: 4.18,** perceived organizational support will moderate the relationship between self-esteem and DWB. The previous theory illustrated that

POS will reduce the negative relationship between self-esteem and deviant workplace behavior. So, with the help of above mentioned table, the insignificant value of interaction term with coefficient (β = -.00, p> =.963) depicted that there is no moderating role of perceived organizational support. This variable has not weakened the negative relationship between poor self-esteem and DWB. Hence, hypothesis H25 is rejected.

H27. POS positively moderates the relationship between self-esteem and social isolation.

According to above table, POS acts as a moderator variable in the relationship between SE and social isolation. The previous theory illustrated that POS will reduce the negative relationship between both investigated variables. The above mentioned table showing the significant value of interaction term with coefficient (β = .13, p< =.010) depicted that there is a moderating role of perceived organizational support. Thus, POS weakens the negative affiliation between poor self-esteem and social isolation. Hence, hypothesis H27 is accepted.

4.15 Summary of Accepted and Rejected Hypothesis

H	Statement	Result
H1	Internal Tuberculosis stigma has negative impact on SE	**Rejected**
H2	Experience/enacted Tuberculosis stigma is negatively related to self-esteem	**Accepted**
H3	Anticipated TB stigmatized identities has negative impact on SE	**Rejected**
H4	Disclosure TB stigma has positive impact on SE	**Accepted**

H5	Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the negative relationship will be stronger with CTS	**Rejected**
H6	Centrality of TB stigma moderates the relationship between enacted/experience TB stigma and SE such that it strengthens the negative relationship between them	**Accepted**
H7	Centrality of TB stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem such that the negative relationship will be stronger with CTS	**Rejected**
H8	Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the positive relationship will be stronger with greater CTS	**Rejected**
H13	SE mediates the relationship between internal tuberculosis stigma and deviant workplace behavior	**Accepted**
H21	Self-esteem mediates the relationship between internal tuberculosis stigma and social isolation	**Partially accepted**
H14	SE mediates the relationship between ETS and DWB	**Accepted**
H22	Self-esteem mediates the relationship between ETS and social isolation	**Rejected**
H15	SE mediates the relationship between anticipated stigma and DWB	**Accepted**
H23	Self-esteem mediates the relationship between anticipated TB stigma and social isolation	**Accepted**

H16	Self-esteem mediates the relationship between disclosure TB stigma and deviant workplace	**accepted**
H24	Self-esteem mediates the relationship between disclosure TB stigma and social isolation	**Rejected**
H25	POS acts as a moderator variable in the relationship between self-esteem and deviant workplace behavior such that high POS weakens the negative relationship between self-esteem and DWB	**Rejected**
H27	Perceived organizational support moderates the relationship between SE and social isolation such that high POS weakens the negative relationship between self-esteem and social isolation	**Accepted**

Total number of statistically tested Hypothesis:	**18**
Accepted:	**10**
Rejected:	**8**

4.16 Summary of Hypothesis Variables not Tested after EFA and CFA

Total 09 variables not statistically tested after EFA & CFA due to low factor loading and cross loading.

Table 4.17: Summary of Accepted and Rejected Hypotheses

Hypothesis	**Statements**	**Results**
H1	Internal Tuberculosis stigma has negative impact on SE	Rejected
H2	Experience/enacted Tuberculosis stigma is negatively related to self-esteem	Accepted
H3	Anticipated TB stigmatized identities have negative impact on SE	Rejected
H4	Disclosure TB stigma has positive impact on SE	Accepted
H5	Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the negative relationship will be stronger with CTS	Rejected
H6	Centrality of TB stigma moderates the relationship between enacted/experience TB stigma and SE such that it strengthens the negative relationship between them	Accepted
H7	Centrality of TB stigma moderates the relationship between anticipated tuberculosis stigma and self-esteem such that the negative relationship will be stronger with CTS	Rejected
H8	Centrality of TB stigma moderates the relationship between internal TB stigma and self-esteem such that the positive relationship will be stronger with greater CTS	Rejected
H13	SE mediates the relationship between internal tuberculosis stigma and deviant workplace behavior	Accepted
H21	Self-esteem mediates the relationship between internal tuberculosis stigma and social isolation	Accepted
H14	SE mediates the relationship between ETS and DWB	Accepted
H22	Self-esteem mediates the relationship between ETS and social isolation	Rejected
H15	SE mediates the relationship between anticipated stigma and DWB	Accepted
H23	Self-esteem mediates the relationship between anticipated TB stigma and social isolation	Accepted
H16	Self-esteem mediates the relationship between disclosure TB stigma and deviant workplace	Accepted
H24	Self-esteem mediates the relationship between disclosure TB stigma and social isolation	Rejected
H25	POS acts as a moderator variable in the relationship between self-esteem and deviant workplace behavior such that high POS weakens the negative relationship between self-esteem and DWB	Rejected
H27	Perceived organizational support moderates the relationship between SE and social isolation such that high POS weakens the negative relationship between self-esteem and social isolation	Accepted

Chapter 5

Discussion, Conclusion, Limitations and Recommendations

The basic objective of present research is to broadly analyze the conceptualization of Tuberculosis induced stigma and its workplace outcomes with moderating role of magnitude including centrality, salience of TB stigma and interlinking mechanism of self-esteem in the relationship between valence content of tuberculosis stigmatized identities and workplace outcomes (deviant workplace behavior and social isolation).Another objective of the current study is to identify perceived organizational support between self-esteem and workplace outcomes. Moreover, numerous research questions which have been formulated are comprehensively addressed and investigated in detail below.

5.1 Research Question 1

How internal TB induced stigma is negatively related with self-esteem?

5.1.1 Summary of Research Question 1

In order to examine the answer of the first question that is how internal TB induced stigma is negatively related with self-esteem, hypothesis H1 was framed. According to statistical results hypothesis 1 is rejected.

5.1.2 Discussion of Research Question 1

It is found that internal TB induced stigma is positively related with self-esteem of infected individuals according to the result of current study. The results are dissimilar to the expectations. The probable clarification of existing outcome is that Tuberculosis infected individuals conceal their identities in front of their co-workers, family and friends and due to this concealment, they maintain their self-esteem. Findings of this research study are inconsistent with the research questions and proposed hypothesis but consistent with previous studies. People with internally stigmatized identities might have the ability to conceal their identities in front of others. With strong self-esteem and confidence on themselves, they hide their stigmatized identities in front of non-stigmatized group of people (Oliveira, Carvalho & Esteves, 2015). People with visible stigma have low self-esteem as compared to invisible stigmatized people. Internally stigmatized individuals become able to maintain their self-esteem (Crocker & Wolfe, 2001). For instance, these interventions based on modification of negative beliefs about the self have found to help individuals to maintain a positive self-esteem (Borras et al., 2009).

Moreover, current results align with existing research that increasing self-esteem may be more effective that reduces negative beliefs of infected individuals including internal stigma (Oliveira, Carvalho & Esteves, 2015).In line with this perspective, the positive self-esteem of internal Tuberculosis stigmatized individuals is a new intervention. To construct a new story about oneself which is internally stigmatizing beliefs is not dominant in this case. Due to high self-esteem, they maintain their negative beliefs (Roe et al., 2010).Additionally; previous scholars suggested that internal stigma is not only reducing self-esteem of infected individuals, but it

also has positive impact on their self-esteem (Roe et al.,2014).These existing research studies support the current statistical findings that internal TB stigma not only reduces self-esteem in different situations, it also enables people to maintain their self-esteem.

5.2 Research Question 2

How enacted/ experienced TB induced stigma is negatively related with self-esteem?

5.2.1 Results Summary of Research Question 2

To answer the second question that is how experience/enacted TB induced stigma is negatively related with self-esteem, hypothesis H2 was framed. According to statistical results hypothesis 2 is accepted.

5.2.2 Discussion

According to existing literature, individuals with enacted stigmatized identities are mostly associated with numerous psychological consequences i.e. poor self-esteem (Brohan, Slade, Clement, Graham & Thornicroft, 2010). One of the previous models on Tuberculosis infected individuals identified that enacted stigma reduces the individuals' self-esteem (Gerrish, Naisby & Ismail, 2012; 2013). Earlier researchers believed that stigma can have multiple negative impacts on the lives of stigmatized people in the form of enacted stigmatized identities(Ahern, Stuber & Galea, 2007).The experience stigma in infected individuals has negative impact on psychological outcomes and low self-esteem is one of them(Sing, Mattoo & Grover, 2016).

In addition, individuals surviving the chronic illness have negative impact on their self-esteem. The level of self-esteem becomes low due to past negative experiences or the strong enacted stigmatized identities of the individuals (Quinn & Earnshaw, 2013). Therefore, the current findings are consistent with previous research

studies that are the greater enacted stigmatized identities of tuberculosis infected individuals result in poor self-esteem. Hence, H2 is accepted.

5.3 Research Question 3

How anticipated Tuberculosis induced stigma is negatively related with self-esteem?

5.3.1 Summary of Research Question H3

Third research question; how anticipated TB induced stigma is negatively related with self-esteem is answered by devising hypothesis H3. According to statistical results of current study, hypothesis H3 is rejected.

5.3.2 Discussion Regarding Question H3

Result indicated that anticipated TB stigma was positively related with self-esteem of stigmatized people, which is consistent with previous research showing that educating the infected individuals about their disease to seek help from their friends, co-workers and family; reduces the negative relationship between anticipated stigmatization and self-esteem(Latalova, Kamaradova & Prasko, 2014).These statistical findings are not consistent with the problem statement that anticipated tuberculosis stigmatized identities are negatively related with self-esteem. Social Identity Theory posits that people try to maintain positive identities within groups (Tajfel & Turner, 1979). These positive identities maintain their self-esteem and anticipate that they will receive positive response from others. High self-esteem maintains their social interaction with other community members. Individuals with high esteem anticipate that people belong to non-stigmatized group. They anticipate that others will not treat them negatively. Consequently, positive perceptions about their devalued identities are due to their high level of self-esteem (Rusch et al., 2005). However, not every stigmatized individual will anticipate

negative outcomes. Some individuals become energized and empowered by prejudice that will create positive relationship between anticipation about stigmatized identities and self-esteem (Ow & Lee, 2015).

5.4 Research Question 4

How disclosure Tuberculosis induced stigma is positively related with self-esteem?

5.4.1 Result of Research Question H4

To scrutinize the answer of the fourth research question regarding how disclosure TB induced stigma is positively related with self-esteem, hypothesis H4 was formulated. According to statistical results of current study, hypothesis H4 has been accepted.

5.4.2 Discussion of Research Question H4

The statistical findings of current study that disclosure Tuberculosis stigma is positively related with self-esteem is consistent with proposed hypothesis H4 and it is accepted. These results are aligned with previous researches that people who are more likely to disclose their devalued identities to others have more self-esteem (Gaucher et al., 2012). Similarly, individuals are confident to communicate with others about disclosing their devalued stigmatized identities (Chaudoir & Fisher, 2010). The disclosure of stigma increases the level of self-esteem. The previous research scholars demonstrated that people with stigmatized attributes generate both positive and negative beliefs. People with disclosing stigmatizing belief have positive impact on their self-esteem (Quinn & Earnshaw, 2013). These results are consistent with a larger literature on disclosure stigma that disclosing devalued identities to others will increase self-esteem of infected individuals (Armiento, Hamza & Willoughby, 2014).

Another study also found similar results that tuberculosis stigmatized people mostly hide or internalize their attributes with others to avoid rejection, but

those finding supportive environment, try to disclose their infectious nature that may enhance their esteem and worth, because they evaluate themselves positively (Heijnders and Meij, 2006). The finding of the current study also aligns with past discussion that the association between disclosure stigma and improvement of psychosocial health including anguish distress, better interpersonal relationships with each other and maintaining their level of esteem (Hanghoj & Boisen, 2014).

5.5 Research Question 5

Does centrality of stigmatized identity moderate the relationship between valence content (internalized, enacted, anticipated and disclosure) and self-esteem of TB infected employees such that negative relationship is stronger with high centrality of TB induced stigma?

5.5.1 Results Summary

To examine centrality TB stigma as a moderator between valence content (internalized, enacted, anticipated and disclosure) and self-esteem, hypothesis H5, H6, H7 and H8 were formulated. The hypothesis H6 was accepted and hypothesis H5, H7 and H8 have been rejected on the basis of statistical results.

5.5.2 Discussion of Research Question 5

In order to find result of question number 5, hypotheses H5, H6, H7 and H8 were formulated. The statistical findings did not support the proposed hypotheses H5, H7 and H8. Previous studies depicted that the greater centrality of stigmatized identities routinely reports higher self-esteem. Same is the case when individuals internally centralize these negative attributes and beliefs that might increase their level of confidence, hope as well as self-esteem (Gray-Little & Hafdahl, 2000).Same is the case when individuals internally centralize these negative attributes and beliefs that might increase their level of confidence, hope as well as self-esteem

instead of negative psychological outcomes. The results of current investigated model also align with the existing research on visible stigmatized identities which suggested that greater centrality of stigmatized identities has positive impact on self-esteem of individuals (Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003). In the current study, scholars predicted that the greater centrality of stigma due to infected disease (Tuberculosis) will increase the negative relationship between internal, anticipated and disclosure stigma and self-esteem but the statistical result does not support this claim.

Therefore, stigmatized individuals when centralized these identities towards themselves and survive confidentially with family, friends and co-workers reduce negative psychological outcomes like poor self-esteem. It showed that greater centrality stigmatized identity towards itself does not increase negative anticipation and does not internalize these attributes as a part of their identity that diminishes level of self-esteem. On the other hand, these stigmatized individuals when centralize these negative beliefs at that time do not feel supportive responses to disclose these stigmatized attributes with non-stigmatized individuals. The current results of study are consistent with few previous studies that the greater centrality of these negative attitudes and beliefs to the self might increase individuals' psychological well-being receiving more social support (Bourguignon, Seron, Yzerbyt & Herman, 2006).

Moreover, the above mentioned research question also investigated that centrality of TB moderates the relationship between experienced TB stigma and lower self-esteem. Current findings of this research study are consistent with existing research on stigma in psycho-social literature. These current results align with existing research studies that the greater centrality of invisible stigmatized identity will increase the negative psychological consequences like poor self-esteem (Quinn & Chaudoir, 2009).In like manner, few other authors demonstrated that the greater stigmatized centrality reinforces the relationship between past negative experiences as well as with poor self-esteem (SE) (Crocker & Major, 2003; Major and O'Brien, 2005). Therefore, centrality of stigma does strengthen the negative relationship between experience stigma and self-esteem of TB induced identities.

5.6 Research Question 6

Does salience of stigmatized identity moderate the relationship between valence content (internalized, enacted, anticipated and disclosure) and self-esteem of TB infected employees such that negative relationship is stronger with high centrality of TB induced stigma?

5.6.1 Discussion

To investigate the moderating role of salience tuberculosis induced stigma in the relationship between valence content (internalized, enacted, anticipated and disclosure) and self-esteem, salience is taken as the magnitude of stigmatized identities. These magnitudes include the frequency of thought of infected individuals. The high frequency of negative thought about their devalued identities might increase their stigmatized identities (Quinn et al., 2014). The current study did not find the appropriate findings because during the factor analysis that is exploratory factor analysis (EFA), all three items of salience TB induced stigma were not loading on one factor and create issue of cross loading with significant value less than 3. As demonstrated, those variables which do not have meaningful contribution and create the problem in validity are deleted. Likewise, in current study scholars deleted the salience TB stigma and its three items (Norris & Lecavailer 2010). Hence, no further test was performed regarding the three items of this variable.

5.7 Research Question 7

Employees at workplace exhibit negative workplace behaviors. These employees are mostly diagnosed with infected disease.

Does self-esteem mediate the relationship between valance content (internalized, enacted, anticipated and disclosure) of TB induced stigma and deviant workplace behavior?

5.7.1 Result of Question 7

To analyze the mediating role of self-esteem in the relationship between internal TB induced stigma and deviant workplace behavior, experience tuberculosis stigma and deviant workplace behavior, anticipated tuberculosis stigma and DWB along with disclosure TB stigma and deviant workplace behavior, H9, H11, H13,H15 were formulated. As per statistical results, H9, H11, H13 and H15 are accepted.

5.7.2 Discussion of Question 7

In this study SE acts as a mediating variable in the relationship between valence content (ITS, ETS, ATS and DTS) and deviant workplace behavior. Numerous studies found that stigmatization has negative impact on self-esteem (Hogg, 2016). The greater internal stigmatized identities will be diminished (Link & Phelan, 2006). Not only internally stigmatized identities have poor self-esteem, those infected or chronically ill individuals face negative experiences in their past or they have enacted stigmatized identities. As a result, they have more negative psychological outcomes like low level of self-esteem. The present results found similar conclusions in the existing studies. Individuals show poor self-esteem due to stigmatization at workplace (Ferris et al., 2009). They internalize these stigmatizing attributes and show negative impact on self-esteem (Fennell and Liberato, 2007). The results originated that self-esteem acts as a mediating mechanism of people with experienced and perceived (anticipated) stigma with personal or self-stigma (Vass et al., 2015).

At workplace, when employees survive with poor self-esteem, they mostly engage in negative behaviors. With the support of Ego-Defense Theory, authors examined that people with low self-esteem engage in negative workplace behaviors. Apart from this, another study examined that low self-esteem has positive association with deviant workplace behaviors (Baumeister, Campbell, Krueger & Vohs, 2003). Moreover, experienced stigmatized identities face more negative responses

from individuals not stigmatized in their past. These deleterious experiences decrease their worth (Brohan, Slade, Clement and Thornicroft, 2010). Most of the negative behaviors at workplace emerge when they lose their worth and identity with their fellow workers, e.g. the descriptive statistics showed the negative correlation between self-esteem and negative workplace behaviors (Avey, Palanski & Walumbwa, 2011).The existing findings are similar with current statistical results. In like manner, research has shown that people anticipating threats to self-identity show aggressive behavior in retaliation (Ferris, Spence, Brown & Heller, 2012). On the other side, positive stigmatized beliefs like disclosure reactions or disclosing the stigmatized identities in front of supportive members will enhance individual's self-esteem (Pachkins, 2007).

Therefore, finding of previous literature is aligned with current statistical results which suggested that the positive aspects of self-esteem, on the basis of their investigation, found that people with high esteem mostly increase their social connections (Owens and McDavitt, 2006). At workplace, the disclosure reactions of stigmatized workforce are positively linked with high esteem. The high confidence due to disclosing their negative attributes with co-workers made them more confident and less engaged in deviant activities (Avey, Palanski, & Walumbwa, 2011).

5.8 Research Question 8

Does self-esteem act as a mediator between valance content (internalized, enacted, anticipated and disclosure) of TB induced stigma and turnover intention?

5.8.1 Discussion

Previous studied examined that these employees at workplace exhibit different outcomes. Employees with lower level of self-esteem increase the stress at some extent. Most of the stresses and low esteem individuals showed their intention to leave the organization differently (Yang, Ju Lee, 2016). The current findings did not support the existing literature that self-esteem acts as a mediating mechanism

between valence content (internalized, enacted, anticipated and disclosure) and turnover intention. Moreover, studies illustrated that variables which do not have meaningful contribution and create the problem in validity need to be deleted during exploratory factor analysis (Norris & Lecavailer, 2010) Likewise, current research also showed similar findings during exploratory factor analysis dropping the dependent variable that is turnover intention of tuberculosis stigmatized individuals. Hence, no further test was performed regarding three items of this variable

5.9 Research Question 9

Does self-esteem mediates the relationship between valance content (internalized, enacted, anticipated and disclosure) of TB induced stigma and social isolation?

5.9.1 Summary of Results

To find out the answer of above mentioned research question 9, a number of hypotheses were formulated including H10, H12, H14 and H16. The current result found through statistical analysis showed that H10 and H14 are accepted while H12 and H16 are rejected.

5.9.2 Discussion of Research Question 9

Result of the study exposed that self-esteem mediates the relationship between Internal TB stigma, anticipated TB stigma and social isolation. Current findings also depicted that lower self-esteem of TB stigmatized people did not mediate the relationship between disclosure TB stigma and social isolation. Moreover, the findings of this study is consistent with other literature on stigmatized people that internal stigmatized people feel more shame and guilt to share their identities becoming isolated themselves from rest of the people. They might reduce their self-esteem and less likely to disclose their actual identities with others (Quinn et

al., 2014; Luoma, Twohig & Waltz, 2007).Consequently, stigmatized identities are related with negative psychological outcomes that is low self-esteem. These people have less confidence and worth of their abilities. Low confidence on themselves leads to isolation (Yanos et al., 2008). The results of the study are also consistent with previous research that anticipated stigmatization is ultimately more socially disruptive than enacted stigmatization because of the psychological (cover) work that an individual has to do to maintain the internal stigma with others; thus, resulting in greater social isolation (Juniarti & Evans, 2011, Baral, Karki & Newell, 2007).

Hence, current research failed to show that self-esteem acts as an interlinking mechanism between experienced TB stigma, disclosure tuberculosis stigma and social isolation. People diagnosed with chronic illness when find more positive experiences from their family and friends feel more confident and their level of esteem increases and they will be less isolated (Corrigan & Rao, 2012). The current statistical findings are consistent with previous research which suggests that when stigmatized people open about their condition, the worry and concern over secrecy is reduced and they get more support from their relatives and family. As a result, it is concluded that disclosure stigma promotes self-worth (Quinn & Chaudoir, 2010). On the other hand, disclosure of stigmatized identities is not only very supportive for stigmatized individuals; the current results aligned with one of the previous study also show that individuals face discrimination in order to disclose their identities in front of others. The disclosures of devalued identities mostly diminish their self-esteem and these people become isolated (Thara, Kamath & Kumar, 2003).

5.10 Research Question 10

Does perceived organizational support moderate the relationship between self-esteem and deviant workplace behavior of Tuberculosis diagnosed individuals such that this relationship is weaker with greater POS?

5.10.1 Results of Research Question 10

To examine the moderating role of POS in the relationship between self-esteem and deviant workplace behavior, hypothesis H17 was formulated which are rejected based on statistical results.

5.10.2 Discussion of Research Question 10

On the basis of research question ten, another hypothesis (H17) has been formulated and results exposed that perceived organizational support did not weaken the negative association between self-esteem and deviant workplace behavior. The possible explanation of obtained results is that stigmatized individuals with poor self-esteem do not perceive any support from their organization. They hide their devalued identities at workplace and their managers and co-workers do not know about their actual identity and due to this their level of esteem become reduced as they tend to maintain their negative relationship between self-esteem and deviant workplace behavior. Another reason that perceived organizational support does not weaken the negative relationship is that organization mostly gives less importance to infected or less healthy employees or unhealthy employees perceive less support from their organization. The current research is conducted in Pakistani context and there is still a gap between employees and its organization at low and middle level. Therefore, POS does not act as a healthy moderator between self-esteem and deviant workplace behavior.

5.11 Research Question 11

Does perceived organizational support positively moderate the relationship between self-esteem and infected employees turnover intention?

5.11.1 Discussion

The problem and gap identified in current study reveals that organizational support is necessary to retain employees in organization. Employees who face negative psychological problems due to some infectious disease mostly perceive support at workplace. The current statistical findings did not show different results. During exploratory factor analysis, all items of turnover intention did not load at one factor and cross loading issues were appeared during analysis. Research scholar of current study deleted these variables to remove the validity problem in data. Previous studies portrayed that during exploratory factor analysis those variables which do not have meaningful contribution create the problem in validity. It would be better to delete them (Norris & Lecavailer 2010).

5.12 Research Question 12

Does perceive organizational support moderate the relationship between self-esteem and social isolation?

5.12.1 Results of Research Question 12

To examine the role of POS as a moderator variable between self-esteem and social isolation, H18 was formulated which is accepted based on statistical results.

5.12.2 Discussion on Research Question 12

The statistical results of the study are supported with existing findings; employees feel that organizational support will increase their confidence and enable them to develop social relationships with others (Chen et al., 2016). Consistently, workforce receives support from their boss during working times. They build trust towards their organization. Employees with positive support are positively related with their self-worth and trust that maintain their self-esteem (Gumusluoglu,

Aygun & Hirst, 2013).Moreover, employees perceiving support from their organization have positive impact on their self-esteem (Aube, Rousseau & Morin, 2007). High satisfaction and positive support from organization create positive self-esteem during working hours (Fuller, Barnett, Hester & Relyea, 2003).The current statistical result is also consistent with existing literature that positive exchange of behavioral association between both parties will increase their worth. Secondly, high esteem of employees will be managed and boosted by increasing their identification at workplace (Smidts, Pruyn & Van Riel, 2001).In like manner, high self-esteem has negative impact on social isolation. Those employees perceiving more support from their organization have enhanced self-esteem and their negative relationship between self-esteem and social isolation will be decreased (Van Brakel, 2006). The current results are consistent with existing findings. Therefore, POS weakens the negativity in the relationship between self-esteem and social isolation.

5.13 Conclusion

The statistical results of theoretical model support the current study and most of the proposed hypotheses are accepted. This study contributes to the existing literature of not only social science but also in psychology. The study reveals that how valence content both positive and negative of tuberculosis (TB) stigmatized identities relate with poor psychological outcomes. Valence content comprises of internal tuberculosis stigma, experience/enacted TB stigma, anticipated TB stigma and disclosure tuberculosis stigmatized identities. The results of the study depict that not all positive and negative beliefs known as valence content of tuberculosis stigmatized identities decrease self-esteem of infected individuals. In this study, scholars found that increase in internal and anticipated stigmatized identities due to infectious disease do not weaken their level of esteem. The reason of inconsistency of current results with existing literature is that selected population actually conceals their devalued identities and does not respond accurately.

The study also approved that there is negative relationship between experience/enacted tuberculosis stigma and self-esteem. Those individuals face negative experiences in past due to their devalued identities and have enacted stigma leading to negative psychological consequences like poor self-esteem. The positive valance content that is disclosure of stigma due to TB positively relates with self-esteem (Quinn & Earnshaw, 2013). The current results are exposed and aligned with existing theory and literature. Infected stigmatized individuals whenever feel supportive environment from others disclose their diseased or devalued stigmatized identities that increase their level of self-esteem (Ragins, 2008).The centrality TB stigma acts as a moderator in the relationship between all valence content that are internal, enacted and anticipated as well as disclosure of tuberculosis stigmatized identities in self-esteem. The results of current study exposed that centrality tuberculosis stigma does not play a facilitating role between internal, anticipated, disclosure and self-esteem. In addition, statistical findings approved that centrality of TB stigma acts as a moderator between experienced tuberculosis stigma and self-esteem such that it strengthens the negative relationship between the two variables.

Current study also investigates the interlinking role of self-esteem between internal tuberculosis stigma, deviant workplace behavior and social isolation. The results exposed that most important psychological factor that is self-esteem strongly mediates the relationship between internal TB stigma and workplace outcomes. As per Social Identity Theory, devalued individuals have poor self-esteem that increases the internalization of stigma due to infectious disease creating high level of isolation in infected employees. At workplace due to low confidence and esteem, these individuals show negative or deviant behaviors. The result indicates that SE mediates the relationship between experience/enacted stigma and DWB but does not mediate the relationship between enacted stigma and social isolation. It might be due to past bad responses that they become aware and maintain their self-esteem which increases social interaction instead of social isolation.

Moreover, the current model illustrates that self-esteem act as an interlinking mechanism between anticipated tuberculosis stigmatized identities and deviant

workplace behavior as well as with social isolation. The result of the study approved that self-esteem proceed as a strong mediator between anticipated stigma due to tuberculosis and workplace outcomes like DWB and social isolation. Furthermore, the study also proposed that employee's self-esteem acts as a mediator between disclosure stigma identities of TB infected individuals and deviant workplace behavior as well as with social isolation.

The results indicate that self-esteem as mediator between disclosure TB stigma and deviant behavior but do not proceed as an interlinking mechanism between disclosure tuberculosis stigma and social isolation. Furthermore, in current theoretical model, POS acts as a moderator between self-esteem and workplace outcomes (deviant workplace behavior and social isolation). The results showed that POS does not play a moderator's role between self-esteem and DWB. In like manner, current results of the study showed POS plays a productive role between self-esteem and social isolation.

5.14 Implications (Theoretical and Practical)

5.14.1 Theoretical Implications of the Study

This dissertation contributes to social psychological literature in a number of ways. The first contribution addresses the extension to existing literature of invisible or concealable stigmatized identities of tuberculosis infected individuals and their psychological as well as workplace consequences, specifically in public and private tuberculosis hospitals of Pakistan. The study extends the application of Social Identity Theory to tuberculosis stigmatized identities and their psychological consequences. Interesting results emerged with respect to this contribution that valence content including internal stigma, enacted stigma, anticipated stigma and disclosure stigma of individuals having chronic disease like HIV/ AIDS have negative impact on their self-esteem (Quinn & Earnshaw, 2013).

The existing study also investigates both positive and negative valence content of stigmatized tuberculosis individuals and their workplace consequences that are

deviant workplace behavior and social isolation through interlinking mechanism of self-esteem in public and private hospitals of Pakistan. The theoretical contribution of this study is that magnitude of stigmatized identity that is centrality of tuberculosis stigma acts as a moderator between valence content and self-esteem has been investigated. The third important contribution of current theoretical model is that POS acts as a potential moderator between self-esteem and workplace outcomes of infected employees and it has also been investigated in public and private tuberculosis hospitals of Pakistan which is rarely discussed in previous social psychological literature.

5.14.2 Practical Implications

Author now turns to a discussion of policy changes that have potential to improve the well-being of individual employees living with invisible tuberculosis stigmatized identities. These policy changes are implications of the current theoretical model that have been presented. Those employees living with valence content of stigmatized identities have the potential to impact not only their psychological outcomes but also showed drastic impact on their workplace outcomes. In existing body of literature, these important links were missing. Thus, these recommendations could help policy makers to understand how they can weaken these negative attitudes and beliefs known as invisible stigma or conceal this stigma that increases negative workplace outcomes due to infected disease like Tuberculosis.

1. The results of the study suggest certain strategies to managers and immediate supervisors to improve the psychological well-being of their employees with tuberculosis stigmatized identities. These policies can change the way that a tuberculosis stigmatized identities are constructed within a particular social context. Managers might reduce stigma related to a particular identity by enhancing the value of identity and by breaking the viscous cycle between the identity and its negative attributes.

2. Another way to reduce the stigmatized infected identities is that it should be considered that stigmatized identities are constructed within the self.

Managers might focus on making the valence of identity more positive by decreasing the magnitude of TB stigmatized identity.

3. Mangers should also focus on reducing stigma associated with identities of the individuals by improving knowledge of stigmatized identities through education (Corrigan & Wassel, 2008: Rush et al., 2005). Existing research demonstrated that false and inaccurate knowledge regarding stigma such as HIV/AIDS (Hamra, Ross, Karuri, Orrs & D' Agostiono, 2005) as well as epilepsy (Wagner, Smith, Ferguson, Horton, & Wilson, 2009) are associated with increased stereotypes of stigmatized people. Hence, education plays an important role to reduce these identities in infected individuals at workplace.

4. In addition to education, social contact is very essential that may reduce stigma in infected individuals at workplace. Existing body of research depicted that lack of social contact or interaction with people who have stigmatized identities due to chronic illness (Zelaya et al., 2012) is associated with increase stereotyping. Therefore, organizations generate or develop programs that facilitate contact with employees and their organizations as well as employees with each other in order to reduce their negative psychological consequences. Due to this, organization may be able to reduce the negative behaviors of their employees due to their invisible stigmatized identities.

5.15 Limitations and Future Directions

The current research study comprehensively addressed that how positive and negative valence content of tuberculosis influence the stigmatized identities and its workplace outcomes through interlinking mechanism of self-esteem in public and private hospitals of Pakistan. Thus, there are few limitations which are needed to be considered by future research scholars.

First, there was no accurate information regarding tuberculosis patients in Pakistan so the data is collected only in public and private hospitals for tuberculosis in Pakistan. For an inclusive study, a comparison is needed to conduct a study

across hospital and other sectors like banking, education or telecom to present a clear picture of the stigmatized identities and their workplace outcomes.

Second, the study revolves around tuberculosis infected individuals and its workplace outcomes. In order to get the better results, the future researchers may compare TB stigmatized identities with other diseases like diabetes or epilepsy with positive and negative behaviors of employees.

Third, the study investigates self-esteem as an interlinking mechanism in future. For this purpose, other psychological factors like workplace bullying, anxiety and stress should be considered as interlinking mechanisms between stigmatized identities and workplace outcomes.

Fourth, the current dissertation focuses only on deviant workplace behaviors and social isolation as an ultimate outcome of stigmatized identities. In future, for more comprehensive results, a wide range of outcomes are required to check this complex phenomenon which are missing in the current study like employees performance, employees commitment etc.

Fifth, self-esteem as a mediating variable between valence content of TB stigmatized identities and turnover intention did not statistically support the proposed hypothesis and theory. The future scholars are required to check this relationship by using different scale or items about intention as well as measure this relationship by using different statistical techniques.

Sixth, in current study results are based on small sample size so, the salience of stigmatized identities not significantly measured, it is required to consider this potential variable as a moderating variable based on large sample size. Seventh, at workplace employees did not easily disclose their tuberculosis stigmatized identities. So, in future to check the workplace outcomes of these employees, mix method approach can be used.

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Appendix

APPENDIX I

Questionnaire

I am a PhD scholar at Capital University of Science and Technology, Islamabad; I am collecting data for my PhD dissertation. Please fill in the following questionnaire which is about studying the factors on Tuberculosis (TB) related Stigma; A Conceptual Framework and Workplace Implications. Your response will be having great value for completion of this research. The data will only be used for academic purposes and strictly remain confidential. To ensure anonymity/secrecy you are not supposed your name or name of organization anywhere in the questionnaire.

Thanks a lot for your help!

Sincerely,

Adeeba Khan
Ph.D Candidate
Capital University of Science and Technology Islamabad

Basic Information

SECTION: I

Please tick the appropriate answer

1	How long you have been employed in this organization? (Less than a year) ☐ (1 yr to 2yrs) ☐ (2yrs to 3yrs) ☐ (more than 3 yrs) ☐
2	What is your highest qualification? Intermediate or less ☐ Bachelors ☐ Masters or more ☐
3	What is your native language? Urdu ☐ Punjabi ☐ Kashmiri ☐ Another ☐
4	What is your marital status? Married ☐ Un Married ☐
5	What is your gender? Male ☐ Female ☐
6	What is your age? (20 to 30) ☐ (30 to 40) ☐ (40 to 50) ☐ (50 and above) ☐

Questionnaire Employee Rated at T1

SECTION II

	Internalized Stigma	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	I feel I am not as good a person as others because I have Tuberculosis (TB).	1	2	3	4	5
2	I never feel ashamed of having Tuberculosis (TB).	1	2	3	4	5
3	Having Tuberculosis (TB) makes me feel unclean.	1	2	3	4	5
4	Having Tuberculosis (TB) makes me feel that I am a bad person	1	2	3	4	5
5	Having Tuberculosis (TB) in my body is disgusting to me.	1	2	3	4	5
6	It is my fault that I have a health condition.	1	2	3	4	5
7	I cannot do a lot of things because I have a health condition.	1	2	3	4	5
8	Because I have a health condition, I am not a good employee.	1	2	3	4	5
9	I cannot fill many of my responsibilities because I have a health condition.	1	2	3	4	5
10	I am as capable as people who do not have a health condition.	1	2	3	4	5
11	People who do not have health condition are not better than me (R).	1	2	3	4	5

	Experienced Stigma	**Often**	**Sometimes**	**Neutral**	**Rarely**	**Never**
1	People act as if you are inferior	1	2	3	4	5
2	People act as if you are not smart	1	2	3	4	5
3	People act as if they are afraid of you	1	2	3	4	5
4	Treated with less courtesy than others	1	2	3	4	5
5	Treated with less respect than others	1	2	3	4	5
6	Receive poor service in stores/restaurants	1	2	3	4	5
7	People act as if you are dishonest	1	2	3	4	5
8	You are called names or insulted	1	2	3	4	5

	Anticipated Stigma (Friends and Family)	**Very Unlikely**	**Unlikely**	**Somewhat Likely**	**Likely**	**Very Likely**
1	A friend or family member will be angry with you.	1	2	3	4	5
2	A friend or family member will blame you for not getting better.	1	2	3	4	5
3	A friend or family member will think that your illness is your fault.	1	2	3	4	5
4	A friend or family member will not think as highly of you.	1	2	3	4	5

	Anticipated Stigma (Coworkers and employers)	**Very Unlikely**	**Unlikely**	**Somewhat Likely**	**Likely**	**Very Likely**
5	Your employer will not promote you.	1	2	3	4	5
6	Someone at work will discriminate against you.	1	2	3	4	5
7	Your employer will assign a challenging project to someone else.	1	2	3	4	5
8	Someone at work will think that you cannot fulfill your work responsibilities.	1	2	3	4	5

	Anticipated Stigma (Health care providers)	**Very Unlikely**	**Unlikely**	**Somewhat Likely**	**Likely**	**Very Likely**
9	A healthcare worker will be frustrated with you.	1	2	3	4	5
10	A healthcare worker will give you poor care.	1	2	3	4	5
11	A healthcare worker will blame you for not getting better.	1	2	3	4	5
12	A healthcare worker will think that you are a bad patient.	1	2	3	4	5

	Disclosure Stigma	**Very Unlikely**	**Unlikely**	**Somewhat Likely**	**Likely**	**Very Likely**
1	Some people who have TB feel hurt of how others react to knowing they have TB.	1	2	3	4	5
2	Some people who have TB lose friends when they share with them they have TB.	1	2	3	4	5
3	Some people who have TB feel alone.	1	2	3	4	5
4	Some people who have TB keep their distance from others to avoid spreading TB germs.	1	2	3	4	5
5	Some people who have TB keep their distance from others to avoid spreading TB germs.	1	2	3	4	5
6	Some people who have TB are afraid to tell those outside their family that they have TB	1	2	3	4	5
7	Some people who have TB are afraid to tell others that they have TB because others may think that they also have AIDS	1	2	3	4	5
8	Some people who have TB feel guilty because their family has the burden of caring for them	1	2	3	4	5
9	Some people who have TB will choose carefully who they tell about having TB	1	2	3	4	5
10	Some people who have TB feel guilty for getting TB because of their smoking, drinking, or other careless behavior	1	2	3	4	5
11	Some people who have TB are worried about having AIDS	1	2	3	4	5
12	Some people who have TB are afraid to tell their family that they have TB	1	2	3	4	5

SECTION III

	Centrality Stigma	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	Overall, my health condition has very little to do with how I feel about myself.	1	2	3	4	5
2	My health condition is an important reflection of who I am.	1	2	3	4	5
3	My health condition is not important to my sense of what kind of a person I am.	1	2	3	4	5
4	In general, my health condition is an important part of the way I see myself.	1	2	3	4	5
5	My health condition defines who I am.	1	2	3	4	5
6	It is impossible to understand me without knowing my health condition.	1	2	3	4	5
7	I would be a different person without my concealed identity.	1	2	3	4	5
8	My health condition is a central part of my self-definition.	1	2	3	4	5

	Stigma Salience	**Almost never**	**Once a week**	**Neutral**	**Once a day**	**Several times a day**
1	How often do you think about your	1	2	3	4	5

2	My health condition often crosses my mind for no reason.	1	2	3	4	5
3	I spend a lot of time thinking about my concealed identity.	1	2	3	4	5

Questionnaire Employee Rated at T2

SECTION IV

	Self Esteem	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	On the whole, I am satisfied with myself.	1	2	3	4	5
2	At times, I think I am no good at all.	1	2	3	4	5
3	I feel that I have a number of good qualities.	1	2	3	4	5
4	I am able to do things as well as a most other people.	1	2	3	4	5
5	I feel I do not have much to be proud of.	1	2	3	4	5
6	I certainly feel useless at times.	1	2	3	4	5
7	I feel that I'm a person of worth, at least on an equal plan with others.	1	2	3	4	5
8	I wish I could have more respect for myself.	1	2	3	4	5
9	All in all, I am inclined to feel that I am a failure.	1	2	3	4	5
10	I take a positive attitude myself.	1	2	3	4	5

SECTION V.

	Perceived Organizational Support.	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	The organization strongly considers my goals and values.	1	2	3	4	5
2	Help is available from the organization when I have a problem	1	2	3	4	5
3	The organization really cares about my wellbeing.	1	2	3	4	5
4	The organization would forgive an honest mistake on my part.	1	2	3	4	5
5	The organization is willing to help me when I need a special favor.	1	2	3	4	5
6	If given the opportunity, the organization would take advantage of me.	1	2	3	4	5
7	The organization shows very little concern for me.	1	2	3	4	5
8	The organization cares about my opinions.	1	2	3	4	5

Questionnaire Employee Rated at T3

SECTION VI

	Deviant Workplace Behaviour. Interpersonal	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	Made fun of someone at work	1	2	3	4	5
2	Said something hurtful to someone at work	1	2	3	4	5
3	Made an ethnic, religious, or racial remark at work	1	2	3	4	5
4	Cursed at someone at work	1	2	3	4	5
5	Played a mean prank on someone at work	1	2	3	4	5
6	Acted rudely toward someone at work	1	2	3	4	5
7	Publicly embarrassed someone at work	1	2	3	4	5
8	Taken property from work without permission	1	2	3	4	5
9	Spent too much time fantasizing or daydreaming instead of working	1	2	3	4	5
10	Falsified a receipt to get reimbursed for more money than you spent on business expenses	1	2	3	4	5
11	Taken an additional or longer break than is acceptable at your workplace	1	2	3	4	5
12	Come in late to work without permission	1	2	3	4	5
13	Littered your work environment	1	2	3	4	5
14	Neglected to follow your boss's instructions	1	2	3	4	5
15	Intentionally worked slower than you could have worked	1	2	3	4	5
16	Discussed confidential company information with an unauthorized person	1	2	3	4	5

17	Used an illegal drug or consumed alcohol on the job	1	2	3	4	5
18	Put little effort into your work	1	2	3	4	5
19	Dragged out work in order to get overtime	1	2	3	4	5

	Turnover Intention.	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	I often think of leaving my organization.	1	2	3	4	5
2	It is very possible that I will look for a new job next year.	1	2	3	4	5
3	If I may choose again, I will choose to work for the current organization.	1	2	3	4	5

	Social Isolation.	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Social Satisfaction Sub-Set						
1	Do you feel you have a definite role in the family and among friends?	1	2	3	4	5
2	Do family and friends understand you?	1	2	3	4	5
3	Do you feel useful to family and friends?	1	2	3	4	5
4	Do you feel listened to by family and friends?	1	2	3	4	5
5	Do you know what's happening with family and friends?	1	2	3	4	5
6	Can you talk about your deepest problems?	1	2	3	4	5
Social Interaction Sub-Set						

7	Number of family members within one-hour's travel that you can depend on or feel close to.	1	2	3	4	5
8	Number of times in the past week that you spent with someone not living with you.	1	2	3	4	5
9	Number of times in the past week that you talked with friends or relatives on the telephone.	1	2	3	4	5
10	Number of times in the past week that you attended meetings of clubs, religious groups, or other groups that you belong to (other than work).	1	2	3	4	5

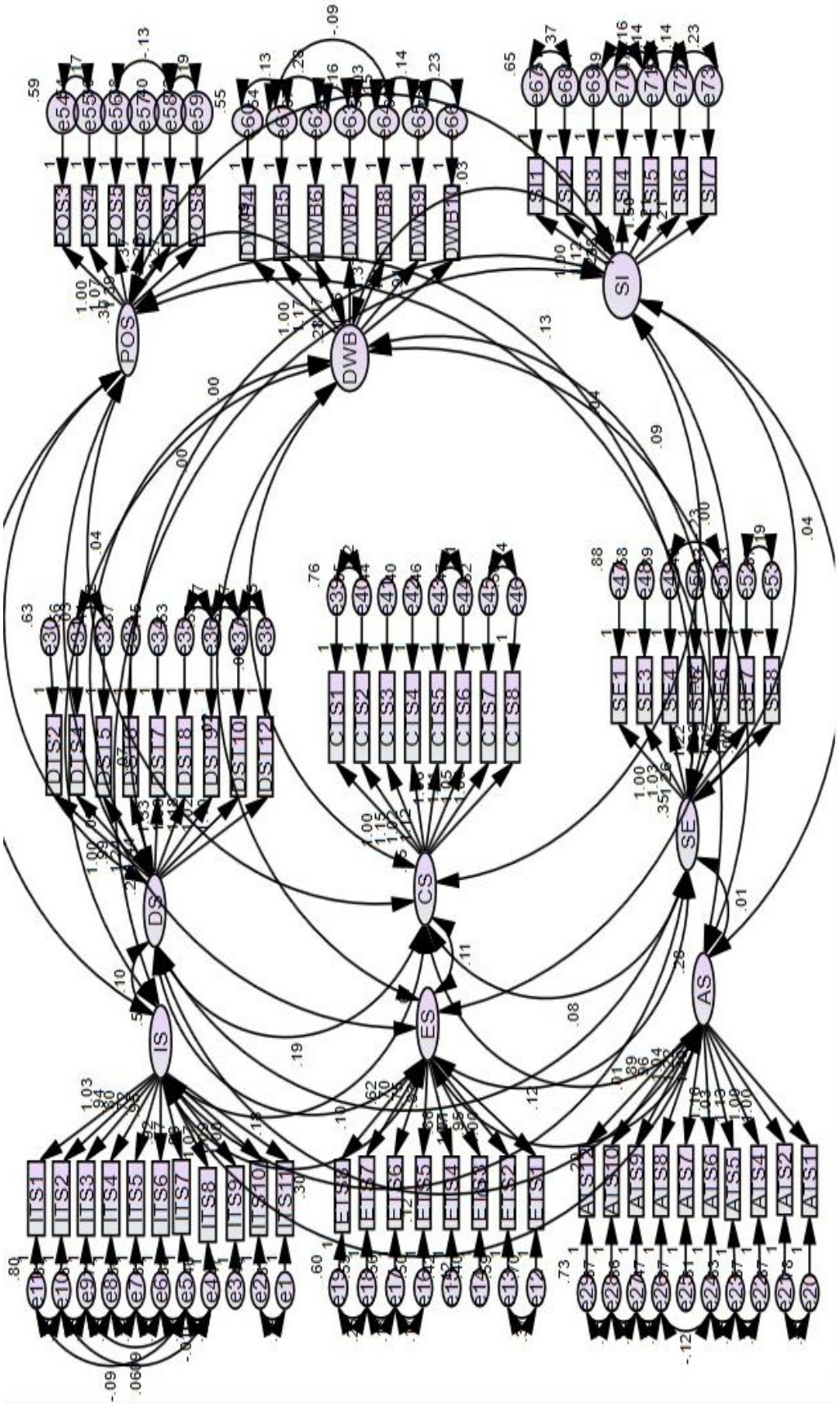
Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**		
1	2	3	4	5	میں یہ محسوس کرتا ہوں/ کرتی ہوں کہ میں دوسروں کی طرح اچھا انسان نہیں کیونکہ مجھے (TB) ہے	1
1	2	3	4	5	(TB) میرے لیے کبھی بھی باعث شرمندگی نہیں ہے	2
1	2	3	4	5	(TB) سے مجھے گندہ ہونے کا احساس ہوتا ہے	3
1	2	3	4	5	(TB) کی وجہ سے میں خود کو ایک بُرا انسان سمجھتا ہوں	4
1	2	3	4	5	مجھے (TB) ہونا میرے لیے نفرت انگیز ہے	5
1	2	3	4	5	میں سمجھتا ہوں کہ مجھے (TB) ہونا میری اپنی غلطی ہے	6
1	2	3	4	5	میں (TB) کی وجہ سے بہت سے کام نہیں کر سکتا	7
1	2	3	4	5	(TB) کی وجہ سے میں ایک اچھا ملازم نہیں ہوں	8
1	2	3	4	5	(TB) کی وجہ سے میں اپنی بہت ساری ذمہ داریوں کو پورا نہیں کر سکتا	9
1	2	3	4	5	میں بھی اتنا ہی قابل ہوں جتنا کہ وہ لوگ جن کو (TB) نہیں ہے	10
1	2	3	4	5	وہ افراد جن کو (TB) نہیں ہے مجھ سے بہتر نہیں ہیں	11
1	2	3	4	5	لوگ اپنے آپ سے کمتر سمجھتے ہیں	12
1	2	3	4	5	لوگ آپ کو ہوشیار نہیں سمجھتے	13
1	2	3	4	5	لوگ آپ سے خوف زدہ ہونے کے ردعمل کا اظہار کرتے ہیں	14

15	لوگ آپ سے نسبتاً کم حسن سلوک رکھتے ہیں	5	4	3	2	1
16	لوگ آپ سے نسبتاً کم عزت کرتے ہیں	5	4	3	2	1
17	سٹورز اور ریسٹورنٹ پر نسبتاً کم عزت ملتی ہے	5	4	3	2	1
18	لوگ آپ کو بے ایمان سمجھتے ہیں	5	4	3	2	1
19	لوگ آپ کو بُرے ناموں سے پکارتے ہیں	5	4	3	2	1
20	آپ کو دھمکیاں دی جاتی ہیں اور ہراساں کیا جاتا ہے	5	4	3	2	1
21	آپ سمجھتے ہیں کہ آپ کے خاندان والے اور دوست آپ سے ناراض ہوں گے	5	4	3	2	1
22	آپ سمجھتے ہیں کہ آپ کے خاندان والے اور دوست آپ کے صحت یاب نہ ہونے کا ذمہ دار آپ کو سمجھتے ہیں	5	4	3	2	1
23	آپ سمجھتے ہیں کہ آپ کے خاندان والے اور دوست آپ کی بیماری کو آپ کی غلطی سمجھتے ہیں	5	4	3	2	1
24	آپ سمجھتے ہیں کہ آپ کے دوست اور خاندان کے افراد آپ کے بارے میں اچھا نہیں سوچتے	5	4	3	2	1
25	آپ سمجھتے ہیں کہ آپ کا باس آپ کو ترقی نہیں دے گا	5	4	3	2	1
26	آپ سمجھتے ہیں کہ ملازمت کے دوران کوئی آپ سے جانبدارانہ رویہ رکھنا چاہیے گا	5	4	3	2	1
27	آپ سمجھتے ہیں کہ آپ کا باس مشکل اور اہم کام آپ کے بجائے کسی اور کے سپرد کر دے گا	5	4	3	2	1
28	آپ سمجھتے ہیں کہ ملازمت پر کوئی نہ کوئی یہ محسوس کرتا ہے کہ آپ اپنی ذمہ داری پوری نہیں کر سکتے	5	4	3	2	1
29	آپ سمجھتے ہیں کہ ہیلتھ کیئر ورکر آپ سے تنگ آ جائے گا	5	4	3	2	1
30	ہیلتھ کیئر ورکر آپ کو ہی صحت یاب نہ ہونے کا ذمہ دار قرار دے گا	5	4	3	2	1
31	آپ کا ہیلتھ کیئر ورکر آپ کو ہی ایک بُرا مریض سمجھتا ہے	5	4	3	2	1
32	میری بیماری (TB) کا پتہ چلنے پر لوگوں کو دُکھ ہوتا ہے	5	4	3	2	1
33	کچھ لوگوں نے (TB) کی وجہ سے اپنے دوست کھو دیئے ہیں	5	4	3	2	1
34	کچھ لوگ (TB) کی وجہ سے اکیلے ہو گئے ہیں	5	4	3	2	1
35	کچھ لوگ (TB) کے پھیلنے کی وجہ سے دوسروں سے دور رہے ہیں	5	4	3	2	1
36	کچھ (TB) کے مریض اس کے جراثیم پھیلنے کی وجہ سے دوسروں سے دور رہتے ہیں	5	4	3	2	1
37	کچھ (TB) کے مریض اپنے خاندان سے باہر اپنی (TB) کے بارے میں بتانے سے خوفزدہ ہوتے ہیں	5	4	3	2	1
38	کچھ (TB) کے مریض دوسروں کو بتانے سے خوفزدہ ہوتے ہیں کہ وہ محسوس نہ کر لیں کہ ان کو ایڈز بھی ہے	5	4	3	2	1
39	کچھ (TB) کے مریض شرمندگی محسوس کرتے ہیں کہ وہ بوجھ ہیں خاندان پر کیونکہ وہ ان کا خیال رکھتے ہیں	5	4	3	2	1
40	کچھ (TB) کے مریض اپنی بیماری کا بتانے کے لیے مناسب افراد کا چناؤ کرتے ہیں	5	4	3	2	1
41	کچھ (TB) کے مریض یہ محسوس کرتے ہیں کہ تمباکو نوشی شراب اور غیر ذمہ داریاں ان کی بیماری کی وجہ ہیں	5	4	3	2	1
42	کچھ لوگ جن کو (TB) ہے وہ خدشہ محسوس کرتے ہیں کہ ان کو Aids بھی ہو سکتا ہے	5	4	3	2	1

43	کچھ(TB) کے مریض اپنے خاندان والوں کو اپنی بیماری کا بتانے میں خوفزدہ ہوتے ہیں	5	4	3	2	1
44	مجموعی طور پر میں اپنے بارے میں کیا محسوس کرتا ہوں، اس کا میری صحت کی حالت سے کچھ زیادہ تعلق نہیں ہے	5	4	3	2	1
45	میں جو کچھ بھی ہوں میری موجودہ صحت اس کے اظہار کا اہم جزو ہے	5	4	3	2	1
46	میری صحت کی حالت میرے احساس کے لیے اہم نہیں ہے کہ میں کس قسم کا انسان ہوں	5	4	3	2	1
47	میں خود کو کیسے دیکھتا ہوں اس کے لیے میری موجودہ صحت بہت اہمیت کی حامل ہے	5	4	3	2	1
48	میری موجودہ صحت میرے وجود کی عکاسی کرتی ہے	5	4	3	2	1
49	میری بیماری(TB) کو جانے بغیر مجھے سمجھنا غیر ممکن ہے	5	4	3	2	1
50	اس بیماری(TB) کے بغیر میں بالکل مختلف شخص ہوں گا	5	4	3	2	1
51	میری موجودہ صحت کی حالت میرے تعارف کا مرکزی نقطہ ہے	5	4	3	2	1
52	میں اپنی شناخت کے بارے میں کتنا سوچتا ہوں	5	4	3	2	1
53	میری صحت کی حالت بلاوجہ میرے دماغ پر حاوی رہتی ہے	5	4	3	2	1
54	میں ہر وقت اپنی(TB) کے بارے میں سوچتا رہتا ہوں	5	4	3	2	1
55	مجموعی طور پر میں اپنے آپ سے مطمئن ہوں	5	4	3	2	1
56	کبھی کبھی میں سوچتا ہوں کہ مجھ سے کوئی اچھا نہیں ہے	5	4	3	2	1
57	مجھے لگتا ہے کہ میری بہت سی اچھی خصوصیات ہیں	5	4	3	2	1
58	میں دوسرے لوگوں کی طرح بہت سارے کام کرسکتا ہوں	5	4	3	2	1
59	مجھے لگتا ہے کہ میرے پاس کوئی قابل فخر چیز نہیں ہے	5	4	3	2	1
60	کبھی کبھی میں خود کو ناکارہ سمجھتا ہوں	5	4	3	2	1
61	میں کم سے کم دوسرے لوگوں کی طرح خود کو نا قابل اعتبار آدمی سمجھتا ہوں	5	4	3	2	1
62	میری خواہش ہے کہ اپنے سے زیادہ عزت حاصل کرسکوں	5	4	3	2	1
63	آخرکار میں یہ سوچنے پر مجبور ہوں کہ میں نااہل ہوں	5	4	3	2	1
64	میں خود میں مثبت رویہ محسوس کرتا ہوں	5	4	3	2	1
65	میری کمپنی میرے مقاصد اور امداد کو مکمل اہمیت دیتی ہے	5	4	3	2	1
66	اگر مجھے کوئی مسئلہ ہو تو کمپنی والے میری مدد کرتے ہیں	5	4	3	2	1
67	کمپنی والے میری اچھائی کا خیال کرتے ہیں	5	4	3	2	1
68	کمپنی والے مجھے اس غلطی کی معافی دیں گے جو مجھ سے انجانے میں ہوئی	5	4	3	2	1
69	کمپنی مجھے ضرورت پڑنے پر خاص طور سے بھی مدد فراہم کرے گی	5	4	3	2	1
70	مجھے موقع فراہم کر کے کمپنی مجھ سے فائدہ لے سکتی ہے	5	4	3	2	1

71	کمپنی مجھ سے بہت کم تعلق رکھتی ہے	5	4	3	2	1
72	کمپنی والے میرے مشورے پر توجہ دیتے ہیں	5	4	3	2	1
73	کام پر کسی کا مذاق اُڑانا	5	4	3	2	1
74	کام کے دوران کسی کے دل کو دُکھانے والی بات کر دینا	5	4	3	2	1
75	کسی کے اخلاق، مذہب، نسل پر فقرہ کسنا	5	4	3	2	1
76	کام کے دوران لعنت وملامت کرنا	5	4	3	2	1
77	کام کے دوران گھٹیا مذاق کرنا	5	4	3	2	1
78	کام کے دوران کسی سے تمسخر سے پیش آنا	5	4	3	2	1
79	کام کے دوران کسی کو سب کے سامنے شرمندہ کرنا	5	4	3	2	1
80	کام کے دوران بغیر اجازت کے اشیاء لے لینا	5	4	3	2	1
81	کام کے بجائے زیادہ تر خیالی پلاؤ پکاتے رہنا	5	4	3	2	1
82	آپ نے کاروباری اخراجات کے لیے ایک رسید پر اصلی سے زیادہ رقم لکھ کر پیسے نکلوائے	5	4	3	2	1
83	ملازمت کے دوران متعین تعداد سے زیادہ چھٹیاں کرنا	5	4	3	2	1
84	کام پر اجازت لیے بغیر در سے آنا	5	4	3	2	1
85	کام کے ماحول کو گندہ کرنا	5	4	3	2	1
86	اپنے باس کے احکامات پر عمل نہ کرنا	5	4	3	2	1
87	جان بوجھ کر کام کو آہستہ آہستہ انجام دینا	5	4	3	2	1
88	کمپنی کے حساس معاملات کسی ایسے شخص سے بیان کرنا جس سے نہیں کرنے چاہیے تھے	5	4	3	2	1
89	کام کے دوران شراب نوشی اور نشہ آور اشیاء استعمال کرنا	5	4	3	2	1
90	اپنے کام پر چھوٹی سی کوشش کرنا	5	4	3	2	1
91	وقت پر کام کو انجام نہ دینا کہ اور ٹائم مل سکے	5	4	3	2	1
92	میں اکثر کمپنی چھوڑنے کا سوچتا ہوں	5	4	3	2	1
93	زیادہ تر ممکن ہے کہ میں نئے سال میں نئی ملازمت تلاش کروں	5	4	3	2	1
94	اگر میں نے دوبارہ انتخاب کیا تو کام کرنے کے لیے اپنی ہی کمپنی کا انتخاب کروں گا	5	4	3	2	1
95	کیا آپ کو محسوس ہوتا ہے کہ آپ کا اپنے دوستوں اور خاندان والوں میں اہم کردار ہے	5	4	3	2	1
96	کیا آپ کے گھر والے اور دوست آپ کو سمجھتے ہیں	5	4	3	2	1
97	کیا آپ اپنے آپ کو اپنے دوستوں اور خاندان والوں کے لیے کارآمد سمجھتے ہیں	5	4	3	2	1
98	کیا آپ کو یہ محسوس ہوتا ہے کہ آپ کے اپنے فیملی والے اور دوست آپ کی باتوں پر غور کرتے ہیں	5	4	3	2	1

99	کیا آپ کو معلوم ہے کہ آپ کے خاندان والوں اور دوستوں کے حالات کیا ہیں؟	5	4	3	2	1
100	کیا آپ اپنے پریشان کن مسائل کا ذکر کر سکتے ہیں؟	5	4	3	2	1
101	خاندان کے کتنے لوگ ایک گھنٹے کے فاصلے پر سفر کر سکتے ہیں جن پر آپ مدد کے لیے انحصار کر سکتے ہیں	5	4	3	2	1
102	گزشتہ ہفتے آپ نے کتنی دفعہ اپنے دوستوں اور خاندان والوں سے ٹیلی فون پر بات کی	5	4	3	2	1
103	گزشتہ ہفتے آپ نے کتنا وقت کلب کی ملاقات، مذہبی محفل اور دوستوں کے ساتھ گزارا ہے	5	4	3	2	1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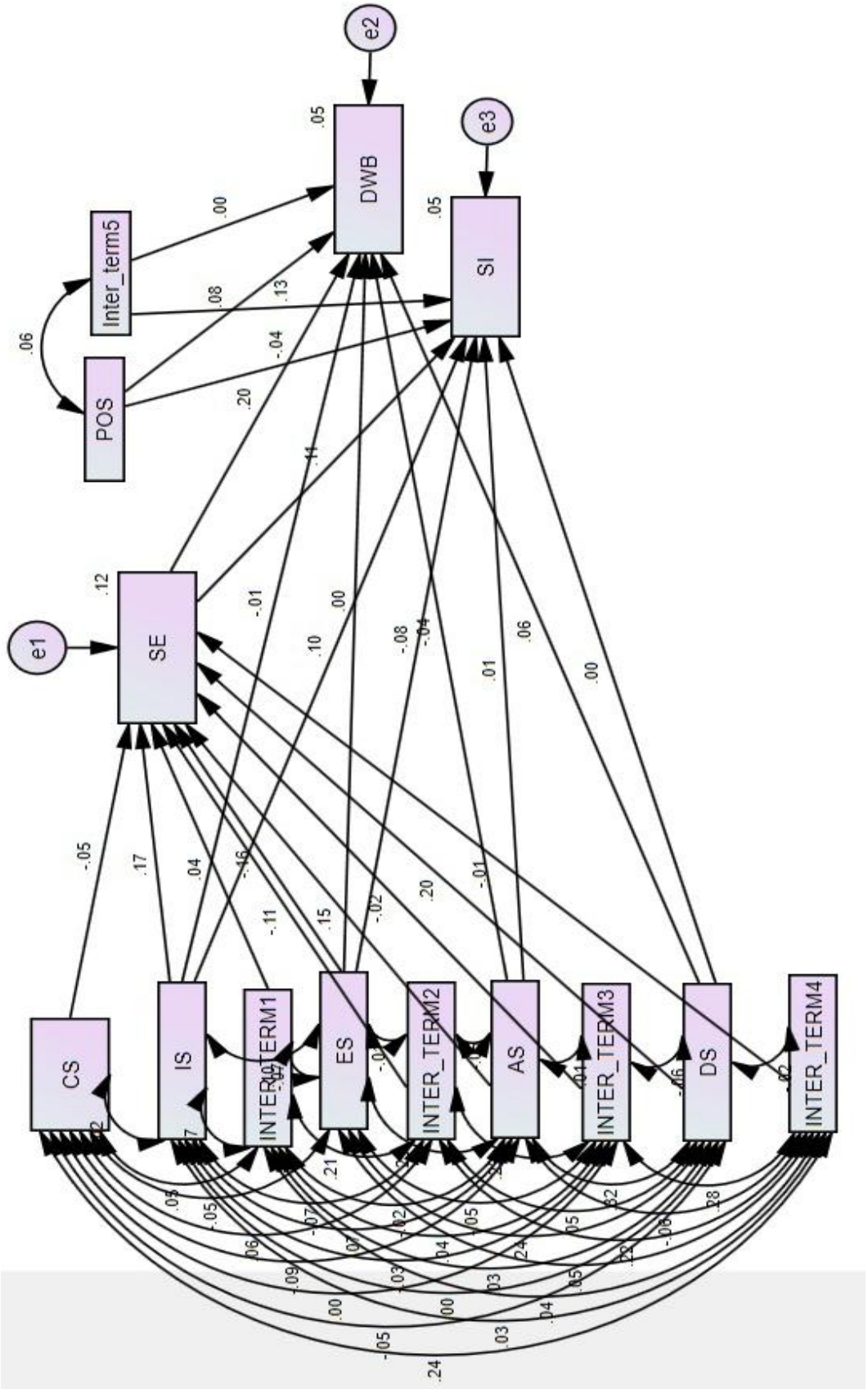
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IS
INTER_TERM1
ES
INTER_TERM2
AS
INTER_TERM3
DS
INTER_TERM4

Pattern Matrix

	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
ITS1	0.675								
ITS2	0.717								
ITS3	0.73								
ITS4	0.641								
ITS5	0.671								
ITS6	0.687								
ITS7	0.622								
ITS8	0.766								
ITS9	0.775								
ITS10	0.789								
ITS11	0.689								
ETS1					0.774				
ETS2					0.763				
ETS3					0.72				
ETS4					0.731				
ETS5					0.77				
ETS6					0.783				
ETS7					0.697				
ETS8					0.634				
ATS1			0.51						
ATS2			0.562						
ATS3					0.347				
ATS4			0.649						
ATS5			0.632						
ATS6			0.663						
ATS7			0.754						
ATS8			0.739						

Pattern Matrix

	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
ATS9			0.774						
ATS10					0.4				
ATS11			0.675						
ATS12			0.573						
DTS1									
DTS2				0.469					
DTS3				0.22					
DTS4				0.581					
DST5				0.678					
DST6				0.706					
DST7				0.687					
DST8				0.741					
DST9				0.794					
DST10				0.773					
DTS11				0.302					
DST12				0.701					
CTS1		0.607							
CTS2		0.709							
CTS3		0.718							
CTS4		0.761							
CTS5		0.723							
CTS6		0.802							
CTS7		0.856							
CTS8		0.774							
STS1								0.339	
STS2								0.334	
STS3	0.112								
SE1						0.586			
SE2									
SE3						0.723			

Pattern Matrix

	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
SE4						0.721			
SE5						0.758			
SE6						0.706			
SE7						0.697			
SE8						0.725			
SE9		0.344							
SE10		0.268					0.222		
POS1							0.432		
POS2									
POS3									0.623
POS4									0.742
POS5									0.717
POS6									0.75
POS7									0.789
POS8									0.772
DWB1	0.441								
DWB2	0.365								
DWB3	0.322								
DWB4								0.573	
DWB5								0.699	
DWB6								0.771	
DWB7								0.784	
DWB8								0.767	
DWB9								0.699	
DWB10		0.223						0.617	
DWB11									
DWB12		0.352							
DWB13		0.3							
DWB14			0.233						
DWB15			0.321						

Pattern Matrix

	Component								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
DWB16				0.224					
DWB17									
DWB18				0.223					
DWB19	0.378								
TOI1									0.544
TO12				0.333					
TOI3	0.222								
SI1							0.707		
SI2							0.755		
SI3							0.66		
SI4							0.72		
SI5							0.754		
SI6							0.737		
SI7							0.689		
SI8							0.223		
SI9						0.336			
SI10						0.114			