Workplace Bullying, Internalized Covid-19 Stigma And Self-Esteem: Does Islamic Work Ethic Curtail The Relationship? A Moderated-Mediation Analysis

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Abstract

The study investigates the relationship between workplace bullying and self-esteem among healthcare employees who tested positive for COVID-19, with Internalized Covid-19 Stigma as a mediating variable. Additionally, we explored the moderating effect of Islamic Work Ethic on this mediated relationship. Our sample comprised 366 healthcare workers, including Medical Officers (n=85), Nurses (n=155), and Paramedics (n=126), all of whom were employed in COVID-19 wards at tertiary healthcare centers in Punjab, Pakistan. Participants completed questionnaires assessing the relevant variables, and the results showed that workplace bullying had a negative impact on the self-esteem of COVID-19-positive employees (r=-0.482**), indicating that those who experienced more bullying reported lower self-esteem. Our findings also revealed that Islamic Work Ethic moderated the relationship between workplace bullying and self-esteem through Covid-19 Internalized Stigma (Index=0.1104, 95% CI= [0.0602/0.1683]). We discuss the implications of our study and suggest future research directions.

Keywords: Workplace Bullying, Internalized Covid-19 Stigma, Self-Esteem, Islamic Work Ethic.

I. Introduction

The spread of novel Corona-Virus Disease (COVID-19) worldwide has adversely affected every aspect of human life. The pandemic has brought an array of direct and indirect psychological and social impacts on individuals and society (Abdelhafiz & Alorabi, 2020). The overflow of exaggerated information has triggered negative feelings such as stress, anxiety and hysteria (Wang, et al., 2020). Further, similar to other infectious diseases, patients of COVID-19 have also started reporting internalized stigmatization (Wang, et al., 2020; Abdelhafiz & Alorabi, 2020).

Stigma is manifested as prejudice (Bos, Pryor, Reeder, & Stutterheim, 2013) and discrimination towards people with the disease (Link & Phelan, 2001). The common psychological outcomes of stigma may include guilt, self-blame, and lower self-esteem (Yuan, et al., 2021; White, 2020). Further, it may cause shame, guilt, self-isolation, demoralization, and blameworthiness among stigmatized individuals (Villa, Jaramillo, Mangioni, Bandera, Gori, & Raviglione, 2020). Besides the psychological and social impacts, it also has an array of negative workplace outcomes (Abdelhafiz & Alorabi, 2020). Stigmatized employees may experience workplace bullying from their co-workers (Schubert, et al., 2021), adversely affecting their self-esteem. The negative outcomes of stigma may further hinder organizational success (Noor, Bashir, & Earnshaw, 2011). However, ethical guides in the organization may restrict co-workers from bullying the stigmatized, reducing the adverse impacts of internalized stigma on self-esteem (Ahmad, Nawab, & Shafi, 2021).

Studies have reported that employees detected positive for Covid-19 or employees exposed to Covid-19 may experience stigmatization in the workplace (Schubert, et al., 2021; Abdelhafiz & Alorabi, 2020) as it starts with the spread of infectious diseases and isolation of an individual due to this spread of infection (Bashir, 2011). They may face discrimination and undermine from their peers and neighbors (Duan, Bu, & Chen, 2020). Recent evidence suggests that survivors of COVID-19 have faced discrimination in society, was bullied by their neighbors and co-workers, or even rejected by their employers in China (Yuan, et al., 2021). Studies further suggest that stigma is predicted by workplace bullying (Schubert, et al., 2021), which is detrimental to the self-esteem of employees (Noor, Bashir, & Earnshaw, 2011) and impedes career progression and personal development opportunities. These negative outcomes may further hinder organizational success (Paetzold, 2008).

In Islamic countries like Pakistan, a major chunk of the healthcare workforce is Muslim, and they hold the belief that Islamic Work Ethic is a mechanism that prohibits undermining and bullying others based on their cast, color, creed or disability (the disease in our case). Instead, it promotes inclusion and cooperation for the sick (Ahmad, Nawab, & Shafi, 2021). Irrespective of the adverse impacts of the internalized stigma associated with COVID-19 and its threatening effect on controlling its spread (Abdelhafiz & Alorabi, 2020), it is assumed that knowledge of Islamic Work Ethics held by co-workers of an infected employee may help in reducing the adverse impact of workplace bullying and COVID-19 associated stigma on the self-esteem of that employee. Based on the inclusion principle of the Islamic Work Ethic, the coworkers may treat the COVID-19-infected individual may avoid undermining them, thus reducing the adverse impact of internalized COVID-19 stigma on their self-esteem.

Although a substantial amount of research has examined the stigma of Covid-19 in the social context (Schubert, et al., 2021), no study has examined the internalized Covid-19 stigma in the relationship between workplace bullying and self-esteem. Workplace bullying may be used as a linking mechanism between stigmatized identity and workplace outcomes such as selfesteem (Khan, 2019). Further, the role of IWE as a buffering mechanism has not been examined in this relationship.

2. Theory and Hypotheses Development

According to the Social Identity Theory, individuals who have survived infectious diseases like COVID-19 tend to develop a separate identity and remain segregated from those who have not been infected (Hogg & Turner, 1987). Building on the principles of this theory, we contend that individuals who have contracted COVID-19 possess a distinct identity in comparison to those who have not, and this identity is often viewed negatively due to the contagious nature of the disease and the negative perceptions and attitudes held by others towards those who have been infected with COVID-19. These negative perceptions in a social context are linked with psychological outcomes, including diminished self-esteem.

2.1 Bullying and Self-Esteem

Bullying refers to emotional abuse, devaluing or undermining the individuals (Corrigan, Watson, & Barr, 2006). The victim of bullying may experience feelings of shame, guilt and worthlessness (Villa et al., 2020) or, in severe cases, self-hatred, resulting in demotivation, reduced self-respect and reduced self-esteem (Noor, Bashir, & Earnshaw, 2011). In such a situation, the employee may lose interest in the job or become isolated. Consequently, they may fail to maintain a work-life balance and consider quitting their job (Villa et al., 2020). Studies suggest that employees who reported COVID-19 positive or had contact with COVID-19-positive persons may experience workplace bullying by their co-workers, which ultimately lowers their self-esteem (Schubert, et al., 2021). Further, the experience infected employees may discrimination or be bullied by co-workers, which may hurt their self-esteem (Yuan, et al., 2021; Einarsen & Hoel, 2001). Thus we may propose that

H1: Bullying negatively affects the self-esteem of COVID-19-detected employees.

2.2 Mediating Role of Internalized **COVID-19 Stigma**

Recent evidence suggests that internalized Covid-19 stigma may result in shame, guilt and lower self-esteem (Duan, Bu, & Chen, 2020). Self-esteem refers to an individual's self-worth, self-respect, and self-acceptance (Li, Liu, & Chen. 2020). Research suggests that discriminating against or devaluing employees based on their characteristics may lead to lower self-esteem (Bashir, 2011). Employees experiencing workplace bullying due to their 1520

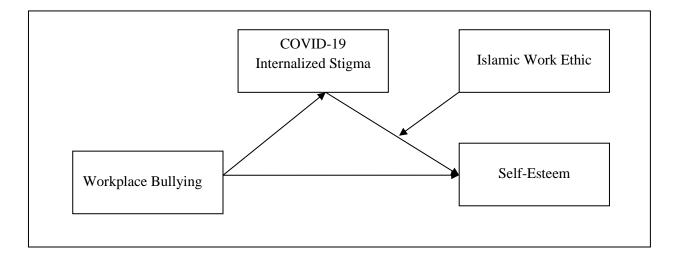
disease (COVID-19 detection in our case) may undergo an internalized stigma of devaluation which in turn may adversely affect their psychological well-being and reduce their selfconfidence and self-esteem (Vartia, 2001). Thus, we may argue that bullying increases the internalized stigma of COVID-19, which may reduce an employee's self-esteem. Based on this argument, we may propose the following hypothesis;

H2: COVID-19 stigma mediates the relationship between workplace bullying and employees' selfesteem.

2.3 Moderating Role of IWE

Islamic Work Ethic refers to the ethical guidelines for the workplace derived from the sayings of the Muslims' holy book Quran and the practices of Prophet Mohammed (PBUH). The "Akhalq" (treating people with love and care) and "Ummah" (non-discriminated inclusion) dimensions of the IWE stress good working relationships and inclusion in the workplace (Ahmad, Nawab, & Shafi, 2021). If employees know Islamic Work Ethics, they will treat coworkers carrying infectious diseases with love, respect, good working relationship and an inclusive spirit which may lessen the severity of internalized stigma damaging employees' selfesteem. Thus, we may argue that IWE may reduce the adverse impact of COVID-19associated internalized stigma caused by the bullying of co-workers on employees' selfesteem. Based on this argument, we may propose the following;

H3: IWE moderates the relationship between COVID-19 associated internalized stigma and employees' self-esteem.



3. Methods

3.1 Participants

All 366 healthcare employees (Nurses=55, Paramedics=30, Medical Officers=13) working in the COVID-19 ward of a tertiary healthcare center in District Muzaffargarh of Southern Punjab in Pakistan participated in the study. The criterion for recruiting participants was their engagement in the Corona Ward of the hospital during the last six months, i.e., January 2021 to July 2021. The participants were briefed about the study's objectives in the first stage. Later, they were requested to complete the questionnaires that the first author personally administered.

3.2 Instruments

We used self-report measures to seek the participants' responses on the variables understudy. The participants' responses were anchored on a five-point Likert-type rating scale ranging from strongly disagree=1 to strongly agree=5.

3.2.1 Workplace Bullying: We administered the 21-item WBS scale devised by Anjum and colleagues (2019) to measure workplace bullying. The scale's reliability was evaluated through Cronbach Alpha analysis, which yielded a coefficient of 0.95, indicating high consistency and reliability of the measure in assessing workplace bullying.

3.2.2 Self-Esteem: Our self-esteem assessment relied on Rosenberg's (1995) 10-item scale. We evaluated the scale's internal consistency using Cronbach Alpha analysis, which produced a coefficient of 0.92, indicating good reliability and consistency in assessing self-esteem.

3.2.3 Islamic Work Ethic: Islamic Work Ethic was measured through a 17-items scale by Ali (1988). The Cronbach Alpha reliability of the scale was 0.95.

3.2.4 Internalized COVID-19 Stigma: We measured internalized stigma through 11 items scale of Earnshaw and Quinn (2012). The Cronbach Alpha reliability of the scale was 0.85.

Table 1:	Reliability	Analysis
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Variable	No. of Items	Cronbach's Alpha	CR	AVE	

Workplace Bullying	21	0.95	0.97	0.86	
Self-Esteem	10	0.92	0.78	0.94	
Islamic Work Ethic	17	0.95	0.78	0.94	
Internalized Stigma	11	0.85	0.78	0.94	

4. Results and Analysis

4.1 Model Assessment

We utilized a structural equation model generated through AMOS to examine the investigated variables' relationships. The goodness-of-fit of the model was evaluated using several indices. A well-fitting model was deemed to have a CMIN/df value of less than 5, as well as Goodness of Fit (GFI), Tucker and Levis (TLI), and Confirmatory Fit Index (CFI) values greater than 0.90 (Hair et al., 2010). Additionally, a model with an adequate fit was accepted if the Standardized Root Mean Square Residual (SRMR) value computed by AMOS was less than 0.05 and the Root Mean Square Error Approximation (RMSEA) was between 0.05 and 0.08 (Hair et al., 2010).

Table 2: Model Assessment

Model	CMIN/df	GFI	TLI	CFI	SRMR	RMSEA
Default Model	1.32	0.829	0.953	0.955	0.04	0.03

Table 2 reveals that the fit indices for the model in the above table fell in the acceptable range, i.e., CMIN/df=1.320, the GFI=.829, TLI=.953, CFI=.955, SRMR=.056 and RMSEA=.030.

4.2 Correlation Matrix

Table 3: Correlation Analysis

	Workplace Bullying	Self-Esteem	Islamic Work Ethic	Internalized Stigma
Workplace Bullying	1			

Self-Esteem	482**	1		
Islamic Work Ethic	213**	.203**	1	
Internalized Stigma	.537**	579**	235**	1

Table 3 depicts that workplace bullying has a significant negative relationship with self-esteem (r=- 0.482^{**}) and IWE (r=- 0.213^{**}). In contrast, it positively correlates with covid-19 internalized stigma (0.537^{**}), indicating that WB was associated with lower self-esteem and fostered covid-19 stigma among employees. Further, covid-19 internalized stigma has a negative association with self-esteem (r=- 0.579^{**}), indicating that it was associated with lower self-esteem (r=- 0.579^{**}), indicating that it was associated with lower self-esteem. Similarly, IWE has a positive relationship with self-esteem (r= 0.203^{**}) and a **Table 4: Moderated Mediation**

negative relationship with covid-19 internalized stigma (r=- 0.235^{**}). Knowledge of IWE fosters self-esteem and reduces covid-19 internalized stigma. In support of the first hypothesis, it is evident in Table 3 that workplace bullying negatively affects the self-esteem of COVID-19-detected employees (r=- 0.482^{**}), suggesting health professionals who reported higher WB had lower self-esteem.

4.3 Moderated Mediation Analysis

Direct Relationship	Unstandardized Coefficient	T-Values		
Workplace Bullying (WB)>	1.1089	7.7247		
Workplace Bullying (WB)>	Self-Esteem		-0.2570	-4.8833
Covid-19 Internalized Stigma -	> Self-Esteem	L	-0.5505	-9.1685
Covid-19 Internalized Stigma	0.0485	0.9422		
Indirect Relationships	Direct Effect	Indirect Effect (SE)	Confidence Interval Low/High	T-Values
	-0.2570	-0.2533 (0.0449)	-0.3480/-0.1724	-5.641
Probing Moderated Indirect Relationship	Effect	SE	Confidence Interval Low/High	T-Values
Low IWE	-0.3897	0.0648	-0.5227/-0.2693	-6.014
High IWE	-0.1559	0.0435	-0.2502/-0.0789	-3.584

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Index of Moderated Mediation	0.1104	0.0276	0.0602/0.1683	3.993

Table 4 mentioned that we probed into indirect relationships to support the second hypothesis. The second hypothesis of our study was supported by the finding that the relationship between workplace bullying and self-esteem was mediated by Covid-19 stigma. Furthermore, It also depicts Table 4 Hypothesis 3 suggests that Islamic Work Ethic moderates the indirect effect of workplace bullying on self-esteem through Covid-19 Internalized Stigma. H3 was supported Index of Moderated Mediation as the (Index=0.1104, 95% CI=[0.0602/0.1683]) is significant since 95% CI does not include zero, which further suggests that the impact of IWE weakened the relationship between internalized Covid-19 stigma and Self-Esteem.

5. Discussion

The results of the hypotheses are consistent with the assumptions of Social Identity Theory (Tajfel & Turner, 1979), Modified Labeling Theory (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) and findings of the previous studies (Schubert, et al., 2021; Yuan, et al., 2021; Duan, Bu, & Chen, 2020), this study adds new insights to stigma and self-development literature. It also offers insight into the outcomes and antecedents of bullying and the related internalization of stigma. The Social Identity Theory (Tajfel & Turner, 1979) suggests that the Covid-19 infected individuals experience collective identity at the workplace and are labeled as "Covid-19 Infected". Because of the labeling and identity, the infected individuals may experience bullying by their co-workers, which internalizes the Covid-19 related stigma and results in negative outcomes such as low self-esteem as stigmatized employees experiencing bullying at the workplace start devaluing themselves (Bashir, 2011).

Additionally, this study suggests that the knowledge of IWE, especially its components of care (Akhalq) and non-discriminated inclusion (Ummah) at the workplace, may curtail this negative effect of workplace bullying on selfesteem through internalized Covid-19 stigma (Ahmad, Nawab, & Shafi, 2021). Hence, IWE buffers the direct and indirect negative effects of workplace bullying on the self-esteem of healthcare professionals. IWE has proven effects combating and curtailing in adverse psychological and work outcomes (Khan, Abbas, Gul, & Raja, 2013). Thus, knowledge and firm belief in IWE may help employees effectively combat negative psychological and work outcomes such as internalized stigma and low self-esteem at the workplace.

There is still an important study related to workplace bullying and Covid-19 stigma. It has been established that adhering to Covid-19 SOPs suggested by World Health Organization may help restrict the spread of this disease (World Health Organization, 2020). Covid-19 may only spread due to the carelessness of the infected and uninfected individuals, which may even endanger other people's lives. Our study reported that Covid-19 infected individuals were bullied, fuelling their stigma. Consequently, these employees felt undermined, and their self-esteem was adversely affected. However, the study also reported that knowledge of IWE buffered the negative effect of internalized Covid-19 stigma due to workplace bullying on the employees' selfesteem.

5.1 Theoretical Implications

There are various theoretical implications to the study that looked at the association between workplace bullying, internalized Covid-19 stigma, self-esteem, and Islamic work ethic. First, the study emphasizes the significance of considering many elements when investigating workplace bullying and its repercussions. It implies that when researching the association between workplace bullying and self-esteem, internalized Covid-19 stigma may be a significant element to examine. Second, the study expands knowledge of Islamic work ethics and their potential beneficial effects. It implies that those who follow the Islamic work ethic have stronger self-esteem and are less prone to internalize the Covid-19 stigma, which may buffer them from the detrimental consequences of workplace bullying.

5.2 Managerial Implications

The findings of this study have important managerial implications for organizations. Organizations should take actions to prevent and handle workplace bullying, such as creating rules and training programs for the administration and staff of healthcare centers. The hospital management should be taught to recognize and respond to internalized Covid-19 stigma in the workplace and support afflicted personnel. Organizations might encourage Islamic work ethic characteristics such as hard labor, honesty, and respect to foster a pleasant work environment and employee well-being. Organizations could also provide services and support to employees facing workplace bullying or internalized Covid-19 stigmas, such as counseling or employee assistance programs.

6. Conclusion, Limitations and Future Research Directions

This study aimed to explore the relationship between workplace bullying, internalized Covid-19 stigma, self-esteem, and the role of the Islamic work ethic. Specifically, the study investigated whether adherence to the Islamic work ethic could mitigate the negative effects of workplace bullying and internalized Covid-19 stigma on self-esteem. Consistent with the assumptions of Social Identity Theory (Tajfel & Turner, 1979) and Modified Labeling Theory (Link et al., 1989), our study established that Covid-19 infected employees were labeled as infected, and it became their identity. Consequently, they experienced bullying from their colleagues, resulting in the internalization of the stigma that reduced their self-esteem. However, the study also suggested that knowledge of IWE may buffer the negative effect of workplace bullying via internalized Covid-19 stigma on employees' self-esteem.

The study has certain limitations like the other studies. The foremost is self-report measures that may cause response bias, restricting the generalizability of findings. Further, due to the short-term nature of the pandemic, it is hardly possible to examine the life and severity of internalization of stigma related to Covid-19. However, future researchers may examine other diseases, such as polio, epilepsy, etc., to better understand the antecedents and outcomes of disease-related stigma in the workplace.

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