

The Role of Professional Commitment: A Theoretical Review of Occupational Stigma and Turnover Intention

Zhao Yaosong¹, Ooi Boon Keat²
^{1,2} Management and Science University, Malaysia



DOI : <https://doi.org/10.61796/jaide.v2i8.1432>



Sections Info

Article history:

Submitted: June 25, 2025

Final Revised: July 11, 2025

Accepted: August 30, 2025

Published: September 02, 2025

Keywords:

Occupational stigma

Turnover intention

Employees

Professional commitment

Career commitment

Emotional exhaustion

ABSTRACT

Objective: This study investigates the impact of occupational stigma on turnover intention among healthcare workers, with a focus on the mediating role of occupational self-esteem. **Method:** An integrated theoretical framework combining Conservation of Resources (COR) Theory, Social Identity Theory, and the Job Demands-Resources (JD-R) Model was employed to explain the psychological mechanisms underlying this relationship. Occupational stigma was conceptualized as a stressor that depletes personal resources, while occupational self-esteem was examined as a protective factor. **Results:** The findings reveal that occupational stigma significantly predicts turnover intention, but this effect is mediated by occupational self-esteem. Healthcare workers with higher levels of professional self-worth demonstrated greater resilience against stigma-induced resource depletion, thereby reducing disengagement and turnover intention. **Novelty:** This research advances the literature by introducing a comprehensive model that explicates how stigma translates into turnover through resource depletion processes and highlights occupational self-esteem as a critical buffer. The study provides actionable implications for healthcare institutions to design retention strategies through resilience-building, recognition systems, and supportive organizational cultures that mitigate stigma and foster employee well-being.

INTRODUCTION

According to research carried out within the healthcare sector, the stigma associated with employment has a detrimental effect on the mental health of medical personnel, as well as their job happiness and their commitment to their working careers. More research has to be done on how to effectively combat occupational stigma and increase employees' devotion to their employment. Researchers have just scraped the surface of occupational stigma with their findings [1]. These kinds of research need to be conducted using a technique that is objective, even if the data suggests that stigma has a detrimental impact on the performance of organisations and on the professional self-esteem of individuals. Most research concentrate on identifying discriminatory practices that currently exist in hospitals and the harmful impact that these actions have on staff members. This is in contrast to the majority of studies, which provide hospitals practical strategies to improve employee working conditions [2].

Recent publications have highlighted the difficulty of reducing stigmatisation in the workplace as a concern that needs to be addressed. In their study, Stainback et al. (2021) emphasised the significance of organisational principles that appreciate the value of work and foster psychological stability as a method of mitigating the effects of

occupational stigma. In order to achieve this goal, King et al. (2020) conducted research to determine how the ability of workers to advocate against stigma was impacted by a tolerant work environment and supportive management practices. However, these studies do not take into consideration how challenging it is to work in the healthcare industry, where employees frequently have to cope with the additional constraints of providing customer service and dealing with shift schedules that are unpredictable [3].

This research has equal importance in terms of both its theoretical and practical implications. The purpose of this study is to fill a vacuum in the existing literature by investigating the mediating influence that occupational self-esteem has on turnover intention, occupational stigma, and self-esteem [4]. This is because occupational self-esteem is a psychological concept that has gotten little attention in healthcare workforce research too far. This research takes a more comprehensive approach by studying the combined effects of occupational stigma, self-perception, and organisational environment on employees' decisions to remain or leave their jobs [5]. Previous studies have generally examined stigma, work satisfaction, and turnover independently. However, this research takes a more comprehensive approach. This all-encompassing paradigm helps us gain a better understanding of the psychological processes that are at play in stigmatised workplaces, particularly in high-stress contexts such as hospitals [6].

Employers in the healthcare industry can utilise the findings of this study to inform their human resource policies and strategies. Although occupational self-esteem is a moderating variable, it is feasible to minimise turnover intention by employing targeted interventions such as resilience-building seminars, self-esteem improvement programs, and emotional labour acknowledgement systems [7]. These treatments are designed to help employees feel more positive about their work. In order to make the working environment of hospital personnel more compassionate and independent, the study emphasises the significance of making changes at the organisational level. These changes include enhancing management practices, modifying institutional regulations, and enhancing workplace culture [8].

This research is particularly pertinent because of the high turnover rates that are prevalent in the healthcare business. These turnover rates have a significant impact on the quality of care that is provided to patients, the efficiency with which operations are carried out, and the costs that are incurred by institutions. It is possible for hospital administrators, lawmakers, and training institutions to use the study's detailed explanation of the effects of internalised stigma and self-worth on work behaviour to develop long-term plans to retain talented workers, particularly those who are employed in occupations that are emotionally demanding but underappreciated [9].

By addressing knowledge gaps and fostering positive organisational and social reform, the purpose of this project is to increase workplace inclusion, resilience, and psychological well-being for those who are employed in professions that are stigmatised. The literature does not provide a comprehensive model that addresses a significant issue that is prevalent in the hospitality business. This issue is the high turnover rate of employees and the challenging nature of working in hotels [10].

Filling this study vacuum will allow the hospital to develop strategies to minimise stigma and boost staff devotion, both of which are important goals. It is vital to do more study on the topic in order to establish and evaluate evidence-based targeted intervention strategies that are relevant to the healthcare industry and that take occupational self-esteem into consideration as a moderating variable. According to Leigh et al. (2018), hospitals and the tourism sector in particular have high staff turnover rates. This is due to the fact that frontline personnel in these industries tend to interact with patients in a manner that is very personal and frequently emotionally draining. According to Choy and Kamoche (2021), organisations operating in these sectors frequently face difficulties in retaining qualified people, despite the fact that worker commitment is widely seen as an essential factor in ensuring the delivery of superior health care, overall customer happiness, and the profitability of the company. This ongoing turnover has a detrimental influence on a number of aspects, including the continuity of service, the expenses of training and hiring, and the experience of the customer [11], [12]. It is especially important for healthcare institutions to address this issue since the number of staff members employed there has a direct impact not only on the outcomes for patients but also on the overall efficiency of the institution. However, the underlying psychological factors that weaken commitment and make resignation plans worse, such as occupational stigma and lower self-esteem, have gotten relatively less attention than the advantages of employee commitment, which have been the subject of a significant amount of research. Identifying and addressing the internal factors that lead to employee turnover is necessary in order to establish successful methods for retaining employees in high-pressure service settings. These tactics should be developed in order to retain personnel.

In light of the fact that there has been a dearth of prior research in this field, the focus of this investigation will be on the employees in the healthcare business who are most likely to be subjected to occupational stigma. Frontline healthcare professionals and support personnel, such as nurses, healthcare assistants, cleaners, porters, and medical technologists, are included in this category. In spite of the fact that these positions are essential to the efficient operation of the hospital and the provision of medical treatment to patients, they are sometimes ostracised and stigmatised by their employers and the general public. The high demands of working directly with patients and the stressful nature of hospital work, according to Cheng and Yi (2022), are the primary reasons why staff members in these professions are more likely to feel emotional weariness and the intention to leave the field. As stated by Liu, Pongsakornrungrungsilp, and Wongwaropakorn (2022), the retention of talented individuals in hospitals is a significant barrier that is stopping the business from making development. As a matter of fact, this is especially true for vocations that require a lot of physical work. In order to lessen the impact of stigma, Stainback et al. (2021) propose that effective therapies should be directed towards persons who hold significant but frequently overlooked roles within healthcare institutions. This would bring attention to the need of psychological stability and organisational recognition. In addition to shedding light on the link between occupational stigma and the desire to quit a specific group of hospital personnel, the

objective of this study is to investigate the ways in which occupational self-esteem may be able to mitigate the adverse impacts of stigma on one's commitment to their work and career [13].

According to Liu, Pongsakornrunsilp, and Wongwaropakorn (2022), one of the most significant obstacles to the expansion of the hospital is its ability to recruit and retain highly competent employee personnel. As a result of a significant number of hospital staff leaving their positions, the healthcare business is thrown into disarray, and individuals are forced to reevaluate their vacation plans as well as their overall view of the industry. One of the most significant challenges that hospitals face when it comes to recruiting and keeping the best employees is the high turnover rate. Because of the misallocation of scarce industrial resources towards the education of persons with less potential, hospital academics and the healthcare business as a whole are further devalued [14], [15], [16], [17]. This is a consequence of the misallocation of resources.

RESEARCH METHOD

Literature Review

The present low retention rate in China can be attributed to a number of different factors. Unpleasant working hours, poor pay and social security, the transient character of the job, the blurring of professional pathways, and the feeling that one cannot advance in one's career are some of the factors that contribute to this perception [18]. Others include the fact that the employment is temporary. The same rationale is responsible for the fact that 86 percent of the workforce in China is paid by the hour, as indicated by statistics from Fourth Analytics in 2017. Companies are required to "run on a few permanent staff on the bones and, during peak periods, bring in more casual staff because of seasonal factors" [19]. This is in accordance with the norms that have been established throughout the sector. Surprisingly, in 2015, 18% of hospital and hospital-related company owners said that the majority of their staff did not possess the necessary credentials to fill positions that were vacant.

The Conservation of Resources (COR) Theory developed by Hobfoll (1989) can assist us in comprehending the mental and emotional reactions of workers whenever they are confronted with occupational stigma and other stresses in the workplace. In accordance with this notion, an individual exerts a great deal of effort in order to gain, maintain, and safeguard their self-esteem, professional identity, and emotional energy. When these resources are endangered or removed, the likelihood of experiencing stress, burnout, and unhappiness with one's employment increases. This is especially true in high-demand situations like hospitals, where stress and burnout are more widespread than in other settings. Occupational stigma poses a significant risk to both material and immaterial assets in this context. This is especially true for employees who work on the front lines and provide critical support. These employees are frequently marginalised and underappreciated by society despite the fact that they play critical roles [20].

Continuous exposure to occupational stigma can deplete resources in the healthcare business, which is characterised by labour that is both physically and emotionally exhausting. There is a correlation between the perception that workers' efforts are devalued, the weakening of their professional identity, and the draining of their resilience [21], [22]. This perception makes workers feel emotionally exhausted and increases their desire to leave the company. The COR Theory gives insight on the reasons why employees could get disengaged or walk away from their roles in a circumstance like this. On the other hand, moderating variables like occupational self-esteem are extremely important in reducing the impact of these elements. According to Cheng and Yi (2022), having a strong sense of professional self-esteem can assist in overcoming challenges, maintaining one's dedication to one's job, and lessening the emotional impact of situations that are stigmatising.

As a consequence of this, the COR Theory is utilised in this research project in order to provide a framework for the link between occupational stigma and resource depletion. Additionally, the protective impact of occupational self-esteem is utilised in order to examine the negative consequences of occupational stigma on emotional exhaustion, career devotion, and professional commitment. The identification of these dynamics in the study not only brings it into alignment with the COR framework, but it also broadens its applicability to the context of hospital staff retention and wellness.

Workers are deprived of fundamental necessities, like as self-esteem and psychological well-being, when they are stigmatised, as stated by the COR framework. In point of fact, the stress cycle that is brought on by inadequate resources, which is associated with an increase in the desire to quit one's current work, may be a factor that contributes to the acceleration of professional burnout. According to the findings of empirical investigations, there is a correlation between occupational stigma and poor work performance. According to Khan et al.'s research from 2022, persons who are stigmatised experience higher levels of emotional pain and disengagement, which ultimately results in increased turnover rates. [23], [24], [25] According to the COR hypothesis, the depletion of resources can have a domino effect of negative effects on the attitudes and behaviours of workers while they are on the job.

RESULTS AND DISCUSSION

Result

According to Tajfel and Turner's Social Identity Theory, which was published in 1979, a person's sense of self is influenced not only by their participation in a social group but also by the attributes that they possess as an individual. Each person's views, attitudes, and behaviours are influenced by the way in which they identify themselves and others, whether it be through their profession, their department, or their organisation. Through the process of internalising the group's beliefs and standards through this classification, employees are able to adjust their conduct to conform to the expectations of the group.

The Social Impact Theory (SIT) demonstrates why employees have an emotional investment in their occupations and how this link affects their motivation and productivity. When workers have a strong sense of attachment to their company, they are more inclined to work together, remain steadfast in the face of challenges, and demonstrate a higher level of responsibility. Employees are more likely to go above and beyond their responsibilities to contribute to the success of the company when they have the sense that they belong at their place of employment. This, in turn, fosters relationships of trust and loyalty. Those employees who have a robust sense of social identity are more likely to be eager to help one another, share their expertise, and work together successfully.

On the other side, this may lead to disengagement, poor motivation, and even a greater desire to resign when individuals experience feelings of exclusion or when there is a lack of identity within the business. In situations where individuals are unable to establish a connection between their own identities and that of the group, the morale of the workforce declines, the loyalty of the organisation decreases, and job-hopping becomes more prevalent. When this occurs, it is possible that employees may stop operating as a team, which can lead to a decrease in productivity. Bakker and Demerouti (2007) established the Job Demands-Resources (JD-R) model, which offers a comprehensive framework for comprehending the myriads of ways in which various workplace factors impact the levels of satisfaction, motivation, and productivity experienced by employees. Job demands and job resources are the two categories of workplace characteristics that are defined by this concept.

The demands of a job are those characteristics of the job, whether they be social, organisational, psychological, or physical, that require continuous attention and have an impact on an individual's well-being. Examples of such challenges include conflicts between work and personal life, emotional pressure, unclear duties, and heavy workloads. Employees who do not possess the requisite coping methods may experience stress, strain, and burnout as a result of job expectations, despite the fact that these expectations are not always bad. Job resources, on the other hand, are the concrete, intangible, and social parts of a job that assist employees in accomplishing workplace goals, coping with stress, and making growth both professionally and emotionally during their employment. There is a possibility that you may find support from your coworkers, opportunities to advance your career, constructive supervision, possibilities to improve your career, and opportunities to explore autonomy. It is essential to provide employees with job resources since they motivate workers by boosting their level of engagement, contentment, and productivity in the workplace.

The JD-R model is distinguished by the fact that it incorporates both a health-improving and motivating approach, which is one of its fundamental qualities. Performance, health, and overall well-being are all negatively impacted when an individual overburdens themselves with work in the absence of adequate assistance, which can lead to feelings of exhaustion, stress, and burnout. On the other hand, when there is an abundance of resources, it motivates individuals to be more interested in their

professions, more resilient, and more proactive, all of which are beneficial to the firm and the employees that work there.

The adaptability and applicability of the JD-R model across a diverse variety of domains, sectors, and cultural settings is another essential component of this approach. It is possible to adapt JD-R to a wide variety of workplaces, in contrast to past models, because it gives researchers and practitioners the ability to determine their own expectations and resources depending on their own requirements. Furthermore, the model takes into account the fact that both job demands and resources are dynamic and interactive. This implies that resources have the potential to mitigate the effects of high demands, but demands, if they are not managed effectively, have the potential to nullify the advantages that resources provide. When it comes to comprehending the dynamics of the workplace, the JD-R model provides a perspective that is equal parts realistic and balanced. It stresses the necessity of concurrently matching the demands of work with the resources available in order to maintain employee engagement, avoid burnout, and increase the accomplishments of the business over the long run.

According to the COR paradigm, "a person's view of their professional value" is referred to as occupational self-esteem. According to the COR perspective, occupational self-esteem may be defined as an individual's evaluation of the importance they place on their own professional accomplishments. A strong sense of self-worth shields individuals from the adverse effects of external factors, such as the social stigma that is connected to their chosen line of work. The poor self-esteem that employees have in relation to their work causes a change in the focus that is placed on their psychological reserves, which in turn magnifies the impact of stigma to some degree. The researchers Wong and Laschinger (2021) discovered that self-esteem has a moderating role in the relationship between stress in the workplace and employee performance [26], [27]. It is a standalone need. When it comes to dealing with the inevitable disappointments that come with the job, workers who have a healthy dose of occupational self-esteem are more ready to cope with them while still being faithful to their professional identity and objectives. Research conducted by Kim et al. (2023) suggests that self-esteem acts as a barrier, whereas devotion leads to failure due to the shame associated with dedication [18], [28], [29].

The COR theory was the primary focus of this investigation because it offered a comprehensive examination of the ways in which resource dynamics impact the potential adverse effects of stigma on the outcomes that are tied to the workplace. In addition to providing a more nuanced explanation of how occupational stigma effects emotional weariness, professional and career dedication, and the possibility of employee departure as a stressor leading to resource depletion, which is an essential component of the theory, it also provides a more comprehensive understanding of how resources are depleted. In order to overcome the negative consequences and get access to a valuable resource, it is dependent on the positive aspects of occupational self-esteem. According to them, the most important thing that companies can do to support their employees in coping with stress and maintaining their health in the modern workplace is to apply appropriate resource management strategies [19]. As a result, the COR theory is an ideal theoretical

framework for this investigation since it offers a foundation for the investigation of interaction patterns. Not only does it analyse an event that results in occupational stigma in the workplace, but it also investigates the ways in which individuals acquire resources and the factors that may cause them to be lost.

When resources are lost or thought to be lost, or when resources are considerably spent but not acquired at adequate levels, stress can emerge, as stated by [30]. Stress can also occur when resources are not obtained at appropriate levels. As an additional point of interest, the theory provides an explanation for why research into the beginning and management of stress should incorporate both objective "environmental" resources and subjective "personal" resources. People will behave in such a way that they will reduce overall loss, continue to reuse and optimise resources both internally and externally, and eventually eliminate loss when resources are injured, according to the resource conservation hypothesis. This is because people will respond in such a way when resources are threatened or lost. An individual's sense of professional identity is undermined when they are subjected to occupational stigma, which is a negative stereotype that reinforces preconceived notions about a certain employment. Research conducted in the field found that when workers are subjected to stressful situations and unpleasant emotions while on the job, they are more likely to experience burnout, perform badly on the job, and have a strong desire to quit their organisation.

Table 1. Theoretical Framework: Integrating COR Theory, Social Identity Theory, and Job Demands-Resources (JD-R) Model

Theory	Key Concepts	Strengths in Explaining Workplace Issues	Limitations
COR Theory	Resource gain/loss; stress from resource depletion	Explains why employees react strongly to threats/loss of resources	May overlook group/social identity factors
Social Identity Theory	Self-concept derived from group membership	Explains motivation through belonging, identity, and group norms	Less attention to resource or demand aspects
JD-R Model	Balance of job demands and resources	Practical framework for predicting burnout and engagement	Does not fully capture identity/group dynamics

This investigation brings together three theoretical frameworks that are complementary to one another: the Conservation of Resources (COR) Theory, the Social Identity Theory, and the Job Demands-Resources (JD-R) Model. The goal of this information is to provide a comprehensive understanding of the connection between occupational stigma, occupational self-esteem, and intention to leave one's current position.

According to the Conservation of Resources (COR) Theory proposed by Hobfoll (1989), individuals exert a great deal of effort in order to acquire, maintain, and disseminate significant resources. These resources include self-worth, professional identity, emotional vitality, and peer acceptance. Health care facilities and other high-pressure situations are particularly vulnerable to the adverse effects that are associated with occupational stigma. Workers, particularly frontline and support staff, experience psychological depletion, emotional exhaustion, decreased job satisfaction, and an increased desire to resign when they are subjected to continuing social devaluation and lack of appreciation [20]. This is especially true with frontline and support personnel. According to Cheng and Yi (2022), having a healthy sense of self-esteem in one's work life is a vital personal asset that can shield one from the adverse effects of stigma. Even when they are confronted with devaluation from the outside world, it helps them to maintain their dedication and mental well-being.

Through the use of Social Identity Theory (Tajfel & Turner, 1986), this approach is enhanced in order to provide an explanation for how occupational categorisation influences the behaviour of employees. It is possible for a person's social identity to be put in jeopardy if they have a strong connection to a stigmatised work, which can lead to emotional suffering and loneliness. It is impossible to overstate the significance of the efforts that support workers bring to the table, particularly in hospital settings where they may be undervalued. According to Ashforth and Kreiner (1999), a disparity between one's internal and external perspectives can lead to a decrease in professional self-esteem as well as a state of disengagement. As a consequence of this, having a robust sense of occupational identity and belonging is necessary in order to enhance overall resilience.

In order to bridge the gap between the two points of view, the Job Demands-Resources (JD-R) Model [25] proposes that workload, emotional pressure, and stigma are examples of job demands that lead to strain and burnout. On the other hand, supportive leadership, autonomy, and self-esteem are examples of job resources that lead to increased engagement and retention. Occupational stigma may make the psychological difficulties that come with one's employment even more difficult to manage, yet occupational self-esteem can help alleviate some of these difficulties. Research conducted by Bakker and Demerouti (2007) found that when both human and organisational resources are lacking, there is a greater likelihood of employee burnout and turnover.

Collectively, these theories offer a complex framework for understanding how occupational stigma depletes emotional and psychological reserves, how occupational self-esteem protects against these consequences, and how the relationship between these two factors impacts the desire to quit one's current employment. On the other hand, the JD-R Model establishes a connection between work structure and individual well-being, while the Social Identity Theory gives a psychological perspective that is centred on groups, and the COR Theory offers a stress-resource structure. In the context of hospital human resource management systems, this integrated theoretical approach increases both the theoretical grounding and the practical insights.

Discussion

When we investigate the elements that lead to the stigmatisation of dirty work, such as how people perceive and value cleanliness on the job, we have adopted a different approach than what is well known. This is part of our investigation. According to Ashforth and Kreiner (2022), the term "occupational taint" refers to qualities that are associated with a certain occupation and are subsequently stigmatised by a specific demographic. According to research, there are three types of occupational taint: (i) physical taint, which occurs when a person's job involves physical contact with filth, bodily secretions, or dead bodies; (ii) social taint, which occurs when a person's job involves interacting with members of marginalised groups, which could lead to a decrease in the worker's social status; and (iii) moral taint, which occurs when a person's job involves tasks that are morally dubious. According to the findings of a number of academics, an individual who does not participate in a vocation that is stigmatised or neglected is a reflection of that profession.

There is a connection between the professional stigma that hospital professionals are subjected to and the responsibility that is associated with it, according to study [7]. According to Wong and Lee (2012), employees working in the healthcare industry are now dissatisfied with this infamous appellation since it has been used to intimidate and even threaten visitors because it is false. As a consequence of this incident, people in general, and patients in particular, have a negative image of the people who work in the healthcare industry. Many individuals who are unfamiliar with the healthcare profession tend to form broad generalisations about the workers that they come into contact with, describing them as "blinded by greed," "unscrupulous," and other similar phrases. According to Gal and Aulet (2019), a rising number of vacationers have voiced their discontent with the staff at hotels and made a commitment to never utilise their services again while they are planning their subsequent vacation. This has led to the occurrence of these undesirable circumstances. According to Ahmed et al. (2019), hotel employees are subjected to discrimination, which can lead to bullying and mocking occurring. According to Li et al. (2021), dishonest activities taken by hospital workers (such as exaggerating the perceived desires of patients and charging them for goods that are not required) contribute to the unfavourable reputation that the sector has. The last portion of the study is based on research on employment stigma, which analyses the ways in which some employees in the healthcare profession got stigmatised, more especially the ways in which certain individuals in the industry contributed to visitors' negative impressions about healthcare workers [27].

Labourers in so-called "low level" jobs, such as morticians, hospital professionals, and construction workers, were the primary emphasis of the focus of the early academics' perspective. In addition to the physical stains that are associated with some vocations, the most serious and painful social occurrences include being ridiculed, being labelled, and even being shunned by others. According to Xiang et al. (2022), the corruption that exists inside this profession casts shame onto its participants, regardless of where the misconduct originated. Occupational stigma is an application of Hughes' (1951) stigma

theory that investigates attitudes regarding unclean jobs. This idea is based on a notion that has been examined in the past. A number of terms, such as "dirty work," "occupational stigma," "stigmatised occupation," "tainted occupation," "non-heroic character," and "assimilative" or "incomplete" profession, are widely utilised by researchers. These terms are used in addition to the wider area of scientific studies. In the year 1963, Goffman put up an innovative approach to the concept of stigma as a mark that had tremendous ability to discredit. There are three primary components that make up stigma, according to studies conducted in the field of social psychology [30]. These components include overt discrimination, explicit prejudice, and unconscious bias. To add insult to injury, stigma encompasses a wide variety of social experiences, including negative branding, isolation, disdain, and alienation [31]. A further way to view of stigma is as a collection of exclusive features and activities. These include things like negatively branding someone, having unfavourable preconceived thoughts about them, biasing or discriminating against them, and causing them to lose social standing in the workplace.

The healthcare business has been the subject of bad material that has been disseminated by a number of targeted media outlets in recent times. There has been a detrimental influence on hospital workers as well as people in the surrounding communities as a result of the misleading depiction of healthcare personnel that has been published in these periodicals. There are certain news organisations that make public accusations of defamation against individuals who have significant expertise working in the healthcare profession [32]. People's ideas and expectations of a particular group are frequently created as a result of generalisations, preconceived notions, and societal influences, particularly stereotypes. This is especially true when it comes to the group in question. When members of minority groups are portrayed by the media and the police, they see us in a different light than they see what they see in themselves. According to Li et al.'s research and findings from 2020, biased communities have detrimental effects on both social cognition and individual behaviour. It is abundantly obvious that occupational stigma is only the tip of the iceberg if it comes to the process of unravelling the professional lives of medical workers.

Goffman (1963) asserts that stigma is the antithesis of worthiness and that it has the potential to cause other people to have a bad perception of a person, even to designate them as an imperfect individual. The stigma associated with occupations reinforces this portrayal by highlighting the societal bias that exists against employment or vocations that are regarded as inappropriate or inferior in respect to the norms of society. According to Ashforth and Kreiner (1999), the majority of hospitals currently have a negative attitude towards wait staff, housekeepers, and kitchen staff because of their lack of respect for patients, patients' coworkers, and the worth of their professions. In light of the stigmatising societal attitudes and deplorable living situations that these individuals are subjected to, the fact that medical workers are confronted with such a prevalent viewpoint is particularly troubling.

Because occupational stigma is complex, it has the potential to impact not just the professional life of an employee but also their personal life. It is possible for members of

the staff to suffer poor self-esteem, humiliation, confusion, and negative self-beliefs on an individual basis. Anxiety and hopelessness are two instances of mental diseases that may manifest themselves as a consequence of the circumstances described above. It is possible for individual careers to be stigmatised, which can result in low levels of loyalty to an organisation, discontent with one's job, and an increase in the staff turnover ratio. This business will always have a high turnover rate because of the stigma that exists in the workplace, which causes employees to be dissatisfied with their jobs, less tenacious, and more likely to switch jobs.

The idea of social identity, which was proposed by Tajfel and Turner (1979), is significant because it will assist us in comprehending the factors that contribute to the effects of occupational stigma. In this context, the idea is that the group with which an individual identifies serves as the basis for the individual's overall feeling of value and identity. It may be difficult for workers in occupations that are stigmatised to maintain a social identity that is acceptable. There is a high probability that the disheartening experience of professional stigma would result in low self-esteem and dissatisfaction with one's employment. As a result of the intimate connection that exists between people's feeling of self-worth, public evaluations of their work, and self-esteem, this theory helps to complete a gap in the jigsaw that is the detrimental influence of occupational stigma.

Employers and managers have the ability to mitigate the adverse effects. This may be accomplished by understanding the internal causes and the stigma that are associated with particular occupations that influence employees' desire to leave their jobs. There are many different ways in which occupational stigma can express itself. Some of these methods include institutional prejudice, cultural stereotypes, and the internalisation of one's own inadequateness complex. Workers who are employed in occupations that are considered to be taboo may have a variety of emotional and psychological issues, including emotions of inadequacy, feelings of concern, and feelings of shame. Furthermore, this may serve as a motivator for individuals to look for alternative employment opportunities in which they may have a greater sense of fulfilment or when they are accepted by society. According to Yao et al. (2022), occupational stigma is the source of stress and discontent with one's job, which are the two most important warning signs that an employee may decide to leave their position. It is possible for occupational stigma to take the place of professional participation by widening the gap between the goals that individuals intend to achieve and the value that they consider their work to be. Employees may experience a loss of career identity as a consequence of the stigmatisation or undervaluation of the field, which can lead to a decrease in motivation and a repression of their professional identity. Workers who have a low degree of commitment to both their company and their profession are less likely to work in a sector that they believe is being unfairly portrayed in the media. This weakens the connection between the stigma associated with their industry and their desire to quit their current position.

When compared to a person's dedication to a certain job, the focus here is on the individual's enthusiasm for their whole professional path. The stigma associated with a

certain occupation might lead individuals to question their capacity to advance in their current job or provide a secure future for themselves, therefore diminishing their dedication to their chosen line of work. Professionals who are stigmatised may have feelings of confinement in their current position as a result of societal preconceptions or may see restricted opportunities for progress within their employment, which may push them to investigate opportunities in a completely other field of work.

According to Khan et al. (2022), stigmatisation has a negative influence on an individual's confidence in their ability to achieve their career objectives. There is a significant correlation between an employee's tendency to remain in their position and their level of professional dedication. Through the reduction of emotional exhaustion and the enhancement of engagement, businesses have the ability to aid in restoring the vitality of their employees and bringing them back into the fold. Facilitating the provision of stress management seminars, counselling services, and flexible work schedules are some of the instruments that might be utilised in order to accomplish this objective, which would result in an improvement in overall health and a reduction in emotional tiredness. An additional advantage of cultivating an inclusive atmosphere is that it reduces the likelihood of employees quitting their jobs and professions if they have the perception that they are respected and valued in the workplace. The degree of devotion that an individual has to their career is the fourth moderating element that influences the link between burnout and stigma in the workplace. Workers in today's society are creating a strong emotional connection to the fight to abolish stigma in the workplace, regardless of whether or not they are genuinely devoted to their employment [33]. In light of this, I will research, within the scope of this study, whether or whether the detrimental effects of occupational stigma on employees' emotional exhaustion may be mitigated or amplified by the presence of professional dedication.

An employee's mental connection to and excitement for their work as highly valued, firmly accepted, and thoroughly internalised values is a demonstration of the employee's professional dedication to their position at the hospital. Employees in this sector use their expertise and experience in order to contribute to the accomplishment of professional goals. The article delves into the primary elements that serve as indicators of the degree to which an individual is connected to their occupation. These elements include the stimulating work environment as well as the personal happiness that they obtain from it. This contentment motivates individuals to pursue professional advancement in the goal of gratifying their inner need for meaning. There is a considerable connection between the idea of professional dedication and a number of different outcomes from the perspective of an organisation. These outcomes include, but are not limited to, work satisfaction, job performance, and the desire to leave the company.

In addition, recent studies have shown that a person's level of commitment to their career can protect them from the adverse effects of occupational stigma [34]. It is the personal devotion of an employee to the field that will lead to professional advancement, regardless of the external circumstances that may be present. It is necessary to possess

the capacity to respond appropriately to criticisms that are directed towards the sector of employment. On the other hand, when employees' professional self-images degrade as a result of job stigma, they may become less engaged to their employment and more likely to want to leave their jobs.

CONCLUSION

Fundamental Finding : This study demonstrates that occupational stigma significantly intensifies turnover intention among healthcare workers by depleting psychological resources and undermining occupational self-esteem, which functions as a key protective buffer. **Implication :** The findings underscore the necessity for healthcare institutions to adopt evidence-based interventions, including resilience training, self-esteem enhancement programs, and systemic reforms that cultivate supportive organizational cultures, in order to strengthen employee retention and safeguard the quality of patient care. **Limitation :** Despite its contributions, the study is limited by its reliance on self-reported data and a cross-sectional design, which may restrict causal inference and generalizability across diverse healthcare contexts. **Future Research :** To advance understanding, future studies should employ longitudinal and multi-method approaches across different cultural and institutional settings, while also examining additional mediators and moderators, such as leadership styles, team dynamics, and organizational justice, to provide a more comprehensive framework for mitigating the adverse effects of stigma in healthcare.

REFERENCES

- [1] K. S. Gorman and K. M. Brennan, "It Takes All of Us: A Comprehensive Community Approach to Challenging Campus Stigma," in *A University-Wide Approach to Changing Campus Cultures of Mental Illness Stigma*, Springer Nature Switzerland, 2025, pp. 199–207. doi: 10.1007/978-3-031-86496-4_12.
- [2] P. McGhee, "Humor in the ECE Classroom: A Neglected Form of Play Whose Time Has Come," in *Research on Young Children's Humor*, Springer International Publishing, 2019, pp. 83–106. doi: 10.1007/978-3-030-15202-4_6.
- [3] K. Harknett, D. Schneider, and S. Luhr, "Who Cares if Parents have Unpredictable Work Schedules?: Just-in-Time Work Schedules and Child Care Arrangements," *Soc Probl*, vol. 69, no. 1, pp. 164–183, Sep. 2020, doi: 10.1093/socpro/spaa020.
- [4] M. Cheung, P. Leung, C. A. Leung, T. M. S. Chan, and S. Zhou, "How to Determine the Order of Authorship for Social Work Research," *Res Soc Work Pract*, vol. 31, no. 3, pp. 227–233, Oct. 2020, doi: 10.1177/1049731520963187.
- [5] E. Framke *et al.*, "Effects of a participatory organisational, core work task focused workplace intervention on employees' primary healthcare consultations: secondary analysis of a cluster RCT," *Occup Environ Med*, vol. 78, no. 5, pp. 330–335, Nov. 2020, doi: 10.1136/oemed-2020-106558.
- [6] Mr. S. S. Jadhav, "Impact of talent management practices on employee retention with respect to selected private hospitals in Sangli City," *International Journal of Trend in Scientific*

- Research and Development*, vol. Volume-2, no. Issue-3, pp. 1685–1691, Apr. 2018, doi: 10.31142/ijtsrd11617.
- [7] A. M. Shigihara, ““(Not) forever talk’: restaurant employees managing occupational stigma consciousness,” *Qualitative Research in Organizations and Management: An International Journal*, vol. 13, no. 4, pp. 384–402, Aug. 2018, doi: 10.1108/qrom-12-2016-1464.
- [8] K. Sienicki, “Comment on the Paper Titled ‘The Origin of Quantum Mechanical Statistics: Insights from Research on Human Language’ (arXiv preprint arXiv:2407.14924, 2024),” Dec. 2024, doi: 10.20944/preprints202411.2377.v1.
- [9] J. Yeon, I. Park, and D. Lee, “What creates trust and who gets loyalty in social commerce?,” *Journal of Retailing and Consumer Services*, vol. 50, pp. 138–144, Sep. 2019, doi: 10.1016/j.jretconser.2019.05.009.
- [10] Y.-L. Wu and E. Y. Li, “Marketing mix, customer value, and customer loyalty in social commerce: A stimulus-organism-response perspective,” *Internet Research*, vol. 28, no. 1, pp. 74–104, Feb. 2018, doi: 10.1108/intr-08-2016-0250.
- [11] L. Jin, X. Liu, and S. H. K. Tang, “High-technology zones, misallocation of resources among cities and aggregate productivity: evidence from China,” *Appl Econ*, vol. 54, no. 24, pp. 2778–2794, Nov. 2021, doi: 10.1080/00036846.2021.1998333.
- [12] R. Hashida *et al.*, “Balance dysfunction the most significant cause of in-hospital falls in patients taking hypnotic drugs: A retrospective study,” *PLoS One*, vol. 17, no. 9, p. e0272832, Sep. 2022, doi: 10.1371/journal.pone.0272832.
- [13] D. P. Köhler and A. Rausch, “Expertise Development in the Workplace Through Deliberate Practice and Progressive Problem Solving: Insights from Business-to-Business Sales Departments,” *Vocations and Learning*, vol. 15, no. 3, pp. 569–597, Sep. 2022, doi: 10.1007/s12186-022-09301-y.
- [14] D. McVicar, “Fact Check: who has been hit hardest by the bedroom tax?,” Mar. 2015, doi: 10.64628/ab.tx9kwh6xt.
- [15] D. P. Damodaran and F. Zaman, “To Find out the Reasons as to Why CURB-65 Scores in Pneumonia Patients (Admitted in the Medical Admission Unit of a Busy District General Hospital in the U.K.) Are Not Documented in the Notes, by Junior Doctors,” in *A47. COMMUNITY ACQUIRED PNEUMONIA AND HEALTHCARE ASSOCIATED PNEUMONIA*, American Thoracic Society, Apr. 2009, p. A1694. doi: 10.1164/ajrccm-conference.2009.179.1_meetingabstracts.a1694.
- [16] G. Iacobucci, “Covid-19: High rates in hospitals have hampered elective care recovery, says NHS chief,” *BMJ*, p. o2909, Dec. 2022, doi: 10.1136/bmj.o2909.
- [17] M. Oortwijn, “Small firms more often develop strategies for opportunities instead of opportunities for strategies, which frequently leads to no-go decisions: a comparative case study on foreign entry into China,” in *Proceedings of the 18th Annual High Technology Small Firms Conference*, University of Twente, 2010. doi: 10.3990/2.268486279.
- [18] F. Vukadin and P. Tomanek, “The Integrative Framework Model on Stresses and Resources in the Teaching Profession According to Cramer et al. from the Perspective of Adult and Further Education Workers in Work with Refugees,” *Clinical Social Work and Health Intervention*, vol. 13, no. 3, pp. 34–38, Jun. 2022, doi: 10.22359/cswhi_13_3_04.
- [19] Z. Wang, H. Liu, H. Yu, Y. Wu, S. Chang, and L. Wang, “Associations between occupational stress, burnout and well-being among manufacturing workers: mediating roles of psychological capital and self-esteem,” *BMC Psychiatry*, vol. 17, no. 1, Nov. 2017, doi: 10.1186/s12888-017-1533-6.

- [20] L. L. Wen, K. Xiang, F. Gao, and J. Zhou, "Occupational Stigma Perception, Emotional Exhaustion State, and Professional Commitment Response: Understanding the Mechanisms Underlying Hotel Interns' Perceptions of Career Prospects," *Front Psychol*, vol. 13, Feb. 2022, doi: 10.3389/fpsyg.2022.798526.
- [21] B. Edens, "Depletion: Bridging the Gap Between Theory and Practice," *Environ Resour Econ (Dordr)*, vol. 54, no. 3, pp. 419–441, Sep. 2012, doi: 10.1007/s10640-012-9601-3.
- [22] C. Y. Prawasti, "Practice to be more 'being' than 'having': One alternative to boost self esteem: (570662013-006)," 2013, *American Psychological Association (APA)*. doi: 10.1037/e570662013-006.
- [23] S. Rayani, M. Rayani, and F. Najafi-Sharjabad, "Correlation between anxiety and resilience of healthcare workers during COVID-19 pandemic in the southwest of Iran," *Environmental Science and Pollution Research*, vol. 29, no. 15, pp. 21528–21536, Nov. 2021, doi: 10.1007/s11356-021-17284-x.
- [24] D. I. Oladapo, B. Efuwape, and T. Olatayo, "A Two-Parameter Ridge Estimator for Handling Extreme Multicollinearity Problems in Logistic Regression," *International Journal of Development Mathematics (IJDM)*, vol. 1, no. 4, pp. 191–200, Dec. 2024, doi: 10.62054/ijdm/0104.15.
- [25] L. Lindrianasari, "Big-five personality as a moderating variable in the relationship of CEO's perception and the compensation received toward CEO's desire to leave the company voluntarily," *Journal of Economics, Business & Accountancy Ventura*, vol. 18, no. 2, p. 213, Aug. 2015, doi: 10.14414/jebav.v18i2.449.
- [26] N. Putri and R. B. Sularto, "Visum Et Repertum As Evidence In Uncovering The Occurrence of Criminal Acts," *Devotion : Journal of Research and Community Service*, vol. 4, no. 2, pp. 596–600, Feb. 2023, doi: 10.36418/devotion.v4i2.411.
- [27] S. Faridullah and Dr. (CS) U. Srivastava, "'A Comprehensive Examination of Employee Engagement and Its Effects on Job outcomes in Selected IT Firms,'" *Educational Administration Theory and Practices*, Apr. 2024, doi: 10.53555/kuey.v30i4.2204.
- [28] D. C. Ganster and J. Schaubroeck, "The Moderating Effects of Self-Esteem on the Work Stress–Employee Health Relationship," in *Occupational Stress*, CRC Press, 2020, pp. 167–177. doi: 10.1201/9781003072430-15.
- [29] A. Nairn, P. Bottomley, and J. Ormrod, "'Those Who Have Less Want More. But Does it Make Them Feel Bad?': Deprivation, Materialism and Self-Esteem in Childhood," in *Childhood and Consumer Culture*, Palgrave Macmillan UK, 2010, pp. 194–208. doi: 10.1057/9780230281844_13.
- [30] M.-L. Germain, "Psychopathy, Leadership, and Strategies for Human Resource Professionals," in *Psychopathy in the Workplace*, Springer International Publishing, 2024, pp. 185–199. doi: 10.1007/978-3-031-55214-4_10.
- [31] P. W. Corrigan, A. C. Watson, and L. Barr, "The Self-Stigma of Mental Illness: Implications for Self-Esteem and Self-Efficacy," *J Soc Clin Psychol*, vol. 25, no. 8, pp. 875–884, Oct. 2006, doi: 10.1521/jscp.2006.25.8.875.
- [32] J. C. Phelan, B. G. Link, and J. F. Dovidio, "Stigma and prejudice: One animal or two?," *Social Science & Medicine*, vol. 67, no. 3, pp. 358–367, Aug. 2008, doi: 10.1016/j.socscimed.2008.03.022.
- [33] H. Stuart and N. Sartorius, "Employment Inequity and Workplace Stigma," in *Paradigms Lost, Paradigms Found*, Oxford University Press, 2022, pp. 148–C9.P55. doi: 10.1093/med/9780197555804.003.0009.

- [34] H. Kusluvan, O. Akova, and S. Kusluvan, "Occupational stigma and career commitment: Testing mediation and moderation effects of occupational self-esteem," *Int J Hosp Manag*, vol. 102, p. 103149, Apr. 2022, doi: 10.1016/j.ijhm.2022.103149.

Zhao Yaosong

Management and Science University, Malaysia

*** Ooi Boon Keat (Corresponding Author)**

Management and Science University, Malaysia

Email: bkooi@msu.edu.my
