

# The Effect of Occupational Stigma on Turnover Intention of Employees in The Hospital Sector: Mediating Roles of Professional Commitment, Career Commitment, and Emotional Exhaustion

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## ABSTRACT

**Purpose:** Occupational stigma is a significant yet under-researched factor affecting employee retention in the healthcare sector. This study aims to investigate the psychological mechanisms linking occupational stigma to turnover intention among frontline healthcare workers. It specifically examines the mediating roles of professional commitment, career commitment, and emotional exhaustion, and the buffering effect of occupational self-esteem on this relationship. **Design/methodology/approach:** A quantitative, cross-sectional survey design was employed. Data were collected from 300 frontline healthcare workers (nurses, healthcare assistants, and support staff) in Zhengzhou, China, using a convenience sampling method. The hypothesized relationships were tested using Partial Least Squares Structural Equation Modeling (SEM-PLS), an approach well-suited for analyzing complex latent variable models. **Findings:** The results confirm that occupational stigma is a significant driver of turnover intention. This relationship is significantly mediated by diminished professional and career commitment and heightened emotional exhaustion. Furthermore, occupational self-esteem was found to significantly moderate the relationship, with the negative effects of stigma being weaker for employees with higher self-esteem. **Practical implications:** The findings provide actionable insights for healthcare administrators. To mitigate turnover, management should implement targeted interventions to bolster occupational self-esteem, foster professional and career commitment through clear advancement paths, and provide resources to combat emotional exhaustion. **Originality/value:** This study advances turnover literature by integrating occupational stigma within the robust theoretical frameworks of Conservation of Resources (COR) Theory and Social Identity Theory. It provides a comprehensive model that elucidates the relationship between professional commitment, career commitment, emotional exhaustion, and occupational self-esteem, and how these factors influence the turnover intentions of vital frontline healthcare employees.

**Keywords:** Occupational stigma, turnover intention, professional commitment, career commitment, emotional exhaustion, occupational self-esteem, healthcare industry, Conservation of Resources (COR) Theory.

## INTRODUCTION:

Employee turnover remains a significant challenge in the healthcare industry, directly impacting operational efficiency, patient care, and overall organizational performance. High turnover rates, which can reach as high as 30% annually according to recent studies, disrupt continuity of care, increase recruitment and training costs, amounting to over \$4 billion each year and place a substantial burden on remaining staff (Randa & Phale, 2023). The World Health Organization (WHO) estimates that, by 2035, there will be a shortage of 12.9 million hospital workers (Fernandes et al., 2022). This issue is particularly critical in the hospital sector, where the need for a stable and committed workforce is paramount to providing quality care. While turnover intention has been widely studied, the influence of occupational stigma—the negative societal perceptions and devaluation of certain roles—on turnover intention has received less attention, especially in healthcare settings.

Healthcare organizations rely heavily on human resources to function effectively. The HR department plays a critical role in workforce planning, recruitment, employee development, and retention. In the hospital context, HR functions are essential not only to attract and retain qualified personnel but also to foster a supportive work environment and reduce turnover. Excessive turnover in healthcare can severely disrupt patient care, decrease service quality, and diminish staff morale (Shen et al., 2023). The ripple effects of turnover include declining organizational performance, higher costs related to hiring and training new staff, and decreased patient satisfaction (Shaw, 2011). For hospitals to operate efficiently and sustainably, it is crucial to reduce turnover rates, particularly among those in frontline and support roles, which are often more prone to turnover due to their stigmatized nature. Occupational stigma refers to the negative societal perceptions of certain jobs or workers. In healthcare, workers in non-clinical roles—such as janitors, food

service personnel, and administrative staff—are often subjected to this stigma. These workers are critical to the functioning of hospitals, yet their roles are frequently undervalued both in the eyes of society and within the organizational structure of healthcare institutions (Li et al., 2020; Shantz & Booth, 2014). The negative perceptions associated with these roles can significantly affect employees' professional identity, self-esteem, and commitment to their jobs. As a result, occupational stigma can lead to emotional exhaustion and turnover intention among healthcare workers, particularly those in marginalized, low-status positions.

The relationship between occupational stigma and turnover intention has been explored in various industries, but its specific impact on healthcare workers has been less studied. A recent study by Li, Liu, and Chen (2020) indicates that occupational stigma negatively influences employees' commitment and emotional well-being, but this relationship is partially mediated by occupational self-esteem. To clarify, if employees have higher levels of self-esteem, then they are less negatively affected by the stigma of their roles, which reduces their intention to quit. On the contrary, if employees have lower self-esteem, then they experience the negative effects of stigma more intensely, resulting in higher turnover intentions (Kusluvan et al, 2022; Vogel & Mitchell, 2017). This illustrates how self-esteem first absorbs the impact of stigma, and then buffers against its effects, a relationship that warrants further exploration in the context of healthcare.

Other studies have also examined the broader effects of occupational stigma on job satisfaction and turnover intention in healthcare. Lindsay et al. (2023) highlighted the challenges healthcare workers face in stigmatized roles, noting that these workers often feel marginalized and undervalued despite their critical contributions to patient care. Similarly, Ryu et al. (2024) argue that the lack of respect and discrimination experienced by these workers can lead to disengagement, burnout, and ultimately, the desire to leave the organization. These findings are consistent with earlier work that found stigmatized workers often experience lower job satisfaction, decreased professional identity, and higher levels of emotional exhaustion (Guerrero et al., 2021; Patel et al., 2021). Such findings underscore the need to explore how occupational stigma interacts with other psychosocial factors, such as professional commitment and career commitment, to influence turnover intention. Furthermore, studies have shown that the emotional labor inherent in healthcare work amplifies the psychological effects of occupational stigma. Hochschild (2021) argues that emotional labor—where workers are required to manage and display emotions as part of their job—can exacerbate the negative psychological impact of stigma. Healthcare workers, particularly those in support roles, are expected to remain emotionally engaged and compassionate, despite the devaluation they may experience in their roles. The combination of emotional labor and occupational stigma

creates a high-risk environment for burnout and turnover intention (Li et al., 2020; Zhang et al., 2021).

However, despite the growing body of research on turnover intention and occupational stigma, there is still a lack of studies that examine the mediating and moderating factors that influence this relationship in healthcare settings. While research has explored the direct effects of occupational stigma on turnover intention, studies often overlook the role of key variables such as occupational self-esteem, professional commitment, and emotional exhaustion. This study seeks to fill this gap by exploring how occupational stigma influences turnover intention through these psychological and emotional mechanisms. The study also aims to assess the moderating role of occupational self-esteem, exploring how self-esteem can buffer the negative effects of stigma on emotional exhaustion, commitment, and turnover intention.

Previous studies on occupational stigma have largely treated stigma and turnover intention in isolation, focusing on either the psychological effects of stigma or the organizational consequences of turnover. By examining both of these aspects together and considering how occupational self-esteem mediates and moderates these relationships, this study offers a more integrated approach to understanding turnover in healthcare. Additionally, the study will focus on frontline healthcare workers in Zhengzhou, China, a region where healthcare systems face significant challenges related to workforce retention (Fernandes et al., 2022). This localized focus provides a unique opportunity to explore the intersection of cultural perceptions, occupational stigma, and turnover intention in a healthcare context that has been understudied in the existing literature. By comparing these findings with global value-based care models, such as those implemented in Western countries, this study seeks to highlight how Zhengzhou's retention hurdles can inform broader strategies. While Zhengzhou struggles with retaining healthcare workers due to cultural and systemic barriers, value-based care models elsewhere emphasize integrated care and team-based approaches that could mitigate high turnover rates. This comparison not only strengthens the external validity of the study but also shows why lessons from Zhengzhou can be applicable in diverse healthcare settings.

The findings of this study are expected to make both theoretical and practical contributions to the field. From a theoretical perspective, this study will contribute to the literature on occupational stigma and turnover intention by examining how self-esteem mediates and moderates the impact of stigma on employee outcomes. Thus, this study reveals that self-esteem acts as a pivotal buffer against the negative impacts of occupational stigma on employee turnover intention. From a practical standpoint, the study will provide actionable recommendations for healthcare organizations looking to reduce turnover by improving employee self-esteem, fostering a more inclusive work environment, and

implementing stigma-reduction initiatives. Key HR practices such as peer mentoring and job redesign could be utilized as strategies to enhance workplace inclusion and actively combat occupational stigma. By introducing these specific interventions, hospitals can more effectively create a supportive and resilient workforce, ultimately improving both employee well-being and patient care outcomes.

Therefore, occupational stigma remains a critical yet underexplored factor influencing turnover intention in healthcare settings. This study aims to bridge this gap by examining the psychological mechanisms through which stigma affects turnover, with a particular focus on the role of occupational self-esteem. By offering insights into the complex dynamics between stigma, self-esteem, and turnover intention, this research will provide valuable contributions to both the theoretical understanding of turnover and practical strategies for reducing employee turnover in healthcare organizations.

## LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

### 2.1 Theoretical Foundations

Understanding the dynamics of occupational stigma and its effects on turnover intention requires a conceptual framework that integrates key psychological and organizational theories. This study draws on three influential theories: Conservation of Resources (COR) Theory, Social Identity Theory (SIT), and the Job Demands-Resources (JD-R) Model. These theories help explain how occupational stigma depletes emotional and psychological resources, erodes occupational self-esteem, and contributes to turnover intention.

#### 2.1.1 Conservation of Resources (COR) Theory

COR Theory, proposed by Hobfoll (1989), suggests that individuals are motivated to acquire, maintain, and protect their valued resources, such as self-esteem, emotional energy, and professional identity. In a workplace context, resources are anything that helps individuals deal with stress, achieve their goals, or enhance their well-being. According to this theory, occupational stigma acts as a resource-draining stressor, threatening these vital psychological resources. When employees in stigmatized roles face societal devaluation, their emotional energy and professional identity are depleted, leading to emotional exhaustion and disengagement. As their resources diminish, employees experience greater stress and are more likely to have a turnover intention (Hobfoll et al., 2018). COR Theory is useful in understanding how occupational stigma negatively impacts employees' well-being and contributes to turnover in healthcare organizations, especially among those in marginalized roles.

#### 2.1.2 Social Identity Theory (SIT)

Social Identity Theory (SIT), developed by Tajfel and Turner (1979), explains that an individual's self-concept is shaped by their membership in social groups. In the workplace, employees often derive their self-esteem and professional identity from their roles and the groups they

belong to. When employees perceive that their role is stigmatized or undervalued, this perception undermines their social identity and occupational self-esteem. For healthcare workers in non-clinical roles, the societal devaluation they experience due to occupational stigma threatens their professional identity, leading to negative psychological outcomes such as disengagement, emotional exhaustion, and turnover intention (Ashforth & Kreiner, 1999). SIT is instrumental in explaining why workers in stigmatized occupations, like hospital janitors or administrative staff, may feel marginalized and demotivated, ultimately leading to an increased desire to leave their jobs.

#### 2.1.3 Job Demands-Resources (JD-R) Model

The Job Demands-Resources (JD-R) Model, proposed by Demerouti et al. (2001), posits that employees' well-being is influenced by the balance between job demands and job resources. Job demands, such as occupational stigma, require energy and can lead to burnout and emotional exhaustion if not mitigated by sufficient job resources. On the other hand, job resources, such as occupational self-esteem, act as buffers against the negative effects of job demands. According to the JD-R Model, high levels of emotional exhaustion and burnout are often linked to high job demands (such as stigma) and insufficient job resources (such as supportive leadership and self-esteem). Employees who perceive their roles as stigmatized are more likely to experience emotional exhaustion, which, in turn, increases turnover intention. The JD-R Model underscores the importance of occupational self-esteem as a job resource that can help employees cope with the job demands associated with occupational stigma, reducing their likelihood of leaving the organization (Bakker & Demerouti, 2007).

### 2.2 Hypothesis Development and Relationships

Building on the theoretical foundations, this section develops hypotheses based on the relationships among the variables in the framework. The core variables occupational stigma, occupational self-esteem, professional commitment, career commitment, emotional exhaustion, and turnover intention are interconnected in complex ways. Below, we outline the proposed relationships and hypotheses.

#### 2.2.1 The Impact of Occupational Stigma on Professional and Career Commitment

Occupational stigma can undermine employees' professional commitment and career commitment, as it diminishes their sense of professional identity and self-worth (Chen et al., 2023). Despite extensive research on workplace stressors, a specific gap persists in understanding how occupational stigma distinctly impacts professionals' long-term engagement and identity resilience. This study seeks to address this gap by exploring the nuanced effects of occupational stigma on career progression and personal fulfillment in stigmatized roles. Employees in stigmatized roles often feel marginalized and undervalued, which erodes their commitment to their job and long-term career. Li et al. (2020) found that occupational stigma leads to lower

levels of professional commitment and career commitment among healthcare workers. Social Identity Theory (SIT) posits that individuals derive part of their self-concept from their perceived membership in social groups. When employees perceive their occupational group as devalued, they experience a loss of self-esteem and professional identity, leading to disengagement (Hamouche & Marchand, 2024; Kusluvan et al., 2022). Therefore, we hypothesize:

- ❖ H1: Occupational stigma negatively influences professional commitment.
- ❖ H2: Occupational stigma negatively influences career commitment.

### 2.2.2 The Impact of Occupational Stigma on Emotional Exhaustion

Occupational stigma contributes to emotional exhaustion by depleting employees' emotional resources and increasing their stress. According to COR Theory, the loss of resources, such as professional identity and self-esteem, due to stigma can lead to burnout and emotional exhaustion (Guerrero et al., 2021). Studies found that stigmatization leads to emotional exhaustion among healthcare workers, particularly those in marginalized roles (Negarandeh et al., 2024). The JD-R Model also emphasizes that job demands, like occupational stigma, increase the likelihood of burnout when there are insufficient job resources to mitigate these demands (Demerouti et al., 2001). Hence, we hypothesize:

- ❖ H3: Occupational stigma positively influences emotional exhaustion.

### 2.2.3 Professional Commitment and Turnover Intention

Professional commitment plays a crucial role in mitigating turnover intention. Professional commitment is the concrete element that determines one's resistance against external stressors such as occupational stigma, explains Wen et al. (2022). Employees who are highly committed to their profession are less likely to leave, as their roles are closely tied to their identity and job satisfaction (Chen et al., 2020; Hu et al., 2022). Buhari et al. (2020) and Jiang et al. (2019) have shown that professional commitment is negatively correlated with turnover intention, as committed employees view their roles as meaningful and central to their professional identity. We hypothesize that professional commitment will reduce turnover intention, even in the presence of occupational stigma:

- ❖ H4: Professional commitment negatively influences turnover intention.

### 2.2.4 Career Commitment and Turnover Intention

Career commitment decreases turnover intention. Employees who are committed to their careers are less likely to leave their jobs, as they are invested in their long-term professional growth (Chen et al., 2024). Ahmed (2019) found that employees with higher career commitment are more likely to stay with an organization, even if they face challenges. To cultivate

such commitment, organizations can implement professional development programs and mentorship opportunities that emphasize career growth and skill enhancement. Providing continuous learning and clear career progression pathways can significantly influence employees' dedication to their long-term career goals. In this study, we propose that career commitment will act as a protective factor, reducing the likelihood of turnover intention:

- ❖ H5: Career commitment negatively influences turnover intention.

### 2.2.5 Emotional Exhaustion and Turnover Intention

Emotional exhaustion is one of the most significant predictors of turnover intention. COR Theory posits that when employees experience emotional exhaustion, they are more likely to disengage from their roles and seek alternative employment (Chen et al., 2024). It's crucial to understand that emotional exhaustion can lead to two distinct outcomes: mere disengagement from immediate work tasks and a more conscious turnover intention, where employees actively consider leaving their jobs. Van Jaarsveld et al. (2010) found that employees experiencing emotional exhaustion are more likely to consider leaving their jobs, as they are overwhelmed by the demands of the role. To differentiate these outcomes, measurement choices can focus on assessing both turnover cognitions, such as employees' thoughts about and intentions to seek alternative employment, and signs of disengagement, like reduced motivation toward daily tasks. In healthcare, where emotional labor is significant, emotional exhaustion becomes a major driver of turnover intention (Yang & Park, 2019). Hence, we hypothesize:

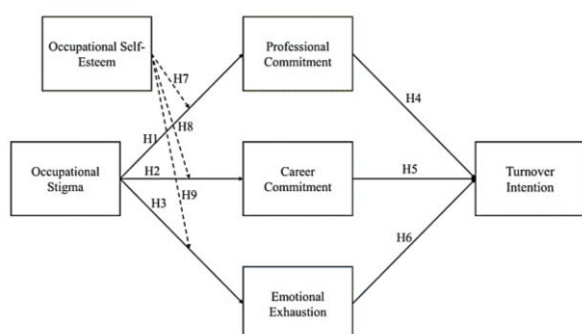
- ❖ H6: Emotional exhaustion positively influences turnover intention.

### 2.2.6 Moderating Role of Occupational Self-esteem

The concept of occupational self-esteem can be framed within the broader context of social identity theory, which emphasizes how people derive part of their self-concept from their perceived membership in social groups. In this context, occupational self-esteem acts as a moderator that buffers the adverse effects of occupational stigma on both professional commitment and career commitment (Kusluvan et al., 2022). Social identity theory suggests that when employees identify strongly with their occupational group, they derive a sense of value and belonging that enhances their self-esteem. This heightened self-esteem acts as a psychological buffer, reframing stigmatizing cues as less diagnostic of an individual's worth, thus reducing the impact of stigmas. Employees with high self-esteem are better able to cope with stigma and remain committed to their jobs because they perceive their roles as meaningful and important (Silván - Ferrero et al., 2022). The resilience developed through high self-esteem empowers employees to maintain a positive perception of their roles even in the face of stigma. Li et al. (2020)

found that employees with higher occupational self-esteem were less likely to be negatively impacted by stigma, maintaining their commitment to both their profession and career. Therefore, we hypothesize:

- ❖ H7: Occupational self-esteem moderates the relationship between occupational stigma and professional commitment.
- ❖ H8: Occupational self-esteem moderates the relationship between occupational stigma and career commitment.
- ❖ H9: Occupational self-esteem moderates the relationship between occupational stigma and emotional exhaustion.



**Figure 1: Theoretical framework.**

### 3. METHODOLOGY

#### 3.1 Research Design

This study adopts a quantitative research design to investigate the relationships between occupational stigma, occupational self-esteem, professional commitment, career commitment, emotional exhaustion, and turnover intention in the healthcare industry, specifically in hospitals. The research employs a cross-sectional approach, collecting data at a single point in time through structured surveys. This design is suitable for understanding the prevalence of variables among healthcare workers and for testing the relationships between them, as outlined in the conceptual framework.

#### 3.2 Sample and Data Collection

The sample consists of 300 frontline healthcare workers drawn from three major hospitals in Zhengzhou, China. The participants include nurses, healthcare assistants, and administrative staff, all of whom are employed in non-clinical roles that are more likely to experience occupational stigma. A convenience sampling method was employed due to practical constraints, including time and accessibility, making it the most feasible approach. This method aids in generating research hypotheses, collects data more quickly, and incurs lower costs. Due to the high mobility of hospital workers and the non-uniformity of on-the-job shifts in each hospital, this study adopted convenience sampling by selecting hospital workers on rotating shifts to fill out the questionnaire.

Data collection was conducted via self-administered, structured questionnaires, ensuring participant

anonymity and voluntary participation to maintain ethical standards. The surveys included questions designed to measure occupational stigma, occupational self-esteem, professional commitment, career commitment, emotional exhaustion, and turnover intention. The scales used in the survey were adapted from existing validated instruments in the literature to ensure accuracy and consistency in measuring the key variables.

#### 3.3 Measurement Instrument Development

The research instrument was developed through a systematic and rigorous process involving a comprehensive literature review, expert consultation, and pilot testing to ensure relevance and validity. Constructs were operationalized using established scales from prior literature, which were adapted for the healthcare industry context via expert judgment and focus group discussions.

Occupational stigma was measured using items adapted from the study of Shantz and Booth (2014). Considering the Chinese context settings, we selected 5 items as loading factors for measurements. The professional commitment construct was measured with 8 items adapted from the studies of Blau (1985). Career commitment was measured using scales of 8 items adapted from Blau (1985). Emotional exhaustion was evaluated according to Maslach (2001), measured by 5 items considering the specific context of a particular situation. Turnover intention was measured with a scale of 3 items from Houshmand et al. (2012). Occupational self-esteem was assessed using an established scale of 12 items measuring self-perceived competence from Kusluvan et al. (2022).

All items utilized five-point Likert scales ranging from 1 (strongly disagree) to 5 (strongly agree), providing sufficient variance for multivariate analysis while maintaining respondent comprehension.

#### 3.4 Data Collection Procedures

Data collection took place over six months, from February to July 2025, using multiple contact methods to optimize response rates. Initial contact was made via email invitations, accompanied by personalized cover letters outlining the purpose of the research and emphasizing confidentiality. Two-week follow-up reminders were sent, and telephone calls were made to non-respondents to encourage further participation.

The survey instrument was administered electronically through an online platform, facilitating real-time monitoring and automatic data validation, and supplemented by in-person distribution where accessibility permitted. This hybrid approach was designed to maximize response rates and ensure broad demographic representation. Prior to data collection, a pilot study was conducted with representatives from 40 hospital workers to assess instrument clarity, content validity, and completion time. Minor refinements were

made based on pilot feedback to enhance questionnaire comprehensibility.

### 3.5 Data Analysis Techniques

Data was analyzed using Partial Least Squares Structural Equation Modeling (SEM-PLS), a method suitable for testing complex models with latent variables. The analysis followed a two-stage approach. First, the measurement model was evaluated for reliability through Cronbach's alpha ( $\alpha > 0.70$ ) and for validity by assessing convergent validity (Average Variance Extracted, AVE  $> 0.50$ ). Discriminant validity was

examined using the Fornell-Larcker criterion and heterotrait-monotrait (HTMT) ratios.

Second, the structural model was assessed by running a bootstrapping procedure with 5,000 subsamples to determine the significance of the path coefficients and test the hypothesized direct, indirect (mediation), and conditional indirect (moderation) effects. The model fit was evaluated using the Standardized Root Mean Square Residual (SRMR), with values below 0.08 indicating an acceptable fit.

#### 3.5.1 Descriptive Statistics

The sample consisted of 300 frontline healthcare workers from three hospitals in Zhengzhou. Of the respondents, 65% were female, with an average age of 32 years. The majority, 75% had more than 5 years of experience in the healthcare industry, indicating a sample with significant experience. Table 1 presents the descriptive statistics for all study constructs. All variables demonstrated acceptable normality with skewness and kurtosis values within recommended thresholds.

**Table 1: Descriptive Statistics**

| Construct                      | Mean | SD   | Min | Max | Skewness | Kurtosis |
|--------------------------------|------|------|-----|-----|----------|----------|
| Occupational Stigma (OS)       | 3.49 | 0.65 | 1   | 5   | 0.63     | 0.26     |
| Professional Commitment (PC)   | 3.85 | 0.56 | 1   | 5   | -0.21    | 2.39     |
| Career Commitment (CC)         | 3.81 | 0.62 | 1   | 5   | 0.39     | 0.12     |
| Emotional Exhaustion (EE)      | 3.18 | 0.75 | 1   | 5   | 0.54     | -0.23    |
| Turnover Intention (TI)        | 3.67 | 0.67 | 1   | 5   | 0.11     | 0.84     |
| Occupational Self-Esteem (OSE) | 3.25 | 0.60 | 1   | 5   | 0.39     | 0.53     |

Note: All constructs measured on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree)

#### 3.5.2 Measurement Model Evaluation

**Reliability Assessment:** All constructs demonstrated excellent internal consistency, with Cronbach's alpha values ranging from 0.812 to 0.903 and composite reliability scores between 0.812 and 0.901. These values substantially exceed established thresholds, confirming measurement reliability. **Convergent Validity:** Factor loadings ranged from 0.889 to 0.921, all exceeding the 0.70 threshold. Average variance extracted (AVE) values ranged from 0.571 to 0.745, surpassing the 0.50 criterion. These results confirm adequate convergent validity across all constructs.

**Table 2: Construct reliability and validity**

|     | Cronbach's alpha | Composite reliability (rho_a) | Composite reliability (rho_c) | Average variance extracted (AVE) |
|-----|------------------|-------------------------------|-------------------------------|----------------------------------|
| CC  | 0.862            | 0.901                         | 0.905                         | 0.705                            |
| EE  | 0.884            | 0.886                         | 0.920                         | 0.742                            |
| OS  | 0.885            | 0.892                         | 0.921                         | 0.745                            |
| OSE | 0.903            | 0.845                         | 0.913                         | 0.571                            |
| PC  | 0.850            | 0.863                         | 0.899                         | 0.690                            |
| TI  | 0.812            | 0.812                         | 0.889                         | 0.727                            |

Discriminant validity was evaluated using the Fornell-Larcker criterion, where the square root of AVE for each construct was greater than its correlations with other constructs, indicating good discriminant validity. HTMT ratios ranged from 0.756 to 0.863, remaining below the conservative 0.865 threshold, confirming discriminant validity.

**Table 3: Discriminant Validity Assessment (HTMT)**

|     | CC    | EE    | OS    | OSE   | PC    | TI    |
|-----|-------|-------|-------|-------|-------|-------|
| CC  | 0.840 |       |       |       |       |       |
| EE  | 0.826 | 0.861 |       |       |       |       |
| OS  | 0.780 | 0.822 | 0.863 |       |       |       |
| OSE | 0.063 | 0.077 | 0.061 | 0.756 |       |       |
| PC  | 0.723 | 0.725 | 0.739 | 0.079 | 0.831 |       |
| TI  | 0.692 | 0.730 | 0.810 | 0.099 | 0.739 | 0.852 |

### 3.5.3 Structural Model Results

The structural model results reveal significant relationships supporting most hypotheses (see Table 4). Bootstrap analysis with 5,000 resamples confirmed statistical significance at  $p < 0.001$  for almost all relationships. Occupational stigma emerged as the strongest predictor of emotional exhaustion ( $\beta = 0.828$ ,  $t = 27.928$ ,  $p < 0.001$ ), followed by career commitment ( $\beta = 0.785$ ,  $t = 22.323$ ,  $p < 0.001$ ) and professional commitment ( $\beta = 0.746$ ,  $t = 19.413$ ,  $p < 0.001$ ).

**Table 4: Structural Model Results - Direct Effects**

| Hypothesis                                                    | Path Coefficient ( $\beta$ ) | t-value | p-value | Decision        |
|---------------------------------------------------------------|------------------------------|---------|---------|-----------------|
| H1: Occupational Stigma $\rightarrow$ Professional Commitment | 0.746                        | 19.413  | <0.001  | Significant     |
| H2: Occupational Stigma $\rightarrow$ Career Commitment       | 0.785                        | 22.323  | <0.001  | Significant     |
| H3: Occupational Stigma $\rightarrow$ Emotional Exhaustion    | 0.828                        | 27.928  | <0.001  | Significant     |
| H4: Professional Commitment $\rightarrow$ Turnover Intention  | 0.413                        | 4.853   | <0.001  | Significant     |
| H5: Career Commitment $\rightarrow$ Turnover Intention        | 0.119                        | 1.467   | <0.10   | Not significant |
| H6: Emotional Exhaustion $\rightarrow$ Turnover Intention     | 0.333                        | 5.516   | <0.001  | Significant     |

### 3.5.4 Coefficient of Determination and Effect Sizes

The model demonstrates substantial explanatory power, with Turnover Intention (TI) explaining 55.7% of the variance in Professional Commitment (PC) ( $R^2 = 0.557$ ), 61.3% of the variance in Career Commitment (CC) ( $R^2 = 0.613$ ), and 68.3% of the variance in Emotional Exhaustion (EE) ( $R^2 = 0.683$ ). The Occupational Stigma (OS) factors collectively account for 63.0% of the variance in Turnover Intention (TI) ( $R^2 = 0.630$ ), indicating strong predictive relevance (See Table 5). Figure 2 below illustrates the structural model results.

**Table 5: Coefficient of Determination and Effect Sizes**

| Endogenous Construct    | R-square | R-square Adjusted | Effect Size | Q <sup>2</sup> | Assessment |
|-------------------------|----------|-------------------|-------------|----------------|------------|
| Professional Commitment | 0.557    | 0.553             | Large       | 0.332          | Moderate   |
| Career Commitment       | 0.613    | 0.610             | Large       | 0.366          | Moderate   |
| Emotional Exhaustion    | 0.683    | 0.680             | Large       | 0.407          | Moderate   |
| Turnover Intention      | 0.630    | 0.626             | Large       | 0.376          | Moderate   |

Note:  $R^2$  thresholds: 0.25 (weak), 0.50 (moderate), 0.75 (substantial);  $Q^2 > 0$  indicates predictive relevance

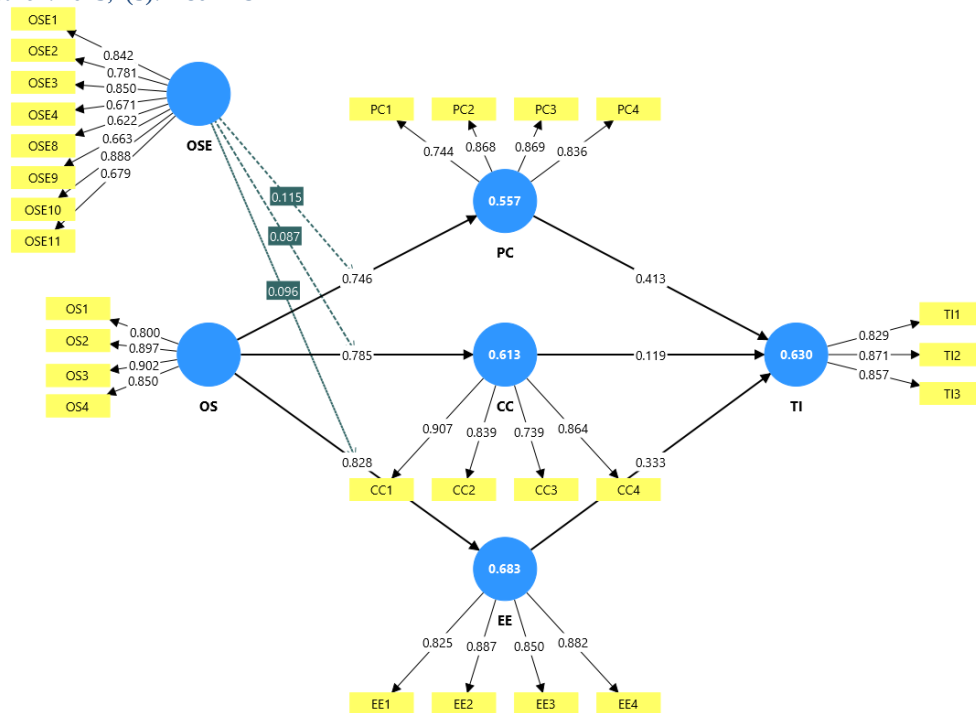


Figure 2: The Structural Model Results

### 3.5.5 Mediation Analysis

To test the mediating effects of professional commitment, career commitment, and emotional exhaustion, the indirect effects of occupational stigma on turnover intention were analyzed. The bootstrapping results indicated significant indirect effects for all three mediators. Specifically, the total indirect effect through professional commitment was 0.308 ( $p < 0.01$ ), through career commitment was 0.093 ( $p < 0.10$ ), and through emotional exhaustion was 0.275 ( $p < 0.01$ ).

Table 6: Indirect Effects (Mediation Results)

| Mediator                | Indirect Effect ( $\beta$ ) | t-value | p-value | Decision        |
|-------------------------|-----------------------------|---------|---------|-----------------|
| Professional Commitment | 0.308                       | 4.411   | <0.001  | Significant     |
| Career Commitment       | 0.093                       | 1.432   | <0.10   | Not significant |
| Emotional Exhaustion    | 0.276                       | 5.040   | <0.001  | Significant     |

### 3.5.6 Model Fit and Quality Assessment

The model demonstrates excellent fit with Standardized Root Mean Square Residual (SRMR) of 0.070, well below the 0.08 threshold. The Normed Fit Index (NFI) of 0.865 approaches the 0.90 benchmark, indicating good model fit. Collinearity assessment revealed no multicollinearity concerns, with all Variance Inflation Factor (VIF) values below 3.52, well within the acceptable range of 5.0.

Table 8: Model Fit and Quality Indices

| Measure     | Value | Threshold | Assessment           |
|-------------|-------|-----------|----------------------|
| SRMR        | 0.070 | < 0.08    | Good fit             |
| NFI         | 0.865 | > 0.90    | Acceptable           |
| Maximum VIF | 3.525 | < 5.0     | No multicollinearity |
| Minimum VIF | 1.011 | > 1.0     | Acceptable           |

## DISCUSSION

This study uncovers critical insights into the relationship between occupational stigma and turnover intention among healthcare workers, offering a deeper

understanding of how negative societal perceptions of specific roles can influence employee retention in the healthcare sector. The findings indicate that occupational stigma, which refers to the devaluation of

specific roles within an organization, significantly contributes to turnover intention. Specifically, workers in stigmatized roles, such as non-clinical healthcare staff like janitors, administrative personnel, and food service workers, are more likely to leave their jobs due to the emotional toll of stigma and the psychological impact it has on their sense of value and identity within the workplace.

One of the most important findings from the study is that the relationship between occupational stigma and turnover intention is significantly mediated by several psychological mechanisms: emotional exhaustion, professional commitment, and career commitment. The study demonstrates that when employees in stigmatized roles face high levels of emotional exhaustion, this condition weakens their professional and career commitment. As employees feel emotionally drained and disconnected from their roles, they are more likely to disengage from their work and ultimately consider leaving the organization. This suggests that emotional exhaustion acts as a key factor in driving turnover, particularly for those who feel marginalized or undervalued within their workplace.

Importantly, the research highlights that occupational self-esteem plays a buffering role in this process. Employees who have higher levels of occupational self-esteem are better equipped to cope with the negative effects of stigma. When employees perceive their roles as meaningful, regardless of the stigma attached to them, they are less likely to experience the same levels of emotional exhaustion and commitment erosion. This finding suggests that occupational self-esteem is a crucial psychological resource that helps employees maintain their professional commitment and career satisfaction, despite the challenges posed by stigma.

The results reveal that emotional exhaustion is a significant predictor of turnover intention ( $\beta = 0.333$ ,  $p < 0.001$ ), indicating that employees experiencing burnout are more likely to leave their jobs. Interestingly, career commitment also has a moderate but significant effect on turnover intention ( $\beta = 0.119$ ,  $p < 0.10$ ), although it is less impactful than emotional exhaustion. The most significant predictor of turnover intention in the study, however, is professional commitment ( $\beta = 0.413$ ,  $p < 0.001$ ), which underscores the central role that commitment—both professional and career-related—plays in mitigating turnover among frontline healthcare workers. This finding reinforces the importance of fostering commitment within healthcare organizations, as committed employees are less likely to leave, even when facing the challenges of occupational stigma.

From a statistical perspective, the model demonstrated moderate predictive relevance, with  $Q^2$  values ranging from 0.332 to 0.407 for the endogenous variables. This indicates that while the model offers a reasonable level of explanatory power, there is still room for improvement in understanding how these constructs interact and predict turnover intention. The  $Q^2$  values

suggest that the predictive relevance of the model is moderate, meaning that while the constructs in the model do a reasonable job explaining turnover intention, additional variables or refinements might be needed to further enhance its predictive capacity.

This study highlights the significant role of occupational stigma in driving turnover intention and underscores the importance of addressing emotional exhaustion and enhancing commitment to reduce turnover rates in healthcare settings. Furthermore, occupational self-esteem emerges as a key moderator, suggesting that strategies to improve self-esteem could be highly effective in supporting employees and reducing turnover.

#### 4.1 Theoretical Implications

This study contributes to the theoretical understanding of turnover intention by integrating occupational stigma with psychological constructs like professional commitment, career commitment, and emotional exhaustion. While previous studies have separately examined stigma and turnover, few have explored how stigma influences turnover intention through mediators like commitment and emotional exhaustion.

By adopting Conservation of Resources (COR) Theory (Hobfoll, 1989), emphasizes how individuals are motivated to acquire, maintain, and protect their resources, such as self-esteem and emotional energy. This study expands COR Theory by showing how occupational stigma acts as a resource-draining stressor, depleting employees' self-esteem, professional identity, and emotional resources. As employees experience stigma, they are emotionally exhausted, leading to a decline in commitment and an increase in turnover intention. The study thus contributes to the COR framework by linking emotional exhaustion to turnover intention via the loss of psychological resources.

According to Social Identity Theory, an individual's self-concept is shaped by their group membership. In the context of healthcare, employees in stigmatized roles, such as janitors and administrative staff, may suffer from a loss of professional identity due to societal devaluation. This study applies SIT to explain how occupational stigma undermines employees' social identity and occupational self-esteem, which in turn leads to increased emotional exhaustion and higher turnover intentions. The findings underscore the role of social identity in workplace commitment and provide a new lens through which to view the impact of stigmatization on employees' psychological well-being. The application of the Job Demands-Resources (JD-R) Model posits that job demands, such as occupational stigma, can lead to burnout if not mitigated by job resources like occupational self-esteem. This study supports the JD-R model by demonstrating that high levels of stigma act as job demands, leading to emotional exhaustion. It also shows that occupational self-esteem, as a job resource, can buffer the negative effects of stigma, thus prevent burnout and reduce turnover

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intention. The study highlights the importance of resources in mitigating the harmful effects of job demands, extending the JD-R model's applicability to stigmatized roles in healthcare.

#### 4.2 Practical Implications

The findings from this study also offer important practical implications for healthcare organizations, especially in reducing turnover intention and improving employee retention. The insights gained from this research can guide healthcare administrators and managers in implementing effective strategies to address the negative effects of occupational stigma and enhance employee well-being.

First, healthcare administrators should take steps to reduce occupational stigma by promoting respect for all roles, including non-clinical positions. This could be done through awareness campaigns, employee recognition programs, and organizational initiatives that highlight the importance of all staff members, regardless of their role. By fostering an inclusive and respectful workplace culture, organizations can help employees feel valued, thereby reducing the emotional toll of stigma. Stigma-reduction interventions, such as training sessions on the importance of job diversity and cultural competence, should be prioritized.

Given the significant role of occupational self-esteem as a moderator, healthcare organizations should focus on boosting employees' self-esteem to help them cope with the emotional impact of stigma. Programs that acknowledge the contributions of non-clinical workers and provide career development opportunities can help enhance self-worth and reduce the negative psychological effects of stigma. Mentorship programs, peer support groups, and employee recognition initiatives can foster a sense of belonging and professional pride, improving self-esteem and reducing turnover intention.

The study highlights that professional commitment and career commitment are crucial in mitigating turnover intention. Healthcare organizations should invest in professional development programs that offer clear career advancement paths for employees in all roles. These programs can include training, mentorship, and leadership opportunities designed to enhance employees' sense of purpose and commitment to their careers. Providing employees with opportunities to grow professionally and progress in their careers will increase their engagement and reduce turnover. This is especially important in stigmatized roles, where employees may feel marginalized and disconnected from the organization's overall mission.

#### 4.3 Limitations and Future Research

While this study offers valuable insights, it is not without limitations. First, the study uses a cross-sectional design, which limits the ability to draw causal inferences. Future research should adopt a longitudinal approach to assess how the effects of occupational stigma evolve over time

and how these changes influence turnover intention in the long run.

Second, the study focuses on healthcare workers in Zhengzhou, China. While this provides important insights into the challenges faced by healthcare organizations in this region, future research could explore the generalizability of these findings regarding other countries or healthcare systems. It would be valuable to examine how cultural differences and organizational contexts affect the relationship between occupational stigma and turnover intention in different healthcare settings.

Third, future research could investigate other potential moderators that may influence the relationship between occupational stigma and turnover intention, such as job satisfaction, social support, or workplace culture. Additionally, exploring the role of organizational policies in mitigating stigma and promoting employee retention could offer further practical insights.

Lastly, sector-specific variations could be explored. This study focused on healthcare, but future studies could look at other sectors where employees may face stigma, such as education, retail, or public services.

#### CONCLUSION

This study provides valuable insights into the critical issue of occupational stigma and its profound impact on turnover intention among healthcare workers, particularly those in non-clinical roles. The findings confirm that occupational stigma plays a significant role in driving emotional exhaustion and weakening both professional and career commitment, which in turn increases the likelihood of employees leaving their jobs. By identifying the mediating roles of emotional exhaustion, professional commitment, and career commitment, the study emphasizes how these psychological mechanisms interact to drive turnover intention. This comprehensive model reveals the psychological toll that stigma has on healthcare employees, highlighting the need for organizations to address stigma in order to reduce turnover.

A key contribution of this study is the identification of occupational self-esteem as a critical moderator in the relationship between stigma and turnover intention. Employees with higher levels of self-esteem were found to be better able to cope with the negative effects of stigma, which helped them maintain their commitment and reduce emotional exhaustion. This finding offers practical implications for healthcare organizations, suggesting that boosting employees' occupational self-esteem through recognition programs, career development opportunities, and mentorship can help mitigate the negative effects of stigma, leading to greater job satisfaction and reduced turnover.

From a theoretical perspective, this research integrates key frameworks, including Conservation of Resources (COR) Theory, Social Identity Theory (SIT), and the Job

Demands-Resources (JD-R) Model, to explain the complex dynamics between stigma, commitment, and turnover intention. The study extends the literature on occupational stigma by demonstrating how self-esteem and commitment serve as buffers against the emotional and psychological toll caused by stigmatization. These theoretical contributions offer a more nuanced understanding of turnover in healthcare and highlight the importance of addressing psychosocial factors in the retention of healthcare workers.

Overall, the findings of this study have important implications for healthcare administrators and policymakers. To reduce turnover and enhance retention, healthcare organizations should focus on reducing stigma, enhancing occupational self-esteem, and fostering commitment through targeted interventions. Providing employees with resources to cope with emotional exhaustion and creating a more inclusive and supportive work environment will not only improve employee well-being but also enhance the quality of patient care. By addressing the factors that lead to turnover, healthcare institutions can create a more stable and engaged workforce, which is essential for the long-term success and sustainability of healthcare services.

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