

## Confidence as a Buffer Against Covid-19 Stigma: Enhancing Employee Engagement Among Recovered Individuals

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### Abstract

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*Post-pandemic times have brought the challenge of declined, yet continued Covid-19 cases among the working Pakistani workforce. Social stigma related with Covid-19 and deteriorated employee engagement in such individuals is plausible. As employee engagement is an important indicator of individual and organizational success, elucidating factors that enhance the possible damaged engagement among socially stigmatized Covid-19 individuals remains an enigma for managers and practitioners. Drawing on the Social Determination Theory, (SDT) the present study hypothesizes that employee engagement in Covid-19 recovered, socially stigmatized working individuals is buffered by (employee) confidence. Several earlier studies that have probed into antecedents of employee engagement have largely focused on work-related aspects, while social aspects including social stigmatization and buffering mechanisms that underlie these effects have been overlooked. To address these literature gaps, this study investigates employee engagement as an outcome of Covid-19 related stigma and also investigates confidence as a moderator of the Covid-19 related stigma–employee engagement relationship. Employing a correlational framework using purposive sampling, data were obtained from 133 working individuals who had been tested positive with Covid-19 in public and private hospitals and health centers of Pakistan during November 2022 till March 2024, had completely recovered and joined their professional lives. Results confirmed study hypotheses, suggesting that stigma related to Covid-19 damages employee engagement, and that confidence is a moderator of this relationship. Such individuals and their managers need to collaboratively work in order to reduce effects of this social stigma and undo its negative effects on employee engagement. Theoretical and practical implication, future research suggestions are also offered at the end.*

**Keywords:** Covid-19, confidence, employee engagement, health care, social stigma, Pakistan.

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## **Introduction**

Outbreak of the Covid-19 pandemic and constant mutation of the virus resulted in global-level social, economic, and health impasse that disrupted the status quo and triggered multi-faceted challenges for business organizations (Atkeson, 2020). Consequently, the WHO listed the corona virus as a public health emergency. Organizations needed to plan, design, and implement innovative solutions for these challenges, which meant greater flexibility, internal competency, acquisitions and retention of human talent for business continuity and sustainability (Azizi et al., 2021). The pandemic meant remote work design, work flexibility, reduced employee motivation, and huge layoffs. Health related troubles and threats, such as the pandemic are known to effect physical, social, and psychological setbacks that threaten employee engagement (Shuck et al., 2017). Additionally, the Covid-19 pandemic and post-pandemic times triggered fear, anxiety and altered work milieus, disrupted work-life balance, tainted peer relationships, threatened career insecurity, (Anvari et al., 2023) arguably deteriorating employee engagement. The increased workload coupled with paucity of mental and physical resources, (Nikeghbal, Kouhnavard, Shabani, & Zamanian, 2021) threatened employee engagement during work, as Lee and Shin (2023) claim. In view of these challenges, challenging post Covid-19 times have accentuated the emphasis on management to look for innovative means to prioritize employee well-being and resilience, (Egan & Kim, 2023) plausibly for building employee engagement in work tasks.

Yet, empirical investigations into whether Covid-19 associated stigma affects employee engagement among employee who have recovered from Covid-19 and factors that shape this relationship have been scantily researched. It is important to examine factors that are likely to minimize effects of Covid-19 associated social stigma on employee engagement, given that employee engagement has been found to be imperative for multiple organizational outcomes and success (Turner & Turner, 2020). It is argued that searching for novel ways to uplift deteriorated employee engagement among recovered employees who experience Covid-19 related social stigma, and factors that possibly moderate this relationship is the hour's need. Such research would assist in devising managerial policies and strategies for employee talent to thrive in a work environment that offers high engagement for maximum work performance. In doing so, the present research answers Chanana and Sangeeta's (2021) call to for management research to revisit existing HR methods and look for innovative solutions to

effectively resolve employee dilemmas for sustained employee wellbeing. Moreover, existing literature seems to be silent on suggesting personal level strengths, such as (employee) confidence as a remedial measure for enhancing employee engagement among employees that experience Covid-19 related social stigmatization. By investigating the effects of Covid-19 associated social stigma on employee engagement and how confidence shapes this relationship, this study also responds to Kossyva, Theriou, Aggelidis, and Sarigiannidis', Theriou, Aggelidis, and Sarigiannidis' (2023) call for exploring additional antecedents of employee engagement, specifically factors that relate with Covid-19 and employee health. To address these calls for research, the current study, drawing on the SDT, investigates whether Covid-19 associated social stigma adversely impacts employee engagement and tests the role of (employee) confidence as moderator of the said relationship among Pakistani employees who had recovered from Covid-19 and were experiencing social stigma. This study adds to existing literature on effects of Covid-19 associated social stigma on employees in a post Covid-19 environment by offering a deeper understanding of the relationships between Covid-19 related social stigma and employee engagement, and how confidence shapes this relationship.

## **Literature Review**

### **Covid-related stigma and employee engagement**

According to Weiss, Ramakrishna, and Somma, (2006) stigma is an anticipated to experienced social process, typified with alienation, rejection, blame or downgrading that results from experience, perception or reasonable anticipation of an adverse social judgment about an individual or group, while the social component of stigma encompasses discrimination or social exclusion that the community perpetrates towards an individual who is affected by a stigmatized disease (Brohan, Slade, Clement, & Thornicroft, 2010). Stigma associated with a contagious disease impedes physical and mental strengths, (Northrop, 2017) which is likely to affect the energy and dedication related with work. As a consequence of the social stigma, the affected individual accepts the others' views as valid and correct, is convinced of the devaluation, which plausibly threatens the work-related vitality and energy.

Kahn (1990) defined employee engagement as '.... harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances. Given that socially stigmatized individuals continually evaluate their illness, compare their health with others, (Diener, Suh, Lucas, & Smith, 1999) indulge in self-blame for that illness, (Mak et al., 2007) feel worthless and reject the self (Corrigan & Rao, 2012; Gebremedhin, Workicho, & Angaq, 2019). It may be argued that these negative emotional result in hampered engagement in work

tasks and activities. Moreover, an employee's working conditions, role and mental stressors, and organizational policies (Casida, Combs, Schroeder, & Johnson, 2019) may work to worsen the psychological and work-related distress that has offset the decline in work-related engagement. Empirical studies conducted during post-pandemic times provide substantial evidence that Covid-19 related stigma likely affects employee engagement. For instance, Patel et al. (2021) concluded that social stigma predicted disengagement and exhaustion (burnout) among Indian professionals. Ramaci, Barattucci, Ledda, and Rapisarda (2022) found that stigma positively impacts fatigue and burnout, and negatively impacts satisfaction among Italian professionals. Likewise, Koyama et al. (2022) found a negative association between social engagement and Covid-19 related stigmatization. Moreover, Dye et al. (2020) found that healthcare professionals afflicted with Covid-19 experience bullying and victimization in their community, which hints at the social stigma that these individuals encounter. Zhou's (2022) study concluded that Covid-19 related stigma triggered traumatic, mental distress in individuals who bear it. Overall, these studies indicate that workers who experience Covid-19 related stigma suffer deteriorated spirit, proficiency, and energy that brings a decline in their emotions and behaviors, (Harkness & Kroska, 2019) ultimately damaging their engagement in work tasks. Based on conclusions from these studies, the following is proposed:

*H1: Covid-10 related social stigma has significant, negative relationship with employee engagement among recovered, stigmatized Covid-19 individuals.*

### **Confidence as moderator of the Covid-19 related social stigma and employee engagement relationship**

There is scholarly consensus that confidence presents an individual's self-belief regarding his or her ability to perform a given task through assembling the required intellect, drive, and action under given circumstances (Bandura, 1986; Stajkovic & Luthans, 1998). Eequated with self-efficacy, confidence is a significant predictor of general success in current psychological and organizational research as it is known to impact important outcomes (Judge, Jackson, Shaw, Scott, & Rich, 2007) across individualistic as well as collectivist cultures Bandura (2002). Within the work domain, studies consistently demonstrate its value for growth and functionality (Bandura, 1999, 2002; Shea & Howell, 2000). For example, confidence has been found to have moderate negative correlation with stigmatized patients with mental health disorders (Samira, Hossein, Maryam, & Areshtanab, 2023) and suppress depression among HIV patients (Wang et al., 2023). These studies offer evidence that albeit socially stigmatized situations are stressful, harm self-respect, (Crocker & Quinn, 2000) lead to social isolation, and attack self-regard and self-esteem, (Crocker & Major, 1989; Livingston & Boyd, 2010; Ow &

Lee, 2015; Wiener et al., 2012). Amid these conditions, (employee) confidence may act as an affirmative, personal virtue that suppresses the effect of social stigma related to Covid-19 on employee engagement. Individuals with high confidence are capable of astutely organizing the requisite power and behaviors under prevalent conditions for success, (Bandura, Freeman, & Lightsey, 1999) despite the experienced stigmatization. It may, therefore, be deduced that when stigmatized, Covid-19 recovered individuals suffer deterioration in their levels of work engagement, the individual, positive strength of confidence acts as a buffer, uplifting their cognitive and affective energy and vitality that helps to sustain their engagement levels, despite the suffered stigmatization at work. The buffering effect would be such that it would suppress the strongly negative impact of Covid-19 related stigma on work engagement, turning it weakly negative. Alternatively, the damaging effect of Covid-19 related stigma on work engagement would be buffered by confidence; the adverse effect of Covid-19 related stigma would be more pronounced in stigmatized individuals with low confidence and less pronounced in stigmatized individuals with high confidence. This leads to the following hypothesis:

*H2: Confidence moderates the relationship between Covid-19 related social stigma and employee engagement so that the relationship will be strongly negative for those who are low on confidence and will be weakly negative for those who are high on confidence.*

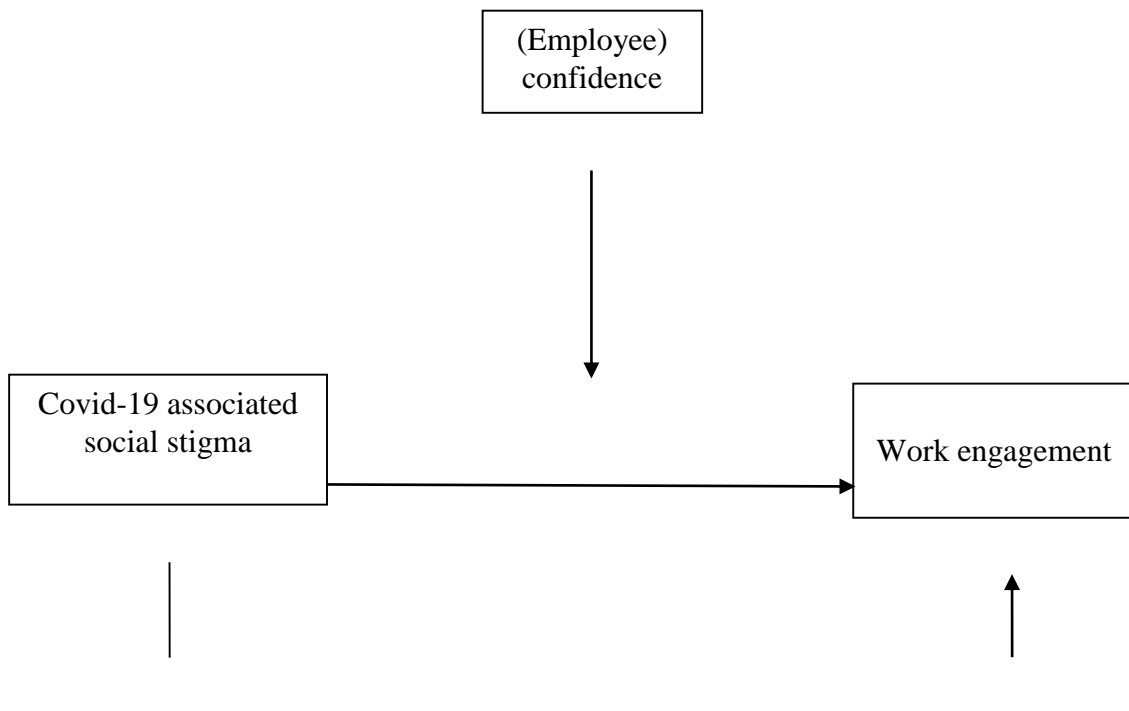


Figure 1: Theoretical framework for the study

**Underpinning theory**

The Social Determination Theory (SDT; Deci & Ryan, 2000) is drawn upon to elucidate proposed inter-relationships between Covid-19 related stigma, confidence, and employee engagement. The SDT posits that individuals are motivated by the needs for autonomy, proficiency, and relatedness. Satisfaction of these needs results in raised intrinsic motivation, well-being, and engagement levels, specifically during difficult situations. Confidence is an energizing, positive resource that counters negative situations perceived at work, such as Covid-19 related stigma. Being a positive psychological resource, confidence, provides an essential motivational mechanism, which supports individual mindset and subsequently behavior through building the apt mindset and behavior. Moreover, within the SDT framework, relatedness corresponds to work engagement. Individuals who experience social stigma at work subsequently experience loss of connection, cognitive and emotional distancing from others and tasks due to lack of a supporting environment. In view of this theory, it is argued that Covid-19 related stigma threatens employee autonomy and this effect would be exacerbated when stigma is intensely felt, resulting in feelings of disconnectedness or deteriorated work engagement. It is further argued that confidence in personal ability to accomplish tasks and goals is parallel to the competence need from the SDT perspective. When confidence levels are high, stigmatized individuals would believe themselves capable of meeting work targets, despite difficulties, thereby maintaining their work engagement levels and relation with work tasks.

**Methodology**

Cross-sectional, correlational study design using purposive sampling was employed. The Center for Disease Control was contacted. The CDC is an institute that works to promote, prevent, and provide therapies for public infectious diseases and has been actively involved in combating the Covid-19 pandemic. A cover letter clarified study purpose, academic nature, research aims, and assured the officials that the officials about data confidentiality and anonymity. The number, identities, professional occupations, and contacts of individuals who had tested positive for Covid-19 during the November 2022 till March 2024 time frame were obtained from various public and private sector hospitals and health-care centers across Pakistan. To 170 of these individuals, copies of the research instrument were disseminated either via mail with a stamped envelope or via email. Following multiple reminders through phone calls or emails, 133 usable replies were retrieved after eliminating responses from respondents who were either part-time workers or had left employment. It seemed reasonable to believe that social stigma would affect part time and full time workers in different ways, and

the subsequent, altered employee engagement would vary. Hence, data were collected from full-time employees only.

Data on basic demographic items including gender, present age, duration of being positively infected with Covid-19, complete recovery time from Covid-19 were the first part of the research instrument. Complete recovery time meant the number of weeks during which Covid-19 report was positive before the report showed negative result using either rapid antigen test and/ or PCR tests. Complete recovery time meant being able to functionally resume work activities post Covid-19 and was subjectively reported.

### **Instrumentation**

**Covid-19 related stigma.** Earnshaw, Quinn, Quinn, Kalichman, and Park's (2013) 12-item Illness Stigma Scale that comprises of three subscales, i.e. family and friends, work, and health care with each subscale comprising of four items each was used. This is a 5-point Likert scale type with 1 meaning 'very unlikely' to 5 representing 'very likely'. High scores suggest elevated levels of stigma. Items were slightly modified to contextualize them to Covid-19 related stigma. Sample items are '*a friend or family member will think that your Covid-19 is your fault*', '*someone at work will think that you cannot fulfill your work responsibilities*', and '*a healthcare worker will give you poor care*'. Internal consistency and validity of this scale has been demonstrated in several studies (Earnshaw & Quinn, 2012) and was found to be satisfactory for this study ( $\alpha = 0.90$ ).

**Confidence.** The confidence dimension from the PCQ Form (Luthans, Avolio, Avey & Norman, 2007) was used for assessment. This 6 items subscale measures individual confidence at work along a 6-point Likert type agreement scale from 'strongly disagree' (1) to 'strongly agree' (6). Sample items are, '*I feel confident contributing to discussions about the organization's strategy*' and '*I feel confident helping to set targets in my area of work*'. Earlier studies have reported good internal consistency and validity of this measure (Abbas, Raja, Darr, & Bouckennooghe, 2014; Peterson, Luthans, Avolio, Walumba, & Zhang 2011) and it was satisfactory for the present study as well ( $\alpha = 0.84$ ).

**Work Engagement.** Schaufeli, Salanova, Gonzalez-Roma, and Bakker's (2002) Work Engagement Scale was used. This 17-item scale covers three facets – Vigor, dedication, and absorption along a 6-point Likert type scale ranging from 'never' (0) to 'almost every day' (6). Multiple studies have validated and employed this scale across diverse backgrounds and environments (e.g. Bakker & Bal, 2010; Schaufeli, Bakker, & Salanova, 2006; Takawira, Coetzee, & Schreuder, 2014). The scale showed acceptable internal consistent for the present study ( $\alpha = 0.88$ ).

**Results**

Table 1 depicts means, standard deviations, bivariate correlations among study variables, and internal consistencies using Cronbach’s alpha (shown along the diagonals). The respondent profile showed that 71.5% were men and 28.5% were women. Mean statistics were: respondent age was 35±4.05 years, Covid-19 infection duration was 6.3±1.12 weeks, and complete recovery time was 8.5±1.3 weeks. As for correlations, Covid-19 related stigma related negatively with confidence ( $\gamma=-.61^*$ ,  $p<.01$ ) and with employee engagement ( $\gamma=-.32^*$ ,  $p<.05$ ). Employee engagement correlated positively with complete recovery time from Covid-19, ( $\gamma =.45$ ,  $p<.05$ ) and shared negative correlation with Covid-19 related stigma, ( $\gamma=-.11$ ,  $p<.01$ ) positively correlated with confidence ( $\gamma =.26$ ,  $p<.05$ ). All correlations were anticipated.

Table 1

Means, Standard Deviations and Correlations among study variables

	Mean	SD	1	2	3	4	5	6	7	8
<i>Control variables</i>										
1.Present age (years)	35	±4.05	-							
2.Gender	-	-	-	-						
3.Infection duration (weeks)	6.3	±1.12	1.03	.04	-					
4.Complete recovery time (weeks)	8.5	±1.3	0.34	.10	.45*	-				
5.Covid-19 related social stigma	2	±1.01	.021	.20	.46*	.46**	.87			
6.Confidence	4.01	±.21	.11*	.13	-.31*	-.35**	-.61*	.85		
7.Employee engagement	4.02	±.04	.03	.01	-.14	-.11*	-.32**	.26**	.31**	.85

N=133, \*  $p<.01$ , \*\* $p<.05$

Cronbach’s  $\alpha$  are reported in italics along the diagonal.



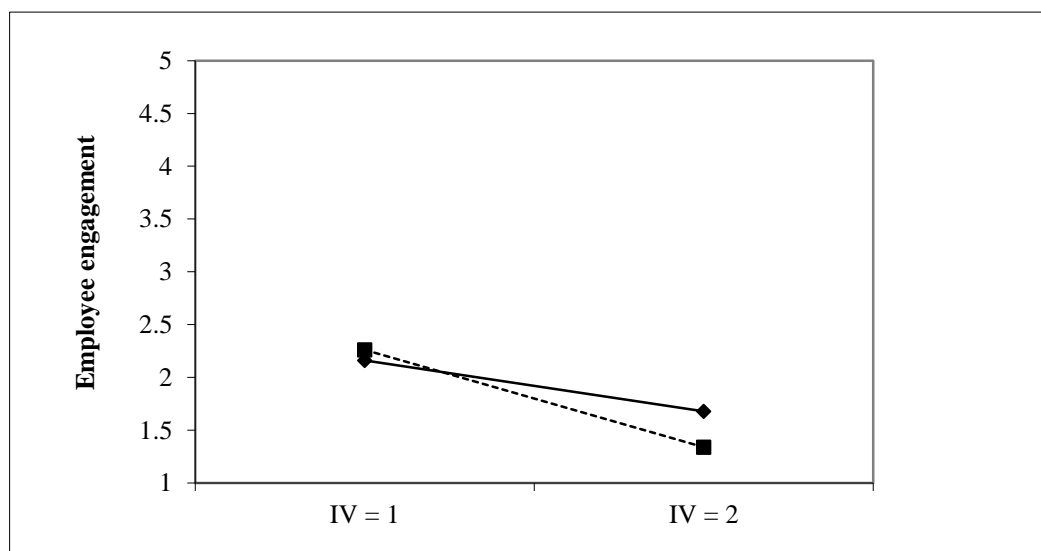
All variables were centralized prior to running the main analysis (Aiken & West, 1991) and 5000 bootstrap samples were used with 95% confidence interval to address the possible limitation associated with the rather small sample size (Efron & Tibshirani, 1993). Employing model 1 of Hayes and Preacher's (2020) PROCESS macro to test the hypothesized relationships. Results are presented in Table 2. H1 pertained to the direct effect of Covid-19 related stigma on employee engagement. As may be seen, Covid-19 related stigma is negatively related with employee engagement ( $\beta = -.2337, t = -4.32, p < .001$ ) that confirms H1. H2 pertained to a moderating effect of confidence on the Covid-19 related stigma – employee engagement relationship, such that the relationship would be weakly negative for recovered individuals who were high on confidence and strongly negative for those with low confidence. Results show that the interaction term is statistically significant ( $\beta = .2101, t = 2.54, p < .005$ ) that provides support for H2. The interaction term appears with a positive sign, indicating that the main, negative effect of Covid-19 related stigma on employee engagement becomes positive under certain levels of confidence. Specifically, this suggests that, for low levels of confidence, the Covid-19 related stigma and employee engagement is negative, and under conditions of high confidence, the relationship is either weakly negative or becomes positive. To further probe the nature and direction of the hypothesized moderating effect of confidence, a simple slope analysis was conducted, presented in Figure 2. The simple slope analysis, plotted at low and high values of confidence, the hypothesized moderator, shows that moderating effect of confidence on the Covid-19 related stigma – employee engagement relationship is such that the relationship is strongly negative when confidence is low and is weakly negative when confidence is high, which confirms that confidence moderates the said relationship in the predicted direction.

Table 2

Confidence as moderator of the Covid-19 related social stigma and employee engagement relationship

	$\beta$	Standard error for $\beta$	t-statistic	p-value
Model 1				
Criterion: Employee engagement				
Constant	2.4	.34	5.17	.001
Covid-19 related social stigma	-.2337 [0.321, 0.125]	.025	-9.34	.001
Confidence	.316 [0.435, 0.125]	.022	14.36	.005
Covid-19 related social stigma*confidence	-.21 [0.313, 0.213]	.032	6.55	.005

N=133.



Note: Straight line shows high values and dashed lines shows low values of the moderator, confidence

Figure 2: Simple slope analysis showing the Covid-19 related social stigma and employee engagement relationship at different values of confidence as moderator

## **Discussion**

Employing a correlational framework and using purposive sampling, the present research set out to investigate whether Covid-19 related social stigma adversely affected employee engagement among working individuals who had recovered from Covid-19 over the past one year and four-month period. Hypotheses testing on a sample of 133 Covid-19 recovered working individuals confirmed that Covid-19 related stigma negatively affected employee engagement in these individuals. This implies that this social stigmatization results in acceptance and belief in blames and prejudices consigned by surrounding persons, leading to stress and demoralization that impairs employee ability for developing work flow and engagement. Possibly, individuals who experience Covid-19 related stigma hesitate to express their ideas, problems, stresses due to fear of judgement or discrimination and this communication breakdown hampers work flow and engagement with work tasks and activities. These experiences result in decreased morale, perceptions of a negative work environment, resentment against the perceived bias and prejudice, all of which contribute to reduce employee engagement with work-related tasks. These results are in line with several studies conducted earlier. For instance, Paterson, Backmund, Hirsch and Yim (2007) reported feelings of poor self-worth and inferior health among stigmatized individuals. It is also documented that people with a chronic illness have a challenging life due to the stigma attached to chronic illnesses (Harris, Treloar, & Maher, 2012; Weiss, Ramakrishna & Somma, 2006) that damages major life aspects (Juniarti & Evans, 2011). Marcussen and Ritter (2016) also found that social stigma relates negatively with self-concept and functioning among stigmatized individuals. With specific reference to Covid-19, this study's results are similar to Deep and Varma's (2022) conclusion that fear of Covid-19 relates negatively with commitment.

Moreover, our findings also confirmed the hypothesized moderating effect of confidence on the relationship between Covid-19 related stigma and employee engagement, implying that albeit Covid-19 related stigma adversely affects engagement in work tasks, this negative impact varies with individual confidence; loss of employee engagement is lesser in Covid-19 stigmatized individuals with high confidence levels and more pronounced in such individuals who have low confidence levels. Hence, confidence moderates the Covid-19 stigma and employee engagement relationship, such that the relationship is more strongly negative for stigmatized patients with low confidence as compared to those with high confidence, for whom it is weakly negative. These results imply that high confidence is a coping mechanism for

Covid-19 recovered, yet stigmatized individuals that works to maintain employee energy, vitality, dedication, and engagement during work tasks, thereby enabling them to sustain work performance despite the suffered disease related social stigma. This is in agreement with Bandura's (1997) suggestion that confidence supports individuals in producing and protecting their future, rather than simply foretell it. Our results also correspond with earlier studies that have concluded that confidence plays a central role in health-related outcomes. For instance, a longitudinal study found that confidence reciprocates with psychological and somatic health conditions and that strongly predicts posttraumatic revival among trauma survivors, (Luszczynska, Benight, & Cieslak, 2009) and with Pasmatzi, Koulierakis, and Giaglis's (2016) suggestion that low confidence relates with higher self-stigma and low self-esteem in stigmatized patients. Similarly, Bruffell (2017) inferred that confidence improved the adverse effects of existing with a stigmatized label. In addition, Hajek and Konig (2019) reported that confidence significantly moderates the relationship between negative health comparisons and life satisfaction, which agrees with results from our study. Meta-analytic findings also point that confidence serves a significant moderating role for desired health outcomes (Sheeran et al., 2016). While these studies indicate a favorable role of confidence for health and productivity related outcomes, our study highlights the moderating effect of confidence in Covid-19 related stigmatized individuals for enhanced employee engagement.

### **Study Contribution and Theoretical Implications**

The present study makes two novel contributions to existing literature: one, it has found employee engagement to be an outcome of Covid-19 associated social stigma, which is an important finding in a post Covid-19 context. Two, the present study also concludes a supportive role of employee confidence in suppressing the damaging effect of Covid-19 associated social stigma on employee engagement, which is a novel finding and a valuable contribution to literature related to Covid-19 effects, employee engagement, and individual-level affirmative strengths for better performance. While Luthans, Avolio, Avey, and Norman (2007) have stressed the importance of positive strengths for work performance, and Frandsen and Morsing (2021) have argued for management of individual-level emotional responses among stigmatized workers, the present study specifically tests these earlier propositions. Theoretically, these findings suggest that, albeit stigmatized individuals psychologically identify with a certain (socially stigmatized) group and their engagement with work tasks is accordingly impacted, individual confidence provides such stigmatized individuals with the positive, personal strength to overpower the damaged engagement with work tasks, thus acting

as a constructive resource and a coping mechanism for uplifting the deteriorated employee engagement. This is in line with the SDT, as findings of this study offer that (employee) confidence is a critical intrinsic motivational resource. It results in sustainable performance by drawing on inward rather than outward motivation resources during testing times. In a nutshell, from the SDT perspective, these findings suggest that socially stigmatized individuals who have high confidence are likely to manage stress, feel capable, competent, and be resilient during setbacks, thereby sustaining engagement in work tasks.

### **Practical Implications**

In a post Covid-19 work context, line managers as well as HR managers must collaboratively work towards designing a work environment that is free of social stigma related to Covid-19 or any disease, for that matter. It should be publicized that such stigmatization falls within workplace harassment/ or bullying. Awareness should be created through expert talk sessions, trainings and workshops, and formalized through policies and devoted reporting procedures. Management must create a bias-free, collaborative work culture. Such managerial efforts would result in minimized social stigma among the workforce, and therefore a psychologically healthy and optimistic workforce that would be capable of sustaining engagement in work tasks during challenges.

### **Strengths and limitations**

This study has notable strengths. One, purposive sampling technique was rigorously followed to obtain data from the desired group only. Two, validated and psychometrically sound research instruments were employed to obtain data. Limitations of this study also need to be acknowledged. One, although the sample size was rather small due to the relatively lesser number of recovered, Covid-19 stigmatized persons who could be reached, this limitation was statistically addressed by using the bootstrap method before conducting the main analysis. Two, results of this study are susceptible to common method bias because data on the predictor, criterion, and the moderator were obtained from the stigmatized employee.

### **Future Research Suggestions**

In view of limitations of this research, future research could employ an alternate study design, for instance, a longitudinal study design involving obtaining data in two or three waves as that would better address causality assumed in the present study's framework; stigmatization experienced at one point in time possibly leads to damaged, or even recovered employee

engagement at different time intervals that a two or three-wave study design could better address. Two, future studies may overcome the possible common method bias inherent in a single respondent-one shot study design by obtaining data from the employee's line manager or peers. Three, as this study the present study investigated one positive variable, i.e. confidence as a mitigator of the Covid-19 related stigma and employee engagement relationship given that positive organizational scholarship has grown over the past decades, future studies could examine other positive psychology variables, such as psychological capital, emotional intelligence, wisdom, gratitude as mitigators of this relationship, and could also test other significant criterion variables, such as employee voice or psychological safety, given that these are plausible outcomes of stigmatization associated with recovered Covid-19 individuals.

### **Conclusion**

Despite some limitations, this study offers some interesting conclusions. Given the call to further investigate antecedents of employee engagement and the plausible yet unexplored influence of positive variables in how employee engagement may relate with social stigma, the present study tested Covid-19 related stigma as a precursor to employee engagement and also examined confidence as a mitigator of this relationship, drawing from the Social Determination Theory. In a nutshell, this study confirms that employees who have recovered from Covid-19 but face stigma related to the disease suffer deteriorated employee. Such employees manage their deteriorated engagement through the positive virtue of confidence as it provides a constructive coping mechanism and is, therefore, an effective means to cope with post social and individual psychological effects of Covid-19 experienced at workplace. This study supports academicians and practitioners to better comprehend mechanisms that underlie effects of stigma related to Covid-19 and the supportive role of employee confidence. Employees, practitioners, and managers should not view Covid-19 related stigma in isolation but consider its effects, and also fathom the role of supporting affirmative variables for sustained engagement at work and ultimately sustained work performance.

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